MINIMUM STANDARDS OF
OPERATION
FOR INTERMEDIATE CARE
FACILITIES FOR
INDIVIDUALS WITH
INTELLECTUAL DISABILITIES
(ICF – IID)

Title 15: Mississippi State Department of Health
Part 16: Health Facilities
Subpart 1: Health Facilities Licensure and Certification

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CHAPTER 49 MINIMUM STANDARDS OF OPERATION FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF-IID)

Subchapter 1 GENERAL: INSTITUTIONS FOR THE AGED OR INFIRM INCLUSIVE OF INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF-IID): LEGAL AUTHORITY

Rule 49.1.1 Adoption of Rules, Regulations, and Minimum Standards. By virtue of authority vested in it by Mississippi Code Annotated §43-11-1 through §43-11-17, or as otherwise amended, the Mississippi State Department of Health (otherwise known as the licensing agency), does hereby adopt and promulgate the following Rules, Regulations, and Minimum Standards for Intermediate Care Facilities for Individuals with Intellectual Disabilities (hereinafter referred to as ICF-IID). Upon adoption of these Rules, Regulations, and Minimum Standards for ICFs-IID, any former rules, regulations and minimum standards, in conflict therewith, previously adopted by the licensing agency are hereby repealed.


Rule 49.1.2 Codes and Ordinances. Every ICF-IID or ICF-IID residential community home located inside the boundaries of a municipality shall comply with all local municipal codes and ordinances applicable thereto. In addition, each ICF-IID and/or ICF-IID residential community home shall comply with all applicable state and federal laws.


Rule 49.1.3 Fire Safety. No ICF-IID or ICF-IID residential community home shall be licensed until it shows conformance to the safety regulations providing minimum standards for prevention and detection of fire as well as for protection of life and property against fire.


Rule 49.1.4 Duty to Report. All fires, explosions, natural disasters as well as avoidable deaths or avoidable, serious, or life-threatening injuries to clients resulting from fires, explosions, and natural disasters shall be reported by telephone to the Fire Safety and Construction Division of the licensing agency by the next working day after the occurrence. The licensing agency will provide the appropriate forms to the ICF-IID which shall be completed and returned within fifteen (15) calendar days of the occurrence. All reports shall be complete and thorough and shall record, at a minimum the causal factors, date and time of occurrence, exact location of occurrence within or without the ICF-IID, and attached thereto shall be all police, fire, or other official reports.
Subchapter 2 Definitions.

Rule 49.2.1 Active Treatment. The term active treatment shall mean that each client receive a continuous active treatment program, which includes aggressive consistent implementation of a program of specialized and generic training, treatment, health services, and related services that is directed toward the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and for the prevention or deceleration of regression or loss of current optimal functional status.

Rule 49.2.2 Administrator. The term "administrator" shall mean a person who is delegated responsibility for the interpretation, implementation, and proper application of policies and programs established by the governing authority and are delegated responsibility for the establishment of safe and effective administrative management, control, and operation of the services provided and as required in an ICF-IID. The administrator shall be duly licensed by the Mississippi State Board of Nursing Home Administrators.

1. “Administrator for ICF-IID Residential Community Home”. The Administrator for the ICF-IID Residential Community Home shall mean a highly responsible position under the direct supervision of the Executive Director/Governing Authority who is delegated responsibility over establishment of safe and effective administrative management, control, and operation of the services provided in the Residential Community Home. This individual at a minimum should hold a license as a Nursing Home Administrator with experience in an ICF-IID, or have a Master’s degree in a related field and meet the qualifications of a Qualified Intellectual Disabilities Professional (QIDP). An Administrator for an ICF-IID Residential Community Home shall administer homes within a 75 mile geographic service area of the governing authority.

Rule 49.2.3 Allegation of Compliance. Allegation of Compliance shall mean a detailed corrective action taken by the ICF-IID or the ICF-IID residential community home to remove an immediate jeopardy, including the date the immediate jeopardy is removed, with sufficient detail outlining that the immediate jeopardy situation has been addressed, and resolved.

Rule 49.2.4 Bed Capacity. The term "bed capacity" shall mean the largest number which can be installed or set up in an ICF-IID at any given time for use of clients, as printed on the certificate of licensure. The bed capacity shall be based upon space designed and/or specifically intended for such use whether or not the beds are actually installed or set up.
Rule 49.2.5  **Bed Count.** The term "bed count" shall mean the number of beds that are actually installed or set up for clients in an ICF-IID at a given time.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.2.6  **Change of Ownership.** The term "change of ownership" includes, but is not limited to, intervivos gifts, purchases, transfers, leases, cash and/or stock transactions or other comparable arrangements whenever the person or entity acquires a majority interest (Fifty percent [50%] or more) of the ICF-IID or services. Changes of ownership from partnerships, single proprietorships or corporations to another form of ownership are specifically included. Provided, however, "Change of Ownership" shall not include inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.2.7  **Client.** The term "client" shall mean any person admitted to an intermediate care facility.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.2.8  **Criminal History Record Checks.**

1. **Affidavit.** For the purpose of fingerprinting and criminal background history checks, the term “affidavit” means the use of Mississippi State Department of Health (MSDH) Form #210, or a copy thereof, which shall be placed in the individual’s personal file.

2. **Employee.** For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a covered entity. The term “employee”, also includes any individual who by contract with the covered entity provides direct patient care in a patient’s, resident’s, or client’s room or in treatment rooms. The term “employee” does not include healthcare professional/technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

   a. The student is under the supervision of a licensed healthcare provider; and

   b. The student has signed the affidavit that is on file at the student’s school stating that he or she has not been convicted of or plead guilty or nolo
contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offenses listed in section 45-33-23 (g), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

c. Further, applicants and employees of the University of Mississippi Medical Center for whom criminal history record checks and fingerprinting are obtained in accordance with Section 37-115-41 are exempt from application of the term employee under Section 43-11-13.

3. **Covered Entity.** For the purpose of criminal history record checks, “covered entity” means a licensed entity or a healthcare professional staffing agency.

4. **Licensed Entity.** For the purpose of criminal history record checks, the term “licensed entity” means a hospital, nursing home, personal care home, home health agency or hospice.

5. **Health Care Professional/Vocational Technical Academic Program.** For the purpose of criminal history record checks, “health care professional/vocational technical academic program” means an academic program in medicine, nursing, dentistry, occupational therapy, physical therapy, social services, speech therapy, or other allied-health professional whose purpose is to prepare professionals to render patient care services.

6. **Health Care Professional/Vocational Technical Student.** For purposes of criminal history record checks, the term means a student enrolled in a healthcare professional/vocational technical academic program.

7. **Direct Patient Care or Services.** For purposes of fingerprinting and criminal background history checks, the term “direct patient care” means direct hands-on medical patient care and services provided by an individual in a patient’s, resident’s or client’s room, treatment room or recovery room. Individuals providing direct patient care may be directly employed by the ICF-IID or provides patient care on a contractual basis.

8. **Documented Disciplinary Action.** For the purpose of fingerprinting and criminal background history checks, the term “documented disciplinary action” means any action taken against an employee for abuse or neglect of a patient.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.2.9 **Day Shift.** The term “day shift” shall mean a minimum eight (8) hour period between 6:00 a.m. and 6:00 p.m.
Rule 49.2.10 Dentist. The term "dentist" shall mean a person currently licensed to practice dentistry in Mississippi by the State Board of Dental Examiners.

Rule 49.2.11 Dietitian. The term “dietitian” shall mean a person who is licensed as a dietitian in the State of Mississippi, or a Registered Dietitian exempted from licensure by statute.

Rule 49.2.12 Direct Support Personnel and/or Professionals. Direct Support Personnel and/or Professionals (DSPs) are persons who work directly with developmental disabilities with the aim of assisting the individual to lead a self-directed life and contribute to their surroundings. A DSP assists with activities of daily living, if needed, and encourages attitudes and behaviors that enhance community inclusion. A DSP may provide support to a person with a disability in their environment, be it in their home or residence setting, work, school, church, and other places. A DSP also acts as an advocate for the individual with disabilities, in communicating their needs, self-expression, and goals. A DSP shall have at a minimum a high school diploma or a GED.

Rule 49.2.13 Existing ICF-IID. The term "existing ICF-IID" shall mean an ICF-IID that has obtained licensure prior to the adoption of these regulations.

Rule 49.2.14 Governing Body. There shall be an organized governing body, or designated persons so functioning, that has the overall responsibility, for the conduct of the ICF-IID, in a manner consistent with the objective of making available high quality client care. The term "governing body" shall mean an individual or individuals identified by the ICF-IID that exercise general policy, budget, and operating direction over the ICF-IID; and provides, monitors, and revises as necessary policies and operating directions which ensure the necessary staffing, training, resources, equipment, and environment to provide individuals with active treatment and to provide for their health and safety at all times.

Rule 49.2.15 Infectious Medical Waste. The term "infectious medical waste" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this regulation, the following wastes shall be considered to be infectious medical wastes:
1. Waste resulting from the care of clients and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi State Department of Health;

2. Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biological, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures;

3. Blood and blood products such as serum, plasma, and other blood components.

4. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents;

5. Other wastes determined infectious by the generator or so classified by the Mississippi State Department of Health.


Rule 49.2.16 Intermediate Care for the Intellectually and/or Developmentally Disabled (ICF-IID) Facility either governmental or private who provides group living arrangements for four (4) or more persons who are unrelated to the operator and whose primary purpose is to provide health or rehabilitative services, active treatment, to individuals with intellectual or developmental disabilities and to provide food, shelter, and personal care whether any such place be organized or operated for profit or not. These ICF-IID services may be provided in an existing ICF-IID or a group home under the jurisdiction of an ICF-IID.

1. In an ICF-IID Residential Community Home, these services shall be provided in group living arrangements for no more than six (6) clients who are unrelated to the operator.


Rule 49.2.17 Individual Program Plan (IPP). Each client must have an individual program plan that is developed by an interdisciplinary team that represents the professions, disciplines or service areas relevant to identifying the client’s needs as described by the comprehensive functional assessments. This IPP shall be prepared within 30 days after admission.


Rule 49.2.18 Interdisciplinary Team: The Interdisciplinary team is composed of those individuals (professionals, paraprofessionals and non-professionals) who
possess the knowledge, skills, and expertise necessary to accurately identify the comprehensive array of the individual’s needs and design a program which is responsive to those needs.


Rule 49.2.19 **License.** The term "license" shall mean the document issued by the licensing agency and signed by the State Health Officer of the Mississippi State Department of Health. Licensure shall constitute authority to receive clients and perform the services included within the scope of these rules, regulations, and minimum standards.


Rule 49.2.20 **Licensed Practical Nurse.** The term "licensed practical nurse" shall mean a person who is currently licensed by the Mississippi Board of Nursing as a Licensed Practical Nurse.


Rule 49.2.21 **Licensee.** The term "licensee" shall mean the person to which the license is issued and upon whom rests the responsibility for the operation of the institution in compliance with these rules, regulations, and minimum standards.


Rule 49.2.22 **IGRA(s) (Interferon-Gamma Release Assay(s).** A whole blood test used in to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).


Rule 49.2.23 **Licensing Agency.** The term "licensing agency" shall mean the Mississippi State Department of Health


Rule 49.2.24 **Licensure Violation.** The failure of an ICF-IID or an ICF-IID Residential Community Home to comply with the minimum standards or requirements contained within this Chapter 49.


Rule 49.2.25 **Mantoux Test.** A method of skin testing that is performed by injecting one-tenth (0.1) milliliter of purified protein derivative-tuberculin containing five (5) tuberculin units into the dermis (i.e., the second layer of skin) of the forearm with a needle and syringe. The area is examined between forty-eight (48) and seventy-two (72) hours after the injection. A reaction is measured according to
the size of the induration. The classification of a reaction as positive or negative depends on the patient’s medical history and various risk factors (see definition for “significant tuberculin skin test”). This test is used to evaluate the likelihood that a person is infected with M. tuberculosis. The Mantoux (TST) test should be administered only by persons certified in the intradermal technique.


Rule 49.2.26 Medical Waste. The term "medical waste" means all waste generated in direct client care or in diagnostic or research areas that is non-infectious.


Rule 49.2.27 New ICF-IID. The term "new ICF-IID" shall mean an ICF-IID or an ICF-IID Residential Community Home that applies for licensure after the adoption of these regulations.


Rule 49.2.28 Nurse Practitioner/Physician Assistant. The term “nurse practitioner” shall mean a person who is currently licensed by the Mississippi Board of Nursing as a nurse practitioner. The term “physician assistant” shall mean a physician assistant who is currently licensed as such by the Mississippi Board of Medical Licensure.


Rule 49.2.29 Nutritional Assessment: A nutritional assessment is conducted to assess nutritional status and includes determination of appropriateness of diet, adequacy of total food intake and the skills associated with eating, including chewing, sucking and swallowing disorders, food service practices, and monitoring and supervision of one’s own nutritional status. A Registered Dietician shall provide ongoing evaluation and assessment when individual needs are identified and, at minimum, on a quarterly basis and more often if indicated. The Registered Dietician shall be notified for intervention as appropriate when a change in nutritional status, weight loss or weight gain is noted. The initial nutritional assessment shall be completed within 30 days after admission.


Rule 49.2.30 Person. The term "person" shall mean any individual, firm, partnership, corporation, company, association, or joint stock association, or any licensee herein or the legal successor thereof.

Rule 49.2.31 **Personal Care.** The term "personal care" shall mean assistance rendered by personnel of the ICF-IID for clients in performing one or more of the activities of daily living which includes, but is not limited to, the bathing, walking, excretory functions, feeding, personal grooming, and dressing of such clients.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.2.32 **Pharmacist.** The term "pharmacist" shall mean a person currently licensed to practice pharmacy in Mississippi by the State Board of Pharmacy.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.2.33 **Physician.** The term "physician" shall mean any person currently licensed in Mississippi by the Mississippi State Board of Medical Licensure.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.2.34 **Plan of Correction.** Plan of Correction shall mean a plan developed by the ICF-IID and/or the ICF-IID Residential Community Home and approved by the licensure agency that describes the action the ICF-IID and/or the ICF-IID Residential Community Home will take to correct the licensure violation(s) and specifies the date by which these licensure violation(s) will be corrected.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.2.35 **Program Director:** The term “Program Director” shall mean a person who works under the authority of the Administrator or the governing authority of an ICF-IID to ensure that health or rehabilitative services, active treatment is provided to individuals with intellectual or developmental disabilities. This individual shall have at a minimum a Master’s degree from an accredited four year college or university or graduation from a standard four-year high school and four years of experience working with individuals with intellectual or developmental disabilities. The Program Director must meet the qualifications of a Qualified Intellectual Disabilities Professional (QIDP).

1. A Program Director shall have no more than 60 clients under their supervisory authority.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.2.36 **Qualified Dietary Manager.**

1. **ICFs-IID shall have the following at a minimum:**

   a. A Dietetic Technician who has successfully graduated from a Dietetic Technician program accredited by the American Dietetic Association Commission on Accreditation and Approval of Dietetic Education and
earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association.

b. A person who has successfully graduated from a didactic program in Dietetics approved by the American Dietetic Association Commission on Accreditation and Approval of Dietetic Education and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association.

c. A person who has successfully completed a Dietary Manager's Course approved by the Dietary Manager's Association and who passes the credentialing examination and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association.

d. A person who has successfully completed a Dietary Manager's Course approved by the Dietary Manager's Association and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association.

2. In addition, each ICF-IID Residential Community Home shall have the following at a minimum:

   a. A Licensed Registered Dietician (LRD) or a registered dietitian exempted from licensure by statute must be employed full time, part time, or on a consultant basis to ensure each client receives a nourishing, well balanced diet including modified and specially prescribed diets. Onsite visits of at least monthly must be provided by the RD to ensure compliance to written menus, prescribed diets and meal service. The RD will provide a nutritional assessment with recommended needs on an annual basis. Consultative written reports from the RD shall be kept on file in the ICF-IID.

**SOURCE:** Miss. Code Ann. §43-11-13

Rule 49.2.37 **Qualified Intellectual Disabilities Professional (QIDP).** The QIDP must have at least one year of experience working directly with persons with intellectual and developmental disabilities; and is one of the following, a doctor of medicine osteopathy, a registered nurse, and/or an individual who holds a bachelor’s degree in a professional category.

**SOURCE:** Miss. Code Ann. §43-11-13

Rule 49.2.38 **Registered Nurse.** The term "registered nurse" shall mean a person who is currently licensed by the Nurses' Board of Examination and Registration of Mississippi Board of Nursing as a registered nurse.

**SOURCE:** Miss. Code Ann. §43-11-13
Rule 49.2.39  **Restraint.** The term "restraint" shall include any means, physical or chemical, which is intentionally used to restrict the freedom of movement of a person.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.2.40  **Surveyor.** The term "surveyor" shall mean an individual employed, or hired on a contractual basis, by the licensing agency for the purpose of conducting surveys, inspections, investigations, or other related functions as part of the licensing agency’s responsibility for licensure and regulation of ICFs-IID.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.2.41  **Significant Tuberculin Skin Test.** An induration of five (5) millimeters or greater is significant (or positive) in the following:

1. Persons known to have or suspected of having human immunodeficiency virus (HIV).

2. Close contacts of a person with infectious tuberculosis.

3. Persons who have a chest radiograph suggestive of previous tuberculosis.

4. Persons who inject drugs (if HIV status is unknown).

5. An induration of ten (10) millimeters or greater is significant (or positive) in all other persons tested in Mississippi. A tuberculin skin test is recorded in millimeters of induration. For accurate results, measure the widest diameter of the palpable induration transverse (across) the arm.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.2.42  **Two-step Testing.** A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

*SOURCE: Miss. Code Ann. §43-11-13*

**Subchapter 3  INSPECTION**

Rule 49.3.1  **Inspections Required.** Each ICF-IID for which a license has been issued shall be inspected by the licensing agency by persons delegated with authority by the licensing agency at such intervals as the licensing agency may direct. The licensing agency and/or its authorized representatives shall have the right to
inspect construction work in progress. New ICFs-IID shall not be licensed without having first been inspected for substantial compliance with these rules, regulations, and minimum standards.

**SOURCE:** *Miss. Code Ann. §43-11-13*

**Subchapter 4  ** **CLASSIFICATION OF AN ICF-IID OR AN ICF-IID RESIDENTIAL COMMUNITY HOME**

**Rule 49.4.1 ICF-IID.** To be classified as an ICF-IID or an ICF-IID Residential Community Home, the ICF-IID shall comply with the following staffing requirements:

1. Minimum requirements for nursing staff shall be arranged or employed so that licensed nursing staff are sufficient to care for clients’ health needs. Individuals on a medical care plan shall receive 24-hour nursing services as indicated by that plan. Individuals not on a medical care plan shall receive services as indicated by the assessment, the IPP, and in accordance with any changes in health status.

2. ICF-IID staffing is met when there are sufficient numbers of competent, trained staff to provide active treatment; and when there are sufficient numbers of staff to provide individuals’ health and safety. The ICF-IID must have available enough staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individualized program plan.

3. The ICF-IID must ensure for the availability of physician services 24 hours per day. Procedures must be established that provide steps to be followed when the designated physician is not available. Staff should be aware of procedures for contacting physicians in the event of an emergency.

4. Each ICF-IID and/or Residential Community Home shall have the following personnel as a minimum:

   a. **Program Director:** There shall be a Program Director responsible for ensuring that all clients in the ICF-IID are following a specific IPP to meet their needs as an individual. The Program Director will ensure the clients’ records are properly maintained and reflects the programming the client is receiving.

   b. There should be sufficient numbers of QIDPs to accomplish the job of providing an active treatment program to each client in an integrated, coordinated manner, and to monitor the active treatment program for each client.

   c. **Professional Program Staff:** Each client must receive the professional program services needed to implement the active treatment program...
defined by each client’s IPP. The ICF-IDD must have enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every IPP. Professional program staff must be licensed, certified, or registered as applicable, to provide professional services as required by State Licensure.

d. **Program staff** responsible for therapeutic services must have at least a Master’s degree in a behavioral health or related field and hold current licensure as one of the following: a Psychologist from the MS Board of Psychology, a Licensed Professional Counselor from the MS Board of Licensed Professional Counselors, or a Licensed Certified Social Worker from the MS State Board of Examiners of Social Workers and Marriage & Family Therapists. Professional credentialing through the MS Department of Mental Health as a Certified Intellectual and Developmental Disabilities Therapist, Licensed Clinical Intellectual and Developmental Disabilities Therapist, Certified Mental Health Therapist, and Licensed Clinical Mental Health Therapist is also accepted.

e. **Social Worker**: A Social Worker licensed by the Mississippi State Board of Examiners of Social Workers and Marriage & Family Therapists. A social worker may hold current licensure as a Licensed Bachelor Social Worker, Licensed Master Social Worker or Licensed Certified Social Worker.

f. **Recreational Therapist**: To be designated as a professional recreation staff member an individual must have a bachelor’s degree in recreation or in a specialty area such as dance, music, or physical education.

g. **Direct Support Personnel and/or Professionals.** The ICF-IID must provide sufficient direct support professionals to manage and supervise clients in accordance with their IPP. At any time, each ICF-IID is responsible for staffing as appropriate based on the required number of staff to carry out the goals and objectives of each client’s IPP.

5. All staff involved in food service shall be trained in food and beverage safety and handling procedures through a certification program accredited by the ANSI Conference for Food Protection.  

6. There must be responsible trained staff on duty on a 24 hour basis (when clients are present) to respond to injuries and symptoms of illness, and to handle emergencies. The staff should be knowledgeable of each client’s IPP. There shall be at least two (2) employees on duty in the ICF-IID at all times seven (7) days a week, 24 hours a day, in the event of an emergency with a designated person in charge on each shift.
Subchapter 5 THE LICENSE

Rule 49.5.1 License. A license shall be issued to each ICF-IID that meets the requirements as set forth in these regulations.

Subchapter 6 APPLICATION FOR LICENSE

Rule 49.6.1 Application. Application for a license or renewal of a license shall be made in writing to the licensing agency on forms provided by the licensing agency which shall contain such information as the licensing agency may require. The application shall require reasonable, affirmative evidence of ability to comply with these rules, regulations, and minimum standards.

Rule 49.6.2 Fees. Each initial and renewal licensure application, unless suspended or revoked, shall be accompanied by a fee as set by the Board, made payable to the Mississippi State Department of Health, either by business check, money order, or electronic means. Renewal of licenses shall occur on an annual basis. Fees are non-refundable.

Rule 49.6.3 Name of ICF-IID. Every ICF-IID shall be designated by a permanent and distinctive name which shall be used in applying for a license and shall not be changed without first notifying the licensing agency in writing and receiving written approval of the change from the licensing agency. Such notice shall specify the name to be discontinued as well as the new name proposed. The words "hospital", "sanatarium", "sanatorium", "clinic" or any other word which would reflect a different type of ICF-IID shall not appear in the title of an ICF-IID. Only the official name by which the ICF-IID is licensed shall be used in telephone listings, stationery, advertising, etc. Two or more facilities shall not be licensed under a similar name.

Rule 49.6.4 Number of Beds. Each application for license shall specify the maximum number of beds in the ICF-IID as determined by Rule 49.2.3 of these regulations. The maximum number of beds for which the ICF-IID is licensed shall not be exceeded.
Rule 49.7.1 **Issuance of License.** All licenses issued by the licensing agency shall set forth the name of the ICF-IID, the location, the name of the licensee, the classification of the ICF-IID, the type of building, the bed capacity for which the ICF-IID is licensed, and the license number.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.7.2 **Separate License.** Separate license shall be required for ICF-IIDs maintained on separate premises even though under the same management. However, separate license are not required for buildings on the same grounds which are under the same management.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.7.3 **Posting of License.** The license shall be posted in a conspicuous place on the license premises and shall be available for review by an interested person.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.7.4 **License Not Transferable.** The license for an ICF-IID is not transferable or assignable to any other person except by written approval of the licensing agency and shall be issued only for the premises named in the application. The license shall be surrendered to the licensing agency on change of ownership, licensee, name or location of the institution, or in the event that the institution ceases to be operated as an ICF-IID. In event of change of ownership, licensee, name or location of the ICF-IID, a new application shall be filed.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.7.5 **Expiration of License.** Each license shall expire on March 31 following the date of issuance.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.7.6 **Renewal of License.** License shall be renewable by the licensee.

1. Filing of an application for renewal of licensee.
2. Submission of appropriate licensure renewal fee as mandated in Rule 49.6.2.
3. Approval of an annual report by the licensing agency.
4. Maintenance by the ICF-IID of minimum standards in its physical facility, staff, services and operation as set forth in these regulations.

*SOURCE:* Miss. Code Ann. §43-11-13

**Subchapter 8  DENIAL, SUSPENSION, OR REVOCATION OF LICENSE**
Rule 49.8.1 **Denial or Revocation of License:** Hearing and Review. The licensing agency after notice and opportunity for a hearing to the applicant or licensee is authorized to deny, suspend, or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. Also, the following shall be grounds for denial or revocation of license.

1. Fraud on the part of the licensee in applying for a license.

2. A willful or repeated violation by the licensee of any of the provisions of §43-11-1 et seq., of the Mississippi Code of 1972, as amended, and/or of the rules, regulations, and minimum standards established by the licensing agency.

3. Use of alcoholic beverages or narcotic drugs by the licensee or other personnel of the home, to the extent which threatens the well-being or safety of the resident.

4. Conviction of the licensee of a felony.

5. Publicly misrepresenting the home and/or its services.

6. Permitting, aiding, and abetting the commission of any unlawful act.

7. Conduct or practices detrimental to the health or safety of residents and employees of said facilities provided that this provision shall not be construed to have any reference to healing practices authorized by law. Detrimental practices include but are not necessarily limited to:

   a. Cruelty to clients or indifference of their needs which are essential to their general well being and health.

   b. Misappropriation of the money or property of a client.

   c. Failure to provide food adequate for the needs of the client.

   d. Inadequate staff to provide safe care and supervision of a client.

   e. Failure to call a physician or nurse practitioner/physician assistant when required by the client's condition.

   f. Failure to notify next of kin when a client's conditions become critical.

   g. Admission of a client whose condition demands care beyond the level of care provided by the ICF-IID as determined by its classification.

*SOURCE: Miss. Code Ann. §43-11-13*
Subchapter 9  PROVISION FOR HEARING AND APPEAL FOLLOWING DENIAL OR REVOCATION OF LICENSE; PENALTIES

Rule 49.9.1  **Administrative Decision.** The licensing agency will provide an opportunity for a fair hearing to every applicant or licensee who is dissatisfied with administrative decisions made in the denial or revocation of a license or for adverse actions or who qualifies pursuant to Subchapter 8 to appeal

1. The licensing agency shall notify the applicant or licensee by certified mail or personal service the particular reasons for the proposed denial or revocation of license. Upon written request of applicant or licensee within ten (10) days of the date of notification the licensing agency shall fix a date not less than thirty (30) days from the date of such service at which time the applicant or licensee shall be given an opportunity for a prompt and fair hearing.

2. The licensing agency shall notify the licensee of a ban on all admissions imposed as a result of immediate jeopardy survey findings. The ban on admissions will be imposed five (5) calendar days after the receipt of the notice by the licensee of the ICF-IID and/or the ICF-IID residential community home. A hearing must be requested within five (5) calendar days of receipt of the notice. In addition, the licensing agency shall provide notice to the licensee related to compensation and per diem costs for a temporary manager and/or state monitoring as applicable. Within 15 days of receipt of the notice, the ICF-IID or the ICF-IID Residential Community Home shall pay the bill or request an administrative hearing to contest the costs for which it was billed. The licensing agency shall fix a date not less than ten (10) days from the date of such service at which time the licensee of the ICF-IID or the ICF-IID residential community home shall be given an opportunity for a prompt and fair hearing.

3. On the basis of such hearing or upon default of the applicant or licensee, the licensing agency shall make a determination specifying its findings of fact and conclusions of law. A copy of such determination shall be sent by registered mail to the last known address of the applicant or licensee or served personally upon the applicant or licensee.

4. The decision revoking, suspending, denying the application of license shall become final thirty (30) days after it is so mailed or served upon the applicant or licensee; however in matters involving the revocation, suspension, or denial of an application or license, or adverse actions imposed by the licensing agency as a result of immediate jeopardy survey findings resulting in a ban on all admissions, and compensation and per diem costs related to a temporary manager and/or state monitoring as applicable, the applicant or licensee may within such thirty (30) day period, appeal the decision to the Chancery Court pursuant to §43-11-23 of the
Mississippi Code of 1972, as amended. An additional period of time may be granted at the discretion of the licensing agency.


Rule 49.9.2 Penalties. Any person establishing, conducting, managing, or operating an institution for the aged or infirm (e.g. ICF-IID and/or a ICF-IID Residential Community Home) without a license shall be declared in violations of these regulations and Chapter 451 of the Laws of Mississippi of the Regular Legislative Session of 1979 and subject to the penalties specified in §18 thereof.


Subchapter 10 ADMINISTRATION: THE AUTHORITY FOR ADMINISTRATION FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Rule 49.10.1 Responsibility. The governing authority, the owner, or the person(s) designated by the governing authority shall be the supreme authority in an ICF-IID responsible for the management, control, and operation of the institution including the appointment of qualified staff.


Rule 49.10.2 Organization. Each ICF-IID should establish a written organizational plan, which may be an organizational chart that clearly establishes a line of authority, responsibilities, and relationships. Written personnel policies and job descriptions shall be prepared and given to each employee.


Rule 49.10.3 Relationship of staff to Governing Authority. The administrator, personnel, and all auxiliary organizations shall be directly or indirectly responsible to the governing authority.


Subchapter 11 THE LICENSEE

Rule 49.11.1 Responsibility. The licensee shall be the person who the licensing agency will hold responsible for the operation of the home in compliance with these regulations. The licensee may serve as the administrator or may appoint someone to be the administrator. The licensee shall be responsible for submitting to the licensing agency the plans and specifications for the building, the applications for license, and such reports as are required.

1. Initial Application. The licensee shall submit the following with the initial application:
a. References in regard to personal character, temperament, and experience background from three (3) responsible persons not related to him and/or her. The licensing agency reserves the right to make investigations from its own source regarding the character of the applicant.

b. Whether the governing body will be a private proprietary, partnership, corporation, governmental, or other (non-profit, church, etc.). If a partnership, the full name and address of each partner. If a corporation or other, the name, addresses, and title of each officer. If governmental, the unit of government.

2. Application for License. Application for license or relicense shall be submitted in form and content pursuant to the instructions of the licensing agency.


Subchapter 12 ADMINISTRATOR

Rule 49.12.1 Responsibility.

1. There shall be a licensed administrator in an ICF-IID with authority and responsibility for the operation of the ICF-IID in all its administrative and professional functions subject only to the policies enacted by the governing authority and to such orders as it may issue. The administrator shall be the direct representative of the governing authority in the management of the ICF-IID and shall be responsible to said governing authority for the proper performance of duties.

2. There shall be a qualified individual present in the ICF-IID responsible to the administrator in matters of administration who shall represent him or her during the absence. The person shall not be a client of the ICF-IID.


Rule 49.12.2 Qualifications. The administrator and/or program director(s) shall be chosen primarily for their administrative ability to establish proper working relationship with physicians, nurse practitioners/physician assistants, and employees of the ICF-IID.

1. The administrator shall be at least twenty-one (21) years of age.

2. The administrator shall be of reputable and responsible character and in such state of physical and mental health as will permit him or her to satisfactorily direct the activities and services of the ICF-IID.

Subchapter 13          FINANCIAL

Rule 49.13.1  **Accounting.** Accounting methods and procedures should be carried out in accordance with a recognized system of good business practice. The method and procedure used should be sufficient to permit annual audit, accurate determination of the cost of operation and the cost per client per day.

*SOURCE*: Miss. Code Ann. §43-11-13

Rule 49.13.2  **Financial Structure.** All facilities shall have a financial plan which guarantees sufficient resources to meet operating cost at all times and to maintain standards required by these regulations.

*SOURCE*: Miss. Code Ann. §43-11-13

Rule 49.13.3  **Admission Agreement.** Prior to or at the time of admission, the administrator and the client or the client’s responsible party shall execute in writing a financial agreement. This agreement shall be prepared and signed in two or more copies, one copy given to the client or his sponsor, and one copy placed on file in the licensed ICF-IID. As a minimum this agreement shall contain:

1. Basic charges agreed upon (room, board, laundry, nursing, and/or personal care).
2. Period to be covered in the charges.
3. Services for which special charges are made.
4. Agreement regarding refund for any payments made in advance.
5. An explanation of services/care to be provided.

*SOURCE*: Miss. Code Ann. §43-11-13

Rule 49.13.4  No agreement or contract shall be entered into between the licensee and the client or his responsible party which will relieve the licensee of responsibility for the protection of the person and of the rights of the individual admitted to the ICF-IID for care, as set forth in these regulations.

*SOURCE*: Miss. Code Ann. §43-11-13

Rule 49.13.5  A record of all sums of money received from each client shall be kept up-to-date and available for inspection.

*SOURCE*: Miss. Code Ann. §43-11-13

Rule 49.13.6  The client or his lawful agent shall be furnished a receipt signed by the lawful agent of the institution for all sums paid over to the ICF-IID.
Rule 49.13.7 Neither the licensee nor any employee shall misuse or misappropriate any property real or personal, belonging to a client of the ICF-IID.

Rule 49.13.8 Undue influence or coercion shall not be used in procuring a transfer of funds or property or in procuring a contract or agreement providing for payment of funds or delivery of property belonging to a client of the ICF-IID.

Rule 49.13.9 Agreements between an ICF-IID and a client relative to cost of care shall include adequate arrangements for such emergency medical or hospital care as may be required by the client.

Rule 49.13.10 No licensee, owner, or administrator of an ICF-IID; a member of their family; an employee of the ICF-IID; or a person who has financial interest in the home shall act as the legal guardian for a client of the ICF-IID. This requirement shall not apply if the client is related within the third degree as computed by civil law.

Rule 49.13.11 Client Admission. Prior to initial licensure of each ICF-IID, a written schedule for client admission shall be developed and submitted to the licensing agency.

Subchapter 14 EMERGENCY OPERATIONS PLAN (EOP)

Rule 49.14.1 The licensed entity shall develop and maintain a written preparedness plan utilizing the “All Hazards” approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Preparedness and Response, Mississippi State Department of Health, or their designates, for conformance with the “All Hazards Emergency Preparedness and Response Plan.” Particular attention shall be given to critical areas of concern which may arise during any “all hazards” emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six (6) critical areas of consideration are:
1. Communications - Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.

2. Resources and Assets

3. Safety and Security

4. Staffing

5. Utilities

6. Clinical Activities.

7. Emergency Operations Plans (EOPs) must be exercised and reviewed annually or as directed by the Office of Emergency Preparedness and Response. Written evidence of current approval or review of provider EOPs, by the Office of Emergency Preparedness and Response, shall accompany all applications for ICF-IID license renewals.


Rule 49.14.2 ICF-IID and ICF-IID Residential Community Home Fire Preparedness

1. Fire Drills. Fire drills shall be conducted one (1) per shift per quarter. Employees shall participate in a fire drill at least four (4) times per year.

2. Written Records. Written records of all drills shall be maintained, indicating content of and attendance at each drill.

3. A fire evacuation plan shall be posted in a conspicuous place and kept current.


Subchapter 15 PHYSICAL FACILITIES

Rule 49.15.1 Administration Facilities. Each ICF-IID shall provide an office space and/or administrative office(s).

1. As a minimum, the office space and/or administrative office(s) shall be provided with a desk, file drawer or cabinet, and related office equipment and supplies.

2. Each ICF-IID caring for twenty-five (25) or more clients should provide a separate room(s) for these facilities.

3. Each ICF-IID should provide a waiting room or space for the public.
4. ICF-IID Residential Community Homes are excluded from the requirements set forth in Rule 49.15.1.


Rule 49.15.2 Communication Facilities. Each ICF-IID and/or ICF-IID Residential Community Home shall have an adequate number of telephones and extensions to summon help in case of fire or other emergency, and these shall be located so as to be quickly accessible from all parts of the building. The telephone shall be listed under the official licensed name of the facility.


Subchapter 16 RECORDS AND REPORTS

Rule 49.16.1 General. Each ICF-IID or ICF-IID Residential Community Home shall submit such records and reports as the licensing agency may request.


Rule 49.16.2 Annual Report. An annual report shall be submitted to the licensing agency by each ICF-IID and/or ICF-IID Residential Community Home upon such uniform dates and shall contain such information in such form as the licensing agency prescribes.


Rule 49.16.3 Criminal History Record Checks. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be performed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on:

1. Every new employee of a covered entity who provides direct patient care or services and who is employed on or after July 01, 2003, and

2. Every employee of a covered entity employed prior to July 01, 2003, who has documented disciplinary action by his or her present employer.

3. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history record check revealed no disqualifying record or the employee has been granted a waiver. Provided the covered entity has documented evidence of submission of fingerprints for the background check, any person may be employed and provide direct patient care on a temporary basis pending the results of the criminal history record check but any employment offer, contract, or arrangement with the person shall be
voidable, if he/she receives a disqualifying criminal record check and no waiver is granted.

4. If such criminal history record check discloses a felony conviction; a guilty plea; and/or a plea of nolo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be eligible to be employed at the licensed ICF-IID:

a. possession or sale of drugs
b. murder
c. manslaughter
d. armed robbery
e. rape
f. sexual battery
g. sex offense listed in Section 45-33-23(g), Mississippi Code of 1972
h. child abuse
i. arson
j. grand larceny
k. burglary
l. gratification of lust
m. aggravated assault
n. felonious abuse and/or battery of vulnerable adult

5. Documentation of verification of the employee’s disciplinary status, if any, with the employee’s professional licensing agency as applicable, and evidence of submission of the employee’s fingerprints to the licensing agency must be on file and maintained by the ICF-IID prior to the new employees first date of employment. The covered entity shall maintain on file evidence of verification of the employee’s disciplinary status from any applicable professional licensing agency and of submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual’s suitability for such employment.
6. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (3) above.

7. From and after December 31, 2003, no employee of a covered entity hired before July 01, 2003, shall be permitted to provide direct patient care unless the employee has signed an affidavit as required by this section. The covered entity shall place the affidavit in the employee’s personnel file as proof of compliance with this section.

8. If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or nolo contendere to any of the offenses listed herein, and the conviction or pleas has not been reversed on appeal or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to the ICF-IID’s policies and procedures.

9. The covered entity may, in its discretion, allow any employee unable to sign the affidavit required by paragraph (7) of this subsection or any employee applicant aggrieved by the employment decision under this subsection to appear before the covered entity’s hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow the employee or employee applicant to be employed at the covered entity. The covered entity, upon report and recommendation of the hiring officer, may grant waivers for those mitigating circumstances, which shall include, but not be limited to: (1) age at which the crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work history; (5) current employment and character references; and (6) other evidence demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed ICF-IID.

10. The licensing agency may charge the covered entity submitting the fingerprints a fee not to exceed Fifty Dollars ($50.00).

11. Should results of an employee applicant’s criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying event, provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant’s suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi State Department of Health without the
necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant’s criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history check as required in this subsection.

12. For individuals contacted through a third party who provide direct patient care as defined herein, the covered entity shall require proof of a criminal history record check.

13. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officer, employees, attorneys, and representatives, shall be presumed to be acting in good faith for any employment decision or action taken under this section. The presumption of good faith may be overcome by a preponderance of the evidence in any civil action. No licensing agency, covered entity, nor their agents, officers, employees, attorneys and representatives shall be held liable in any employment discrimination suit in which an allegation of discrimination is made regarding an employment decision authorized under this section.


Rule 49.16.4 Employee Health Screening. All staff of an ICF-IID and/or ICF-IID Residential Community Home shall receive a health screening by a licensed physician, registered nurse, or nurse practitioner/physician assistant prior to employment and annually thereafter. The extent of the screening shall be determined by committee consisting of at least a licensed physician, nurse practitioner/physician assistant or a registered nurse, and the ICF-IID administrator.


Rule 49.16.5 Employee Health Screening. All staff of an ICF-IID and/or ICF-IID Residential Community Home shall receive a health screening by a licensed physician, registered nurse, or nurse practitioner/physician assistant prior to employment and annually thereafter. The extent of the screening shall be determined by committee consisting of at least a licensed physician, nurse practitioner/physician assistant or a registered nurse, and the ICF-IID administrator.

1. There shall be written evidence on file at the ICF-IID indicating that such a committee met to develop a policy for the ICF-IID employee health screening program. This policy shall include:

a. What constitutes an adequate health screening.

b. The health professional designated to conduct the screening.
2. The written policy shall be evaluated periodically by said committee.


Rule 49.16.6 Employee Testing for Tuberculosis

1. Each employee, upon employment of a licensed entity and prior to contact with any patient/client, shall be evaluated for tuberculosis by one of the following methods:

   a. IGRA (blood test) and an evaluation of the individual for signs and symptoms of tuberculosis by medical personnel; or

   b. A two-step Mantoux tuberculin skin test administered and read by a licensed medical/nursing person certified in the techniques of tuberculin testing and an evaluation of the individual for signs and symptoms of tuberculosis by a licensed Physician, Physician’s Assistant, Nurse Practitioner or a Registered Nurse.

2. The IGRA/Mantoux testing and the evaluation of signs/symptoms may be administered/conducted on the date of hire or administered/read no more than 30 days prior to the individual’s date of hire; however, the individual must not be allowed contact with a patient or work in areas of the ICF-IIID where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered/read and assessment for signs and symptoms completed.

3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual's personnel file no later than 7 days of the individual’s date of employment. If an IGRA is performed, results and quantitative values must be documented.

4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculosis disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray interpreted by a board certified Radiologist and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where clients have routine access until evaluated by a physician/nurse practitioner/physician assistant and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;

   a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved
by the Mississippi State Department of Health (MSDH) Tuberculosis Program for tuberculosis infection, or

b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the MSDH Tuberculosis Program; or

c. The individual has a documented previous significant tuberculin skin reaction or IGRA reaction.

5. For individuals noted to have a previous positive to either Mantoux testing or the IGRA, annual re-evaluation for the signs and symptoms must be conducted and must be maintained as part of the employee’s annual health screening. A follow-up annual chest x-ray is NOT required unless symptoms of active tuberculosis develop.

6. If using the Mantoux method, employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employees’ personal record within fourteen (14) days of employment.

7. The IGRA or the two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past 12 months. If the employer has documentation that the employee has had a negative TB skin test within the past 12 months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with clients or be allowed to work in areas of the ICF-IID to which clients have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.

8. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner/physician assistant for treatment of latent tuberculin infection.


Rule 49.16.7 Admission Record-Personal Information. Each ICF-IID and/or ICF-IID Residential Community Home shall prepare a record on each client at the time
of admission on which the following minimum information shall be recorded: name; date of admittance; address at the time of admittance; race; sex; marital status; religious preference; date of birth; name; address, and telephone number of person responsible for client and his/her relationship to him/her; and name and telephone number of physician or nurse practitioner/physician assistant, and the diagnosis as defined by the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The date and reason for discharge shall be entered upon discharge of a client.


Rule 49.16.8 Reporting of Tuberculosis Testing. The ICF-IID and/or ICF-IID Residential Community Home shall report and comply with the annual MSDH TB Program surveillance procedures.


Subchapter 17 CLIENTS’ RIGHTS

Rule 49.17.1 General. The ICF-IID shall maintain written policies and procedures regarding the rights and responsibilities of clients. These written policies and procedures shall be established in consultation with clients or responsible parties. Written policies and procedures regarding clients' rights shall be made available to clients or their guardian, next of kin, sponsoring agency or agencies, or lawful representative and to the public. There shall be documented evidence that the staff of the ICF-IID is trained and involved in the implementation of these policies and procedures. In-service on clients' rights and responsibilities shall be conducted annually. These rights and responsibilities shall be posted throughout the ICF-IID for the benefit of all staff and clients.


Rule 49.17.2 Clients’ Rights. The clients' rights policies and procedures ensure that each client admitted to the ICF-IID:

1. is fully informed, as evidenced by the client's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the ICF-IID's rules and regulations and an explanation of the client's responsibility to obey all reasonable regulations of the ICF-IID and to respect the personal rights and private property of other clients;

2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the ICF-IID, and of related charges including any charges for services covered by the ICF-IID basic per diem rate;

3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions
unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the ICF-IID shall not limit a client’s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

4. is transferred or discharged only for medical reasons, or for his welfare or that of other clients, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;

5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a client and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to ICF-IID staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the ICF-IID accept his written delegation of this responsibility to the ICF-IID for any period of time in conformance with State law;

7. is free from mental, physical, and/or verbal abuse; and exploitation and/or misappropriation of client property

8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the client is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The ICF-IID must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;

9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the ICF-IID, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;
10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the ICF-IID that are not included for therapeutic purposes in their individual program plan;

12. may associate and communicate privately with persons of his choice, may join with other clients or individuals within or outside of the ICF-IID to work for improvements in client care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other clients, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the ICF-IID, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and

16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The ICF-IID shall encourage and assist in the fullest exercise of these rights and shall communicate rights in a manner that is understandable to the client.


Rule 49.17.3 All rights and responsibilities specified in paragraph (1) through (16) of Section Rule 49.17.2, as they pertain to (1) a client adjudicated incompetent in accordance with State law, (2) a client who is found by his physician or nurse practitioner/physician assistant to be medically incapable of understanding these rights, or (3) a client who exhibits a communication barrier, devolve to and shall be exercised by the client's guardian, next of kin, sponsoring agencies, or representative payee (except when the ICF-IID is representative payee).


Subchapter 18 STAFF DEVELOPMENT
Rule 49.18.1 **Orientation.** Each employee, prior to direct contact with clients, shall receive thorough orientation to the position, the ICF-IID and/or the ICF-IID Residential Community Home, and its policies which shall include but not be limited to:

1. Overview of the mission and the policies and procedures of he ICF-IID;
2. Behavior Management and Intervention;
3. Basic First Aid;
4. Confidentiality;
5. Cardio-Pulmonary Resuscitation (CPR);
6. Fire Safety & Emergency Procedures;
7. Food Safety & Handling Procedures;
8. Hand-washing;
9. Infection Control;
10. Population Specific Training;
11. Rights of Individuals Receiving Services;
12. Standard Precautions;
13. Vulnerable Persons Act;
14. Lift/Transfer Procedures;
15. Vehicle & Safety Transportation Procedures;

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.18.2 **In-service Training.** The ICF-IID must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. For employees that work with clients, training must focus on skills and competencies directed toward clients developmental, behavioral, and health needs. Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients, and the skills necessary to implement the individual program plans for each client for whom they are responsible.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.18.3 **Annual in-service training programs.** Annual in-service training programs shall be provided to all employees on an on-going basis and include but not be
limited to 12 hours related to communication and interpersonal skills, first aid procedures, infection control, safety and emergency procedures including abdominal thrust and choking procedures, promoting client’s independence, respecting clients’ rights, personal care skills, and six (6) hours that are population specific.


Rule 49.18.4 Training Records. A written record shall be maintained of all orientation and in-service training sessions.


Rule 49.18.5 Administrator Mentoring. Administrators for ICFs-IID shall be scheduled to spend two (2) concurrent days with the licensing agency or its designee for the purpose of training and mentoring. Placement of an administrator with the licensing agency may include, but not be limited to, assignments within the licensing agency’s central offices or placement with a survey team. Any costs associated with placements for the purposes of this section shall be borne by the licensed ICF-IID at which the administrator is employed. The administrator shall keep confidential and not disclose to any other persons any identifying information about any person or entity that he/she learned while observing operations as required by this section, except as otherwise mandated by law.

1. This section shall apply to administrators who:

   a. received their license from the Mississippi Board of Nursing Home Administrators on or after January 1, 2002; and

   b. have been employed by a licensed ICF-IID for less than six (6) months, during which time the placement must be completed

2. This section shall not apply to administrators who:

   a. received a license from the Mississippi Board of Nursing Home Administrators on or prior to December 31, 2001; or

   b. who were previously employed by the licensing agency in a surveyor capacity.

3. Failure to successfully complete the placement required under this section shall disqualify the administrator from serving in such capacity for a licensed ICF-IID until a placement is completed.


Rule 49.18.6 Residential Community Home Administrator Mentoring. Administrator Mentoring for Residential Community Homes under the jurisdiction of the
Department of Mental Health will be provided at the time and format designated by the Department of Mental Health and documentation of such shall be provided to the Department of Health to be maintained with the ICF-IID licensure application.

1. This section shall go into effect with the effective date of these regulations.

**SOURCE:** Miss. Code Ann. §43-11-13

**Subchapter 19** MEDICAL, NURSING, AND PERSONAL SERVICES: PHYSICAL FACILITIES

**Rule 49.19.1 ICF-IID and ICF-IID Residential Community Homes.** Medical, nursing, and personal service shall be provided in an area which shall provide privacy, dignity and safety appropriate to the necessary intervention required under a client’s IPP.

**SOURCE:** Miss. Code Ann. §43-11-13

**Rule 49.19.2** The maximum nursing unit shall be sixty (60) beds in an ICF-IID.

**SOURCE:** Miss. Code Ann. §43-11-13

**Rule 49.19.3 ICF-IID and/or ICF-IID Residential Community Home**

1. **Bedrooms.**
   
   a. **Location.**

   i. All client bedrooms shall have an outside exposure and shall not be below grade. Window area shall not be less than one-eighth (1/8) of the required floor area. The window sill shall not be over thirty-six (36) inches from the floor.

   ii. Client bedrooms shall be located so as to minimize the entrance of unpleasant odors, excessive noise, and other nuisances.

   iii. Existing ICF-IID: Client bedrooms shall be directly accessible from the main corridor of the nursing unit providing that accessibility from any public space other than the dining room will be acceptable. In no case shall a client bedroom be used for access to another client bedroom.

   iv. All client bedrooms in an ICF-IID and/or ICF-IID Residential Community Home shall be so located that the client can travel from his/her bedroom to a living room, day room, dining room, toilet or bathing area without having to go through another client bedroom.
v. ICF-IID Residential Community Homes: Each client shall have his/her own private bedroom.

2. **Floor Area.** Minimum usable floor area per bed shall be as follows: Private room one-hundred (100) square feet, Multi-bed room eighty (80) square feet, per client in existing ICF-IIDs. This provision shall apply to initial licensure, new construction, additions, and renovations.

3. **Provisions for Privacy.**
   a. In an ICF-IID, cubicle curtains, screening, or other suitable provisions for privacy shall be provided in multi-bed client bedrooms. Cubicle curtains shall completely enclose the bed from three (3) sides.

4. **Accommodations for Clients.** The minimum accommodations for each client shall include:
   a. Bed. The client shall be provided with either an adjustable bed or at a minimum a regular single bed, according to needs of the client, with a good grade mattress at least four (4) inches thick. Cots and roll-a-way beds are prohibited for client use. Full and half bed rails shall be available to assist in safe care of clients.
   b. Pillows, linens, and necessary coverings.
   c. Chair.
   d. Bedside cabinet or table.
   e. Storage space for clothing, toilet articles, and personal belongings including rod for clothes hanging.
   f. Means at bedside for notifying staff as indicated in the client’s IPP.
   g. Bed pans or urinals for clients who need them.
   h. Over-bed tables as required.

5. **Bed Maximum.** Bedrooms in ICF-IID shall be limited to two (2) beds in ICFs larger than 8 beds. ICF-IID Residential Community Homes with six (6) or fewer beds are limited to one (1) individual per bedroom.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.19.4 **Special Care Room.** Each ICF-IID shall have a special care room which shall be a single bedroom with at least a private half bath (lavatory and water closet). There shall be a special care room for each thirty (30) beds or major fraction
thereof. A special care room may be located anywhere in the building rather than a certain number per station.


Rule 49.19.5 ICF-IID Nurses’ Station.

1. Each ICF-IID shall have a nurses' station for each nursing unit. The nurses' station includes as minimum the following:
   a. Annunciator board or other equipment for client's call.
   b. The minimum areas of the medicine storage/preparation room shall be seventy-five (75) square feet.
   c. Storage space for clients' medical records and nurses' charts.
   d. Lavatory or sink with disposable towel dispenser.
   e. Desk or counter top space adequate for recording data and administering medications charting purposes by physicians, nurse practitioners/physician assistants, and nurses. In an ICF-IID Residential Community Home, there shall be sufficient space to allow for confidentiality and secure medical records.

2. The nurses' station area shall be well lighted.

3. It is recommended that a nurses' lounge with toilet be provided for nursing personnel adjacent to the station. A refrigerator for the storage of drugs shall be provided at each nurses’ station. Drugs and food for beverages for the clients may be stored together only if separate and secure compartments or containers are provided for the storage of drugs.


Rule 49.19.6 Utility Room. Each ICF-IID shall provide a separate utility room for soiled and clean client care equipment, such as bed pans, urinals, etc. The soiled utility room shall contain, as a minimum, the following equipment.

1. Provision for cleaning utensils such as bed pans, urinals, et cetera.

2. Lavatory or sink and disposable towel dispenser. The utility room for clean equipment shall have suitable storage.

3. In an ICF-IID Residential Community Home there shall be a closet and/or laundry space that is adequate for separation of clean and soiled laundry.

Rule 49.19.7 Toilet and Bathing Facilities in an ICF-IID

1. Lavatory, toilet and bathing facilities shall be provided in each ICF-IID nursing unit as follows:
   a. Bathing Facilities 2 per nursing unit
   b. Combination toilet and lavatory 2 per nursing unit

2. As a minimum, showers shall be thirty (30) inches by sixty (60) inches without curbing.

3. Handrails shall be provided for all tubs, showers, and commodes in an ICF-IID and/or an ICF-IID Residential Community Home.

4. In addition to the requirements set forth above, a lavatory shall be provided in each client bedroom or in a toilet room that is directly accessible from the bedroom in an ICF-IID.

5. In addition to the requirements set forth above, a toilet shall be located in a room directly accessible from each client bedroom in an ICF-IID. The minimum area for a room containing only a toilet shall be three (3) feet by six (6) feet in an ICF-IID.


Rule 49.19.8 Other rooms and areas. In addition to the above facilities, each nursing unit in an ICF-IID shall include the following rooms and areas:

1. linen closet;
2. wheelchair space.


Subchapter 20 REQUIREMENTS FOR ADMISSION

Rule 49.20.1 Physical Examination Required. Each client shall be given a complete physical examination 30 days prior to admission and annually thereafter, including a history of tuberculosis exposure and an assessment for signs and symptoms of tuberculosis, by a licensed physician or nurse practitioner/physician assistant. The findings shall be entered as part of the Admission Record. The report of the examination shall include:

1. Medical history (previous illnesses, drug reaction, emotional reactions, etc.).
2. Major physical and mental condition.
4. Orders, dated and signed, by a physician or nurse practitioner/physician assistant for the immediate care of the client to include medication treatment, activities, and diet.


Rule 49.20.2 Tuberculosis (TB). Admission Requirements to Rule Out Active Tuberculosis (TB)

1. The following are to be performed and documented within 30 days prior to the client’s admission to the “Licensed ICF-IID”:
   a. TB signs and symptoms assessment by a licensed Physician, Physician’s Assistant or a Licensed Nurse Practitioner, and
   b. A chest x-ray taken and a written interpretation.

2. Admission to the ICF-IID shall be based on the results of the required tests as follows:
   a. Clients with an abnormal chest x-ray and/or signs and symptoms assessment shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient’s admission to the “Licensed ICF-IID”. Evaluation for active TB shall be at the recommendation of the MSDH and shall be prior to admission. If TB is ruled out and the first step of the TST is negative, the second step of the two-step TST shall be completed and documented within 10-21 days of admission. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, TST (first and/or second step) is not done.
   b. Clients with a normal chest x-ray and no signs or symptoms of TB shall have a baseline IGRA test (blood test) OR a TST performed with the initial step of a the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).
   c. Clients with a significant TST OR positive IGRA (blood test) upon baseline testing or who have documented prior significant TST shall be monitored regularly for signs and symptoms of active TB (cough, sputum production, chest pain, fever, weight loss, or night sweats, especially if the symptoms have lasted longer than three weeks) and if these symptoms develop, shall have an evaluation for TB per the recommendations of the MSDH within 72 hours.
d. **Clients with a non significant TST** or negative IGRA (blood test) upon baseline testing shall have an annual tuberculosis testing within thirty (30) days of the anniversary of their last test. Note: Once IGRA testing is used, IGRA testing should continue to be used rather than TST testing.

e. **Clients with a new significant TST or newly positive IGRA** (blood test) on annual testing shall be evaluated for active TB by a nurse practitioner or physician or physician’s assistant.

f. **Active or suspected Active TB Admission.** If a client has or is suspected to have active TB, prior written approval for admission to the ICF-IID is required from the MSDH TB State Medical Consultant.

g. **Exceptions to TST/ IGRA requirement may be made if:**

   i. Client has prior documentation of a significant TST/ positive IGRA.

   ii. Client has received or is receiving a MSDH approved treatment regimen for latent TB infection or for active TB disease.

   iii. Client is excluded by a licensed physician or nurse practitioner/physician assistant due to medical contraindications.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.20.3 **Transfer to another ICF-IID or return of a client to respite care** shall be based on the above tests (Section 119.02 (2)) if done within the past 12 months and the patient has no signs and symptoms of TB.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.20.4 **Transfer to a Hospital or Visit to a Physician Office.** If a client has signs or symptoms of active TB (i.e., is a TB suspect) the licensed ICF-IID shall notify the MSDH, the hospital, transporting staff and the physician’s office prior to transferring the client to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a client has or is suspected to have active TB, prior written approval for admission or readmission to the ICF-IID is required from the MSDH TB State Consultant.

*SOURCE:* Miss. Code Ann. §43-11-13

**Subchapter 21 CLIENT CARE**

Rule 49.21.1 **Service Beyond Capability of the Home.** Whenever a client requires hospitalization or medical, nursing, or other care beyond the capabilities and facilities of the home, prompt effort shall be made to transfer the patient/client to a hospital or other appropriate medical facility.
Subchapter 22    PHYSICIAN SERVICES

Rule 49.22.1 General. A physician shall personally approve in writing a recommendation that an individual be admitted to an ICF-IID.

Rule 49.22.2 Designated physician. Each client shall have a designated physician or nurse practitioner/physician assistant who is responsible for their care. In the absence of the designated physician or nurse practitioner/physician assistant, another physician or nurse practitioner/physician assistant shall be designated to supervise the client medical care.

Rule 49.22.3 Emergency physician. Each ICF-IID and/or ICF-IID Residential Community Home shall ensure that emergency care protocols are in place and that staff have been adequately trained.

Rule 49.22.4 Physician visit. The client shall be seen by a physician or nurse practitioner/physician assistant every sixty (60) days.

Subchapter 23    REHABILITATIVE SERVICES

Rule 49.23.1 Rehabilitative services. Clients shall be provided rehabilitative services as needed upon the written orders of an attending physician or nurse practitioner/physician assistant.

1. The therapies shall be provided by a qualified therapist.

2. Appropriate equipment and supplies shall be provided.

3. Each client’s medical record shall contain written evidence that services are provided in accordance with the written orders of an attending physician or nurse practitioner/physician assistant.

Subchapter 24    PHARMACY SERVICES IN AN ICF-IID AND/OR ICF-IID RESIDENTIAL COMMUNITY HOME
Rule 49.24.1 **General.** The ICF-IID and/or ICF-IID Residential Community Home shall provide routine drugs, emergency drugs and biologicals to its clients or obtain them by agreement.


Rule 49.24.2 **Policies and procedures.** Each ICF-IID shall have policies and procedures to assure the following:

1. Accurate acquiring;
2. Receiving;
3. Dispensing;
4. Storage; and
5. Administration of all drugs and biologicals.


Rule 49.24.3 **Consultation.** Each ICF-IID shall obtain the services of a licensed pharmacist who will be responsible for:

1. Establishing a system of records of receipt and disposition of all controlled drugs and to determine that drug records are in order and that an account of all controlled drugs are maintained and reconciled;
2. Provide drugs regimen review in the ICF-IID on each client every thirty (30) days by a licensed pharmacist;
3. Report any irregularities to the attending physician or nurse practitioner/physician assistant and the director or nursing; and
4. Records must reflect that the consultation pharmacist monthly report is acted upon.


Rule 49.24.4 **Labeling of drugs.** Each ICF-IID shall follow the Mississippi State Board of Pharmacy labeling requirements.


Rule 49.24.5 **Disposal of drugs.**

1. Unused portions of medicine may be given to a discharged client or the responsible party upon orders of the prescribing physician or nurse practitioner/physician assistant.
2. Drugs and pharmaceuticals discontinued by the written orders of an attending physician or nurse practitioner/physician assistant or left in the ICF-IID on discharge or death of the client will be disposed of according to the Mississippi State Board of Pharmacy disposal requirements.


Rule 49.24.6 Poisonous Substances. All poisonous substances such as insecticides, caustic cleaning agents, rodenticide, and other such agents must be plainly labeled and kept in locked cabinet or closet. No substances of this type shall be kept in the following areas: kitchen, dining area, food storage room or pantry, medicine cabinet or drug room, client's bedroom or toilet, public rooms, or spaces.


Subchapter 25 MEDICAL RECORDS SERVICES

Rule 45.25.1 Medical Records Management.

1. A medical record shall be maintained in accordance with accepted professional standards and practices on all clients admitted to the ICF-IID. The medical records shall be completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.

2. A sufficient number of personnel, competent to carry out the functions of the medical record service, shall be employed. In an ICF IID Residential Community Home, medical record services can be provided through a contractual service.

3. The ICF-IID shall safeguard medical record information against loss, destruction, or unauthorized use.

4. All medical records shall maintain the following information: identification data and consent form; assessments of the client's needs by all disciplines involved in the care of the client; medical history and admission physical exam; annual physical exams; physician or nurse practitioner/physician assistant orders; observation, report of treatment, clinical findings and progress notes; and discharge summary, including the final diagnosis.

5. All entries in the medical record shall be signed and dated by the person making the entry. Authentication may include signatures, written initials, or computer entry. A list of computer codes and written signatures must be readily available and maintained under adequate safeguards.

6. All clinical information pertaining to the clients stay shall be centralized in the client's medical records.
7. Medical records of discharged clients shall be completed within thirty (30) days following discharge.

8. Medical records are to be retained for five (5) years from the date of discharge or, in the case of a minor, until the client reaches the age of twenty-one (21), plus an additional three (3) years.


Subchapter 26 SOCIAL SERVICES AND CLIENT ACTIVITIES IN AN ICF-IID AND/OR ICF-IID RESIDENTIAL COMMUNITY HOME

Rule 49.26.1 Program. Each ICF-IID or ICF-IID Residential Community Home shall provide services to assist all clients in dealing with social and related problems through one or more social services staff or through arrangements with an appropriate outside agency.


Rule 49.26.2 Records. Social services information concerning each client shall be obtained and kept. This information shall cover social and emotional factors related to the client's condition and information concerning his home situation, financial resources and relationships with other people.


Rule 49.26.3 Training. All nursing personnel and employees having contact with client shall receive social service orientation and in-service training toward understanding emotional problems and social needs of clients.


Rule 49.26.4 Personnel. At least one person in each ICF-IID shall be designated as being responsible for the social services aspect for care in the ICF-IID.


Rule 49.26.5 Office Space. Office space shall be provided for social service personnel. The office shall be accessible to clients and ensure privacy for interviews.


Subchapter 27 ACTIVITY COORDINATOR

Rule 49.27.1 Activity Coordinator. An individual shall be designated as being in charge of client activities. This individual shall focus on the inclusion aspect of ensuring persons with disabilities contribute to the community and fully participate in all activities. Assessments in the areas of sensorimotor development and leisure
skills shall be conducted with individualized training programs developed to improve functional abilities throughout all environments. This individual shall have experience and/or training in developing activities based upon personal choice, or shall have consultation made from a qualified recreation therapist or other professional regarding best practice and determining activities that are of meaningful -- value to the person with disabilities. Participation in activities should be documented in the client’s record.

**SOURCE:** Miss. Code Ann. §43-11-13

Rule 49.27.2 **Activity Program.** Provisions shall be made for suitable recreational and entertainment activities for client according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather.

**SOURCE:** Miss. Code Ann. §43-11-13

Rule 49.27.3 **Supplies and Equipment.** The ICF-IID shall make available a variety of supplies and equipment adequate to satisfy the individual interests of clients.

**SOURCE:** Miss. Code Ann. §43-11-13

Rule 49.27.4 **Living and/or Recreational Room(s) In An ICF-IID**

1. Each ICF-IID shall provide adequate living room(s), day room(s) and/or recreational room(s) for clients and visitors. Each ICF-IID should provide at least two areas for this purpose-one for small groups such as private visits with relatives and friends and one for larger group activities. A minimum of eighteen (18) square feet per bed shall be provided.

2. Dining area. A dining area shall be provided in ICF-IID adequate to set at least three-fourths of the maximum capacity of the ICF-IID. The dining area may also be used for social, recreational, and/or religious services when not in use as a dining ICF-IID. A minimum of fifteen (15) square feet per person for three-fourths (3/4) of the capacity of the ICF-IID shall be provided.

**SOURCE:** Miss. Code Ann. §43-11-13

Rule 49.27.5 **Special Activities Area.** Each ICF-IID should provide space for hobbies and activities that cannot be included in a day room, living room, or recreational room.

**SOURCE:** Miss. Code Ann. §43-11-13

Rule 49.27.6 **Outside Area.** Adequate outside space should be provided for the use of clients in favorable weather.
Subchapter 28  FOOD AND NUTRITION SERVICES: GENERAL IN AN ICF-IID AND IN AN ICF-IID RESIDENTIAL COMMUNITY HOME

Rule 49.28.1  Direction and Supervision. Food service is one of the basic services provided by the ICF-IID to its clients. Careful attention to adequate nutrition and prescribed modified diets contribute appreciably to the health and comfort to the client and stimulate his desire to achieve and maintain a higher level of self-care. The ICF-IID shall provide clients with well-planned, attractive, and satisfying meals which will meet their nutritional, social, emotional, and therapeutic needs. The Food and Nutrition Services Department of an ICF-IID shall be directed by a Registered Dietitian, a certified dietary manager, or a qualified dietary manager. If a qualified dietary manager is the director, he/she must receive frequent, regularly scheduled consultation from a licensed dietitian, or a registered dietitian exempted from licensure by statute.

Source: Miss. Code Ann. §43-11-13

Subchapter 29  FOOD HANDLING PROCEDURES IN AN ICF-IID AND AN ICF-IID RESIDENTIAL COMMUNITY HOME

Rule 49.29.1  Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health (MSDH) Food Code Regulations with appropriate records maintained to assure compliance with the MSDH Food Code Regulations.

Source: Miss. Code Ann. §43-11-13

Subchapter 30  MEAL SERVICE IN AN ICF-IID AND AN ICF-IID RESIDENTIAL COMMUNITY HOME

Rule 49.30.1  Meal and Nutrition. At least three (3) meals in each twenty-four (24) hours shall be provided. The daily food allowance shall meet the current recommended dietary allowance of the Food and Nutrition Board of the National Research Council of the National Academy of Science adjusted for individual needs. A standard food planning guide (e.g., My Plate) or Nutrient Based Menu (determined by nutritional analysis) shall be used for planning and food purchasing. It is not intended to meet the nutritional needs of all clients. This guide must be adjusted to consider individual differences. Some clients will need more or less due to age, size, gender, physical activity, or state of health.

Source: Miss. Code Ann. §43-11-13

Rule 49.30.2  Menu. The menu shall be planned and written at least one week in advance. The current week's menu shall be approved by the dietitian, dated, posted in the kitchen and followed as planned. Substitutions and changes on all diets shall be
documented in writing. Copies of menus and substitutions shall be kept on file for at least thirty (30) days.


Rule 49.30.3 **Timing of Meals.** A time schedule for serving meals to clients shall be established. Meals shall be served during customarily-accepted timeframes. There shall be no more than fourteen (14) hours between evening meal and breakfast meal. There may be 16 hours between the evening meal and breakfast meal if approved by the client involved and a substantial snack (including protein) is served before bedtime.


Rule 49.30.4 **Modified Diets.** Modified diets which are a part of medical treatment shall be prescribed in written orders by the physician or nurse practitioner/physician assistant. All modified diets shall be planned in writing, approved by a Registered Dietician, and posted along with regular menus. Liberalized Geriatric Diets are encouraged for elderly clients when there is a need for moderate diet therapy. A current diet manual shall be available to personnel. The Registered Dietitian shall approve all modified diet menus, the diet manual used in the ICF-IID and/or the ICF-IID Residential Community Home, and possess a current diet manual. Refer also to Rule 49.2.34 for Registered Dietician requirements in an ICF-IID Residential Community Home.


Rule 49.30.5 **Food Preparation.** Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products.


Rule 49.30.6 **Food Supply.** Supplies of perishable foods for at least a twenty-four (24) hour period and or non-perishable foods for a three (3) day period shall be on the premises to meet the requirements of the planned menus. The non-perishable foods shall consist of commercial type processed foods.


Rule 49.30.7 **Serving of Meals.**

1. Table should be of a type to seat not more than four (4) or six (6) clients. Clients who are not able to go to the dining room shall be provided sturdy tables (not TV trays) of proper heights. For those who are bedfast or infirm tray service shall be provided in their rooms with the tray resting on a firm support.
2. Personnel eating meals or snacks on the premises shall be provided facilities separate from and outside of food preparation, tray service, and dishwashing areas.

3. Foods shall be attractively and neatly served. All foods shall be served at proper temperature. Effective equipment shall be provided and procedures established to maintain food at proper temperature during serving.

4. All trays, tables, utensils and supplies such as china, glassware, flatware, linens and paper placemats, or tray covers used for meal service shall be appropriate, sufficient in quantity and in compliance with the applicable sanitation standard.

5. Food Service personnel. A competent person certified through an ANSI accredited food and beverage safety and handling program shall be designated by the administrator to be responsible for the total food service of the home. Sufficient staff shall be employed to meet the established standards of food service. Provisions should be made for adequate supervision and training of the employees.

6. The Registered Dietitian shall provide at a minimum, quarterly in-services to the ICF-IID and/or the ICF-IID Residential Community Home staff on food safety and/or other needed topics related to Food and Nutrition Services.

**SOURCE:** Miss. Code Ann. §43-11-13

**Subchapter 31 FOOD SERVICE AREAS IN AN ICF-IID AND/OR ICF-IID RESIDENTIAL COMMUNITY HOME**

Rule 49.31.1 **Floors.** Floors in food service areas shall be of such construction so as to be easily cleaned, sound, smooth, non-absorbent, and without cracks or crevices. Also, floors shall be kept in good repair.

**SOURCE:** Miss. Code Ann. §43-11-13

Rule 49.31.2 **Walls and Ceilings.** Walls and ceilings of food service areas shall be of tight and substantial construction, smoothly finished, and painted in a light color. The walls and ceilings shall be without horizontal ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows that will prevent the entrance of rain or dust during inclement weather.

**SOURCE:** Miss. Code Ann. §43-11-13
Rule 49.31.3 **Screens and Outside Openings.** Openings to the outside shall be effectively screened. Screen doors shall open outward and be equipped with self-closing devices.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.31.4 **Lighting.** The kitchen, dishwashing area, and dining room shall be provided with well distributed and unobstructed natural light or openings. Artificial light properly distributed and of an intensity of not less than thirty (30) foot candles shall be provided.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.31.5 **Ventilation.** The food service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes, and prevent excessive condensations.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.31.6 **Employee Toilet Facilities.** Toilet facilities with lockers shall be provided for employees in an ICF-IID. Toilet rooms shall not open directly into any room in which food is prepared, stored, displayed or served, nor into any room in which utensils are washed or stored. Toilet rooms shall have a lavatory and shall be well lighted and ventilated.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.31.7 **Hand washing Facilities.** Hand washing facilities with hot and cold water, soap dispenser and a supply of soap, and disposable towels shall be provided in all kitchens. The use of a common towel is prohibited. Hands shall not be washed in sinks where food is prepared or where utensils are cleaned.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.31.8 **Refrigeration Facilities.** Adequate refrigeration facilities, automatic in operation, for the storage of perishable foods shall be provided. Refrigeration temperatures for storing perishable foods such as meats, dairy products, fruits, and vegetables shall be maintained at forty-one (41) degrees Fahrenheit. Freezers shall be maintained at zero (0) degrees Fahrenheit or below. All refrigerators shall be provided with a thermometer. An ICF-IID with more than twenty-four (24) beds shall have commercial or institutional type refrigeration.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.31.9 **Equipment and Utensil Construction.** Equipment and utensils shall be constructed so as to be easily cleaned and shall be kept in good repair.

*SOURCE: Miss. Code Ann. §43-11-13*
Rule 49.31.10 **Separation of Kitchen from Client Rooms and Sleeping Quarters.** Any room used for sleeping quarters shall be separated from the food service area by a solid wall. Sleeping accommodations such as a cot, bed, or couch shall not be permitted within the food service area.

*SOURCE:* *Miss. Code Ann. §43-11-13*

**Subchapter 32 AREAS AND EQUIPMENT IN AN ICF-IID**

Rule 49.32.1 **Location and Space Requirements.** Food service facilities shall be located in a specifically designated area and shall include the following rooms and/or spaces: kitchen, dishwashing, food storage, and dining room.

*SOURCE:* *Miss. Code Ann. §43-11-13*

Rule 49.32.2 **Kitchen.**

1. **Size and Dimensions.** The minimum area of kitchen (food preparation only) for less than twenty-five (25) beds shall be a minimum area of two hundred (200) square feet. In ICFs-IID with twenty five (25) beds to sixty (60) beds, a minimum of ten (10) square feet per bed shall be provided. In facilities with sixty-one (61) to eighty (80) beds, a minimum of six (6) square feet per bed shall be provided for each bed over sixty (60) in the home. In facilities with eighty-one (81) to one hundred (100) beds, a minimum of five (5) square feet per bed shall be provided for each bed over eighty (80). In facilities with more than one hundred (100) beds proportionate space approved by the licensing agency shall be provided. Also, the kitchen shall be of such size and dimensions in order to:

   a. Permit orderly and sanitary handling and processing of food.

   b. Avoid overcrowding and congestion of operations.

   c. Provide at least three (3) feet between working areas and wider if space is used as a passageway.

   d. Provide a ceiling height of at least eight (8) feet.

2. **Equipment.** Minimum equipment in the kitchen in an ICF-IID shall include:

   a. Range and cooking equipment. Facilities with more than twenty-four (24) beds shall have institutional type ranges, ovens, steam cookers, fryers, etc., in appropriate sizes and number to meet the food preparation needs of the ICF-IID. The cooking equipment shall be equipped with a hood vented to the outside as appropriate.
b. Refrigerator and Freezers. Facilities with more than twenty-four (24) beds shall have sufficient commercial or institutional type refrigeration/freezer units to meet the storage needs of the ICF-IID.

c. Bulletin Board.

d. Clock.

e. Cook's table.

f. Counter or table for tray set-up.

g. Cans garbage (heavy plastic or galvanized).

h. Lavatories, hand washing; conveniently located throughout the department.

i. Pots, pans, silverware, dishes, and glassware in sufficient numbers with storage space for each.

j. Pot and Pan Sink. A three compartment sink shall be provided for cleaning pots and pans. Each compartment shall be a minimum of twenty-four (24) inches by twenty-four (24) inches by sixteen (16) inches. A drain board of approximately thirty (30) inches shall be provided at each end of the sink, one to be used for stacking soiled utensils and the other for draining clean utensils.

k. Food Preparation Sink. A double compartment food preparation sink shall provide for washing vegetables and other foods. A drain board shall be provided at each end of the sink.

l. Ice Machine. At least one ice machine shall be provided. If there is only one (1) ice machine in the ICF-IID it shall be located adjacent to but not in the kitchen. If there is an ice machine located at nursing station, then ice machine for dietary shall be located in the kitchen. An ice machine is not required in an ICF-IID Group Home or ICF-IID Residential Community Home.

m. Office. An office shall be provided near the kitchen for the use of the food service supervisor. As a minimum, the space provided shall be adequate for a desk, two chairs and a filing cabinet.

n. Coffee Tea and Milk Dispenser. (Milk dispenser not required if milk is served in individual cartons).

o. Tray assembly line equipment with tables, hot food tables, tray slide, etc.

q. Food Processor.


Rule 49.32.3 Dishwashing. Commercial or institutional type dishwashing equipment shall be provided in ICFs-IID with more than twenty-four (24) beds. The dishwashing area shall be separated from the food preparation area. If sanitizing is to be accomplished by hot water, a minimum temperature of one hundred eighty (180) degrees Fahrenheit shall be maintained during the rinsing cycle. An alternate method of sanitizing through use of chemicals may be provided if sanitizing standards of the Mississippi State Department of Health Food Code Regulations are observed. Adequate counter-space for stacking soiled dishes shall be provided in the dishwashing area at the most convenient place of entry from the dining room, followed by a disposer with can storage under the counter. There shall be a pre-rinse sink, then the dishwasher and finally a counter or drain for clean dishes.


Rule 49.32.4 Food Storage. A food-storage room with cross ventilation shall be provided in an ICF-IID. Adequate shelving, bins, and heavy plastic or galvanized cans shall be provided. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water leakage, or any other source of contamination. The food-storage room should be adjacent to the kitchen and convenient to the receiving area. The minimum area for a food-storage room shall equal two and one-half (2 1/2) square feet per bed and the width of the aisle shall be a minimum of three (3) feet. Food storage shall be maintained at 12 inches above the floor.


Subchapter 33 SANITATION AND SEWERAGE: SANITATION IN THE ICF-IID AND/OR THE ICF-IID RESIDENTIAL COMMUNITY HOME

Rule 49.33.1 Water Supply.

1. If at all possible, all water shall be obtained from a community public water supply (CWS). If not possible to obtain water from a community public water supply (CWS) source, the private water supply shall meet the approval of the local county health department and/or the Mississippi State Department of Health.

2. Water under pressure sufficient to operate fixtures at the highest point during maximum demand periods shall be provided. Water under pressure of at least twenty (20) pounds per square inch shall be piped to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water.
3. It is recommended that the water supply into the ICF-IID can be obtained from two (2) separate water lines if possible.

4. A dual hot water supply shall be provided. The temperature of hot water to lavatories and bathing facilities shall not exceed one hundred fifteen (115) degrees Fahrenheit, nor shall hot water be less than one hundred (100) degrees Fahrenheit.

5. Each ICF-IID shall have a written agreement for an alternate source of potable water in the event of a disruption of the normal water supply.


Rule 49.33.2 Disposal of Liquid and Human Wastes.

1. There shall be installed within the ICF-IID a properly designed waste disposal system connecting to all fixtures to which water under pressure is piped.

2. All liquid and human waste, including floor-wash water and liquid waste from refrigerators, shall be disposed of through trapped drains into a public sewer system where such system is available.

3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed of through trapped drains into sewerage disposal system approved by the local county health department and/or the Mississippi State Department of Health. The sewerage disposal system shall be of a size and capacity based on the number of clients and personnel housed and employed in the ICF-IID. Where the sewerage disposal system is installed prior to the opening of the ICF-IID, it shall be assumed, unless proven otherwise, that the system was designed for ten (10) or fewer persons.


Rule 49.33.3 Premises. The premises shall be kept neat, clean, and free of an accumulation of rubbish, weeds, ponded water, or other conditions which would have a tendency to create a health hazard.


Rule 49.33.4 Control of insects, rodents, etc. The ICF-IID shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized.

Rule 49.33.5 **Toilet Room Cleanliness.** Floors, walls, ceilings, and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an accumulation of rubbish, cleaning supplies, toilet articles, etc.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.33.6 **Garbage Disposal.**

1. Garbage must be kept in water-tight suitable containers with tight fitting covers. Garbage containers must be emptied at frequent intervals and cleaned before using again.

2. Proper disposition of infectious materials shall be observed.

*SOURCE: Miss. Code Ann. §43-11-13*

**Subchapter 34 REGULATED MEDICAL WASTE IN AN ICF-IID AND/OR A ICF-IID RESIDENTIAL COMMUNITY HOME**

Rule 49.34.1 **Standards and Requirements.** All the requirements of the standards set forth in this section shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.34.2 **Medical Waste.**

1. Medical waste must be kept in water-tight suitable containers with tight fitting covers. Medical waste containers must be emptied at frequent intervals and cleaned before using again.

2. Proper disposition of medical waste materials shall be observed.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.34.3 **Medical Waste Management Plan.** All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:

1. Storage and Containment of Infectious Medical Waste and Medical Waste:
   a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.
   b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing ICF-IID.
c. Unless approved by the licensing agency or treated and rendered noninfectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing ICF-IID for more than seven days above a temperature of six (6) degrees Celsius (equivalent to thirty-eight [38] degrees Fahrenheit). Containment of infectious medical waste at the producing ICF-IID is permitted at or below a temperature of zero (0) degrees Celsius (equivalent to thirty-two [32] degrees Fahrenheit) for a period of not more than ninety (90) days without specific approval of the licensing agency.

d. Containment of infectious medical waste shall be separate from other wastes. Enclosures or containers used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be marked with prominent warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using language to be determined by the licensing agency and legible during daylight hours.

e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling, or transport.

f. All bags used for containment and disposal of infectious medical waste shall be of a distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled.

g. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered noninfectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor.

h. Infectious medical waste and medical waste contained in disposable containers as prescribed above, shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leak-proof, have tight fitting covers and be kept clean and in good repair:

i. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the licensing agency, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as
outlined in I.E. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

i. Exposure to hot water at least one-hundred eighty (180) degrees Fahrenheit for a minimum of fifteen (15) seconds.

ii. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of three (3) minutes:
   1. Hypochlorite solution (500 ppm available chlorine).
   2. Phenolic solution (500 ppm active agent).
   3. Iodoform solution (100 ppm available iodine).
   4. Quaternary ammonium solution (400 ppm active agent).

iii. Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as noninfectious waste or for other purposed except after being decontaminated by procedures as described in 133.03 (i) of this section.

j. Trash chutes shall not be used to transfer infectious medical waste.

k. Once treated and rendered non-infectious, previously defined infectious medical waste will be classified as medical waste and may be land-filled in an approved landfill.

2. Treatment or disposal of infectious medical waste shall be by one of the following methods:

a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

b. By sterilization by heating in a steam sterilizer, so as to render it noninfectious. Infectious medical waste so rendered non-infectious shall be disposable as medical waste. Operating procedures for steam sterilizers shall include, but not be limited to, the following:

   i. Adoption of standard written operating procedures for each steam sterilizer including time, temperature, pressure, type of waste, type of container(s), closure on container(s), pattern of loading, water content, and maximum load quantity.

   ii. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of one-
hundred twenty-one (121) degrees Celsius (equivalent to two-hundred fifty [250] degrees Fahrenheit) for one-half (1/2) hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually.

iii. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions.

iv. Use of the biological indicator Bacillus stearothermophilus placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions.

v. Maintenance of records of procedures specified in (i), (ii), (iii) and (iv) above for period of not less than a year.

c. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the Mississippi State Department of Health or other regulatory agency.

d. Recognizable human anatomical remains shall be disposed of by incineration or interment, unless burial at an approved landfill is specifically authorized by the Mississippi State Department of Health.

e. Chemical sterilization shall use only those chemical sterilants recognized by the U. S. Environmental Protection Agency, Office of Pesticides and Toxic Substances. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with Bacillus subtilis spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.

f. Treatment and disposal of medical waste which is not infectious shall be by one of the following methods:

i. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

ii. By sanitary landfill, in an approved landfill which shall mean a disposal ICF-IID or part of an ICF-IID where medical waste is placed in or on land, and which is not a treatment ICF-IID.

Subchapter 35  HOUSEKEEPING AND PHYSICAL PLANT IN AN ICF-IID AND/OR AN ICF-IID RESIDENTIAL COMMUNITY HOME

Rule 49.35.1  Housekeeping Facilities and Services.

1. The physical plant shall be kept in good repair, neat, and attractive. The safety and comfort of the client shall be the first consideration.

2. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area.


Rule 49.35.2  Bathtubs, Showers, and Lavatories. Bathtubs, showers, and lavatories shall be kept clean and in proper working order. They shall not be used for laundering or for storage of soiled materials. Neither shall these facilities be used for cleaning mops, brooms, etc.


Rule 49.35.3  Client Bedrooms. Client bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. All sweeping should be damp sweeping; all dusting should be damp dusting with a good detergent or germicide.


Rule 49.35.4  Storage.

1. Such items as beds, mattresses, mops, mop buckets, dust rags, etc. shall not be kept in hallways, corners, toilet or bathrooms, clothes closets, or client bedrooms.

2. The use of attics for storage of combustible materials is prohibited.

3. If basements are used for storage, they shall meet acceptable standards for storage and for fire safety.


Subchapter 36  LAUNDRY: GENERAL

Rule 49.36.1  Commercial Laundry. Facilities may use commercial laundries or they may provide a laundry within the institution.

Subchapter 37  PHYSICAL FACILITIES

Rule 49.37.1  Location and Space Requirements.  Each ICF-IID shall have laundry facilities unless commercial laundries are used.  The laundry shall be located in a specifically designated area, and there shall be adequate room and space for sorting, processing, and storage of soiled material.  Laundry rooms or soiled linen storage areas shall not open directly into a client bedroom or food service area.  Soiled materials shall not be transported through the food service area.  If commercial laundry is used, separate satisfactory storage areas shall be provided for clean and soiled linens.  There shall be provided a clean linen storage area separate from the laundry area.


Rule 49.37.2  Ventilation.  Provisions shall be made for proper mechanical ventilation of the laundry.  Provisions shall be made to prevent the recirculation of air through the heating and air condition systems.


Rule 49.37.3  Lint Traps.  Adequate and effective lint traps shall be provided for driers.


Rule 49.37.4  Laundry Chutes.  When laundry chutes are provided they shall have a minimum diameter of two (2) feet; and they shall be installed with flushing ring, vent, and drain.


Rule 49.37.5  Laundry Equipment.  Laundry equipment shall be of the type to adequately perform the laundry needs of the institution.  The equipment shall be installed to comply with all local and state codes.


Subchapter 38  PHYSICAL PLANT: GENERAL

Rule 49.38.1  Building Classification.

1.  To qualify for a license, the ICF-IID shall be planned to serve the type of patients to be admitted and shall comply with the following:

   a.  All facilities constructed after the effective date of these regulations shall comply with the building requirements set forth in the regulations.

   b.  After the effective date of these regulations, all additions to facilities shall comply with the building requirements for a license.  Approval
shall not be granted for an addition to an existing building which will increase the bed capacity unless the existing structure is basically sound and is to be brought into a condition of acceptable conformity with the current regulations.

c. Authority to Waiver. The licensing agency may waive certain requirements in these regulations at its discretion for facilities requesting licensure as an ICF-IID and/or an ICF-IID Residential Community Home provided the health and safety of clients will not be endangered.

2. Renovations within the exterior walls of an ICF-IID shall in no case be of such nature as to lower the character of the structure below the applicable building requirements for the type of license held by the ICF-IID.


Rule 49.38.2 Location. All facilities established or constructed after the adoption of these regulations shall be located so that they are free from undue noise, smoke, dust, or foul odors and shall not be located adjacent to disposal plants, cemeteries, main line railroads, funeral home, airport, etc.


Rule 49.38.3 Site. The proposed site for an ICF-IID must be approved by the licensing agency. Factors to be considered in approving a site in addition to the above may be convenience to medical and hospital services, approved water supply and sewerage disposal, public transportation, community services, services of an organized fire department, an availability to labor supply. Not more than one-third (1/3) of a site shall be covered by a building(s) except by special approval of the licensing agency. One example whereby approval may be granted is where the structure is to be placed in a very desirable location where the grounds are limited and very expensive. Where such approval is granted, the structure will be required to have a living room, day room, sun room, and recreational areas adequate to compensate for lack of required outside area.


Rule 49.38.4 Local Restrictions. The site and structure of all facilities shall comply with local building, fire and zoning ordinances. Evidence to this effect signed by local building, fire, and zoning officials shall be presented.


Rule 49.38.5 Transportation. Facilities shall be located on streets or roads which have all weather surfaces. They should be located convenient to public transportation facilities (if available).

Rule 49.38.6  **Communication.** There shall be not less than one telephone in the home and such additional telephones as are necessary to summon help in event of fire or other emergency. The telephone shall be listed under the official licensed name or title of the home.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.38.7  **Occupancy.** No part of the ICF-IID may be rented, leased, or used for any commercial purpose not related to the operation of the home.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.38.8  **Basement.**

1. The basement shall be considered as a story if one-half (1/2) or more of its clear height is above the average elevation of the ground adjoining the building on all sides.

2. No client shall be housed on any floor that is below ground level.

*SOURCE: Miss. Code Ann. §43-11-13*

**Subchapter 39  SUBMISSION OF PLANS AND SPECIFICATIONS FOR ICF-IIDS OR ICF-IID RESIDENTIAL COMMUNITY HOMES**

Rule 49.39.1  **New Construction, Additions, and Renovations.** When construction is contemplated either for new buildings, conversions, additions, or alterations to existing buildings, one set of plans and specifications shall be submitted to the licensing agency for review and approval. The submission shall be made in not less than two stages preliminary and final. Floor plans shall be drawn to scale of one-eighth (1/8) inch to equal one (1) foot or one-fourth (1/4) inch to equal one (1) foot.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.39.2  **Minor Alterations and Remodeling.** Minor alterations and remodeling which do not affect the structural integrity of the building, change functional operation, affect fire safety, or add beds or facilities or those for which the ICF-IID is licensed do not need to have plans submitted for review provided that a detailed explanation of the proposed alteration or remodeling is submitted to and approved by the licensing agency.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.39.3  **First Stage Submission-Preliminary Plans.** First stage or preliminary plans shall include:
1. Plot plan showing size and shape of entire site; location of proposed building and any existing structure(s); adjacent streets, highways, sidewalks, railroads, etc., all properly designated; and size, characteristics, and location of all existing public utilities.

2. Floor plan showing over-all dimensions of building(s); location, size, and purpose of all rooms; location and size of all doors, windows, and other openings with swing of doors properly indicated; dimensions of all corridors and hallways; and location of stairs, elevators, dumbwaiters, vertical shafts, and chimneys.

   a. Outline specifications giving kinds and types of materials.

   b. A scaled drawing of one-fourth (1/4) inch to one (1) foot shall be submitted for the following areas: Kitchen, dishwashing area, nurses' station and utility room(s).

**SOURCE:** Miss. Code Ann. §43-11-13

**Rule 49.39.4 Final Stage Submission-Working Drawings and Specifications.** Final stage or working drawings and specifications shall include:

1. Architectural drawings
2. Structural drawings
3. Mechanical drawings to include plumbing, heat, and air-conditioning
4. Electrical drawings
5. Detailed specifications
6. Approval of working drawings and specifications shall be obtained from the licensing agency in writing prior to the beginning of actual construction.

**SOURCE:** Miss. Code Ann. §43-11-13

**Rule 49.39.5 Preparation of Plans and Specifications.** The preparation of drawings and specifications shall be executed by or under the immediate supervision of an architect who shall supervise construction and furnish a signed statement that construction was performed according to plans and specifications approved by the licensing agency.

**SOURCE:** Miss. Code Ann. §43-11-13

**Rule 49.39.6 Contract Modifications.** Any contract modification which affects or changes the function, design, or purpose of an ICF-IID shall be submitted to and
approved by the licensing agency prior to the beginning of work set forth in any contract modification.

**SOURCE:** *Miss. Code Ann. §43-11-13*

**Rule 49.39.7 Notification of Start of Construction.** The licensing agency shall be informed in writing at the time construction is begun.

**SOURCE:** *Miss. Code Ann. §43-11-13*

**Rule 49.39.8 Inspections.** The licensing agency or its authorized representatives shall have access at all times to the work for inspection whenever it is in preparation or progress, and the owner shall ascertain that proper facilities are made available for such access and inspection.

**SOURCE:** *Miss. Code Ann. §43-11-13*

**Rule 49.39.9 Limit of Approval.** In construction delayed for a period of exceeding six (6) months from the time of approval of final working plans and specifications, a new evaluation and/or approval shall be obtained from the licensing agency.

**SOURCE:** *Miss. Code Ann. §43-11-13*

**Rule 49.39.10 Water Supply, Plumbing, Sewerage Disposal.** The water supply and sewerage disposal shall be approved by the local county health department and/or the Division of Sanitary Engineering, Mississippi State Department of Health. No system of water supply, plumbing, sewerage, garbage, or refuse disposal shall be installed nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration, or extension have been so approved and submitted to the licensing agency for review and final determination.

**SOURCE:** *Miss. Code Ann. §43-11-13*

**Rule 49.39.11 Availability of Approved Plans:** Every licensed ICF-IID shall maintain, on the premises and available for inspection, a copy of current approved architectural plans and specifications.

**SOURCE:** *Miss. Code Ann. §43-11-13*

**Subchapter 40 GENERAL BUILDING REQUIREMENTS**

**Rule 49.40.1 Scope.** The provision of this section shall apply to all facilities except for those sections or paragraphs where a specific exception is granted for existing facilities.

**SOURCE:** *Miss. Code Ann. §43-11-13*
Rule 49.40.2 **Structural Soundness and Repair; Fire Resistive Rating.** The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at sufficient intervals to be reasonably attractive inside and out.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.40.3 **Temperature.** Adequate heating and cooling shall be provided in all rooms used by clients so that a minimum temperature of seventy-five (75) to eighty (80) degrees Fahrenheit may be maintained.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.40.4 **Lighting.** Each client's room shall have artificial light adequate for reading and other uses as needed. There should be a minimum of ten (10) foot-candles of lighting for general use in client's room and a minimum of thirty (30) foot-candles of lighting for reading purposes. All entrances, corridors, stairways, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all corridors, stairways, toilets, and bathing rooms.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.40.5 **Screens.** All screen doors and non-stationary windows shall be equipped with tight fitting full length, sixteen (16) mesh screens. Screen doors shall swing out and shall be equipped with self-closing devices.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.40.6 **Floors.** All floors shall be smooth and free from defects such as cracks and be finished so that they can be easily cleaned.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.40.7 **Walls and Ceilings.** All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color.

*SOURCE:* Miss. Code Ann. §43-11-13

Rule 49.40.8 **Ceiling Height.** All ceilings shall have a height of at least eight (8) feet except that a height of seven (7) feet and six (6) inches may be approved for corridors or toilets and bathing rooms where the lighting fixtures are recessed. Exception may be made for existing facilities.

*SOURCE:* Miss. Code Ann. §43-11-13
Rule 49.40.9 **Handrails.** In an ICF-IID, handrails shall be installed on both sides of all corridors and hallways used by clients. The handrails should be installed from thirty-two (32) inches to thirty-six (36) inches above the floors. The handrails should have a return to the wall at each rail ending. An exception may be made for existing facilities. In addition, grab bars shall be installed in at least one bathroom beside the toilet and beside the lavatory in an ICF-IID Residential Community Home.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.40.10 **Ramps and Inclines.** Ramps and inclines, where installed for the use of clients, shall not exceed one (1) foot of rise in twelve (12) feet of run, shall be furnished with a non-slip floor, and shall be provided with handrails on both sides. Exception may be granted for existing ramps and inclines on existing facilities.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.40.11 **Call System.** A call system shall be in place in an ICF-IID at the nurses' station to receive client calls through a communication system to include audible and visual signals from bedrooms, toilets, and bathing facilities. In the residential community home setting, there shall be a communication system in place throughout the residence to address the immediate needs of the clients.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.40.12 **Trash Chutes.** The installation and/or use of trash chutes is prohibited.

*SOURCE: Miss. Code Ann. §43-11-13*

**Subchapter 41 FIRE SAFETY AND CONSTRUCTION**

Rule 49.41.1 **Date of Construction and Life Safety Code Compliance.**

1. New buildings and/or building not previously approved for use as a Residential Community Home (6 [Six] clients or less), Small ICF/IID (16 clients or less), or Large ICF/IID (More than 16 clients) on the effective date of these regulations shall comply with Chapter 32 “New Residential Board and Care” edition of the *Life Safety Code* (NFPA 101) effective on the date of application.

2. Existing buildings and/or building not previously approved for use as a Small ICF/IID (16 clients or less) or Large ICF/IID (More than 16 clients) on the effective date of these regulations shall comply with Chapter 33 “Existing Residential Board and Care” edition of the *Life Safety Code* (NFPA 101).

*SOURCE: Miss. Code Ann. §43-11-13*
Rule 49.41.2 **ICF-IID Required Rooms and Areas**

1. **Client bedroom.** (See Rule 49.19.3)

2. **Special care room.** (See Rule 49.19.4)

3. **Nurses' Station.** (See Rule 49.19.5)

4. **Utility room.** (See Rule 49.19.6)

5. **Toilet and bathing facilities.** (See Rule 49.19.7)

6. **Clean linen storage.** Adequate areas shall be provided for storing clean linens which shall be separate from dirty linen storage.

7. **Wheelchair area.** Adequate area shall be provided for storage of wheelchairs.

8. **Kitchen.** (See Rule 49.32.2 – 49.32.4)

9. **Dining room.** The dining area shall be large enough to seat three-fourth (3/4) of the maximum capacity of an ICF-IID. The dining area can also be used for social, recreational, or religious activities. It is recommended that a separate dining area be provided for personnel.

10. **Food storage.** A food storage room shall be provided convenient to the kitchen in all future licensed homes. It should have cross ventilation. All foods must be stored a minimum of twelve (12) inches above the floor.

11. **Day room or living room.** Adequate day or living room area shall be provided for clients or clients and guests. These areas shall be designated exclusively for this purpose and shall not be used as sleeping area or otherwise. It is recommended that at least two (2) such areas be provided and more in larger homes.

12. **Janitor closet.** At least one (1) janitor's closet shall be provided for each floor. The closet shall be equipped with a mop sink and be adequate in area to store cleaning supplies and equipment. A separate janitor's closet shall be provided for the food service area.

13. **Garbage** can cleaning and storage area.

14. **General storage.** A minimum area equal to at least five (5) square feet per bed shall be provided for general storage.

15. **Laundry.** If laundry is done in the institution, a laundry room shall be provided. Adequate equipment for the laundry load of the home shall be installed. The sorting, washing, and extracting process should be separated
from the folding and ironing area—preferably in separate rooms. In addition refer to Subchapter 36, Laundry, General; and Subchapter 37, Physical Facilities.

16. **Separate toilet room** (lavatory and water closet) shall be provided for male and female employees.

17. A **separate toilet room** with a door that can be locked shall be provided for the public.

18. **Food Service Supervisors Office.**

19. **Social Services Office.**

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.41.3 **Immediate Jeopardy** (Serious and Immediate to Health and Safety). A situation in which the ICF-IID’s failure to meet one or more licensure requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a client.

*SOURCE: Miss. Code Ann. §43-11-13*

Rule 49.41.4 **Ban on all Admissions** A ban on all admissions to an ICF-IID and/or the ICF-IID residential community home shall be imposed by the licensing agency when it has been determined by the licensing agency that the ICF-IID and/or the ICF-IID residential community home is not in compliance with program requirements or an immediate jeopardy is determined to exist based upon survey findings. These deficiencies must be determined as Immediate Jeopardy as defined under Rule 49.41.3.

*SOURCE: Miss. Code Ann. §43-11-13*

**Subchapter 42 STATE MONITORING**

Rule 49.42.1 **State Monitoring.** A State Monitor may oversee the correction of cited deficiencies in an ICF-IID or an ICF-IID residential community home as a safeguard against further harm to clients when a finding of noncompliance has resulted in harm to a client or when there is a situation that is likely to cause serious injury, harm, impairment or death to a resident.

*SOURCE: Miss. Code Ann. §43-11-13*

**Subchapter 43 DIRECTED PLAN OF CORRECTION**

Rule 49.43.1 A Directed Plan of Correction is a plan which the licensing agency, or the temporary manager, develops to require an ICF-IID or an ICF-IID residential community home to take action within specified time frames.
Subchapter 44    BAN ON ADMISSIONS PROCEDURE

Rule 49.44.1 Ban on Admissions. If an immediate jeopardy is found to exist in an ICF-IID and/or in an ICF-IID residential community home as applicable, written notice of the determination shall be provided by the licensing agency to the ICF-IID or the ICF-IID Residential Community Home along with the notification that a ban on all admissions is to be imposed five calendar (5) days after the receipt of the notice by the ICF-IID and/or the ICF-IID residential community home unless a hearing is requested within five (5) calendar days following receipt of the notice from the licensing agency. If a hearing is requested by the ICF-IID, the administrative procedures established under Rule 49.9.1 shall be applied.

1. If the agency’s determination of noncompliance or Immediate Jeopardy on the day of the licensure visit/ survey is confirmed, a ban on all admissions shall be imposed until the ICF-IID or the ICF-IID residential community home achieves compliance and such compliance is verified by the licensing agency. The licensing agency will verify compliance of the ICF-IID and/or the ICF-residential community home’s corrective actions as soon as possible, but not later than 15 working days after the licensing agency receives an acceptable allegation of compliance and/or an acceptable plan of correction from the ICF-IID or the ICF-IID residential community home. If the hearing determines that an Immediate Jeopardy situation did not exist, as applicable, on the day of the licensure/survey visit, no ban on all admissions will be imposed.

Subchapter 45    STATE MONITORING

Rule 49.45.1 State Monitoring. Monitors are identified by the licensing agency as appropriate professionals to monitor cited deficiencies. A monitor shall meet the guidelines regarding conflicts of interests as follows:

1. The monitor does not currently work, or, within the past two (2) years, has worked as an employee, as employment agency staff at the ICF-IID and/or at the ICF-IID residential community home or as an officer, consultant, or agent for the ICF-IID and/or the ICF-IID Residential Community Home to be monitored.

2. The monitor has no financial interest or any ownership interest in the ICF-IID and/or the ICF-IID Residential Community Home.

3. The monitor has no immediate family member who has a relationship with the ICF-IID and/or the ICF-IID Residential Community Home to be monitored.
4. The monitor has no immediate family member who is a client in the ICF-IID and/or the ICF-IID Residential Community Home.

5. If an ICF-IID has not achieved substantial compliance within five (5) months of the annual licensure survey, the remedy of state monitoring will be imposed as determined by the licensing agency.


Rule 49.45.2 Compensation and Per Diem Costs. All compensation and per diem costs of the State Monitor shall be paid by the ICF-IID and/or the ICF-IID Residential Community Home. The licensing agency shall bill the ICF-IID and/or the ICF-IID Residential Community Home for the costs of the State Monitor after termination of the monitoring services. The costs of the State Monitor for any weekly forty (40) hour period (forty [40] hours per week) shall not exceed the maximum allowable owner/administrator salary of a like sized ICF-IID as described in the Mississippi State Medicaid Plan. Within fifteen (15) days of receipt of the bill, the ICF-IID and/or the ICF-IID Residential Community Home shall pay the bill or request an administrative hearing to contest the costs for which it was billed.


Rule 49.45.3 Recommendation. If the ICF-IID and/or the ICF-IID Residential Community Home has not achieved substantial compliance with licensure requirements within six (6) months from the annual survey date, the licensing agency may revoke the license of the ICF-IID and/or the ICF-IID Residential Community Home.


Subchapter 46 DIRECTED PLAN OF CORRECTION

Rule 49.46.1 Directed Plan of Correction. Directed Plan of Correction as defined under Rule 49.43. 1 may be imposed as follows:

1. The ICF-IID and/or the ICF-IID residential community home will be provided an opportunity to submit an acceptable Plan of Correction resultant to survey findings. If the licensing agency does not receive an acceptable plan of correction, the licensing agency may impose one or more of the following remedies:

   a. Directed Plan of Correction; and

   b. Revocation of State License.

Subchapter 47  TEMPORARY MANAGEMENT

Rule 49.47.1 Recommendation for Appointment of Temporary Management. If the licensing agency recommends the appointment of a temporary manager, the recommendation shall specify the grounds upon which such recommendation is based, including an assessment of the capability of the ICF-IID and/or ICF-IIID residential community home’s current management to achieve and maintain compliance with all Licensure requirements.


Rule 49.47.2 Notice of Imposition of Temporary Management. A temporary manager may be imposed fifteen (15) days after the ICF-IID and/or the ICF-IIID residential community home receives notice when a determination of an immediate jeopardy finding.


Rule 49.47.3 Conditions of Temporary Management. The management of an ICF-IID or an ICF-IIID residential community home must agree to relinquish control to the temporary manager and to pay his/her salary before the temporary manager can be installed in the ICF-IID and/or the ICF-IIID residential community home.

1. The ICF-IID cannot retain final authority to approve changes of personnel or expenditures of ICF-IID funds and be considered to have relinquished control to the temporary manager.

2. The temporary manager must be given access to all ICF-IID bank accounts.

3. The temporary manager’s salary/per diem fee shall not exceed the maximum allowable owner/administrator salary of a like sized ICF-IID as described in the Mississippi State Medicaid Plan

4. All compensation and per diem costs of the temporary manager shall be paid by the ICF-IID and/or the ICF-IIID residential community home. The licensing agency shall bill the ICF-IID for the costs of the temporary manager after termination of temporary management. Within fifteen (15) days of receipt of the bill, the ICF-IID shall pay the bill or request an administrative hearing to contest the costs for which it was billed.


Rule 49.47.4 Selection of Temporary Manager. The licensing agency shall compile and maintain a list of individuals eligible to serve as temporary managers. The temporary manager must possess a Mississippi nursing home administrator’s license. A contractual agreement will be executed between the temporary manager and the licensing agency.
Rule 49.47.5 **Eligibility of Temporary Manager.** The following individuals are not eligible to serve as temporary managers:

1. Any individual who has been found guilty of misconduct by any licensing board or professional society in any State; or
   a. Any individual who has, or whose immediate family members have, any financial interest in or pre-existing fiduciary duty to the ICF-IID and/or the ICF-IID residential community home to be managed. Indirect ownership interest, such as through a mutual fund, does not constitute financial interest for the purpose of this restriction; or
   b. Any individual who currently serves or, within the past two (2) years, has served as a member of the staff of the ICF-IID and/or the ICF-IID residential community home or has a pre-existing fiduciary duty to the ICF-IID and/or the ICF-IID residential community home;
   c. Any individual who does not possess sufficient training, expertise, and experience in the operation of an ICF-IID and/or an ICF-IID residential community home as would be necessary to achieve the objectives of temporary management; or
   d. Any individual who at the time of the imposition of temporary management could stand to gain an unfair competitive advantage by being appointed as temporary manager of the ICF-IID and/or the ICF-IID residential community home.

Rule 49.47.6 **Condition of Appointment.** As a condition of appointment, the temporary manager must agree not to purchase, lease, or manage the ICF-IID and/or the ICF-IID residential community home for a period of two (2) years following the end of the temporary management period.

Rule 49.47.7 **No Limitation.** Nothing contained in these sections shall limit the right of any ICF-IID and/or ICF-IID residential community home owner to sell, lease, mortgage, or close any ICF-IID and/or ICF-IID residential community home in accordance with all applicable laws.

Rule 49.47.8 **Authority and Powers of the Temporary Manager.**
1. A temporary manager has the authority to direct and oversee the correction of the deficiencies/licensure violations; to oversee and direct the management, hiring, reassignment and/or discharge of any consultant or employee, including the administrator of the ICF-IID and/or the ICF-IID residential community home; to direct the expenditure of or obligate ICF-IID funds in a reasonable and prudent manner; to oversee the continuation of the business and the care of the clients; to oversee and direct those acts necessary to accomplish the goals of the licensure and/or certification requirements; to alter ICF-IID procedures; and to direct and oversee regular accountings and the provision of periodic reports to the licensing agency.

2. A temporary manager shall provide reports to the licensing agency by the fifteenth (15th) day of each month showing the compliance status of the ICF-IID and/or the ICF-IID residential community home;

3. A temporary manager shall observe the confidentiality of the operating policies, procedures, employment practices, financial information, and all similar business information of the ICF-IID and/or the ICF-IID residential community home except that the temporary manager shall make reports to the licensing agency as provided for in this section.

4. The temporary manager shall be liable for gross, willful or wanton negligence, intentional acts or omissions, unexplained shortfalls in the ICF-IID and/or the ICF-IID residential community home’s funds, and breaches of fiduciary duty. The temporary manager shall be bonded in an amount equal to the ICF-IID and/or the ICF-IID residential community home’s total revenues for the month preceding the appointment of the temporary manager.


Rule 49.47.9 Authority of Temporary Manager. The temporary manager shall not have the authority to do the following:

1. To cause or direct the ICF-IID and/or the ICF-IID residential community Home or its owner to incur debt or to enter into any contract with a duration beyond the term of the temporary management of the ICF-IID and/or the ICF-IID residential community home;

2. To cause or direct the ICF-IID and/or the ICF-IID residential community home encumber its assets or receivables, or the premises on which it is located, with any lien or other encumbrances;

3. To cause or direct the sale of the ICF-IID or the ICF-IID residential community home, its assets, or the premises on which it is located;

4. To cause or direct the ICF-IID and/or the ICF-IID residential community home to cancel or reduce its liability or casualty insurance coverage;
5. To cause or direct the ICF-IID and/or the ICF-IID residential community home to default upon any valid obligations previously undertaken by the owners or operators of the ICF-IID and/or the ICF-IID residential community home including but not limited to, leases, mortgages, and security interests; and

6. To incur capital expenditures in excess of two-thousand dollars ($2,000.00) without the permission of the owner of the ICF-IID and/or the ICF-IID residential community home and the licensing agency.


Rule 49.47.10 Duration of Temporary Manager. Temporary management shall continue until a license is revoked or the ICF-IID and/or the ICF-IID residential community home achieves substantial compliance and is capable of remaining in substantial compliance. The licensing agency may replace any temporary manager whose performance, in the discretion of the licensing agency, is deemed unsatisfactory. No formal procedure is required for such removal or replacement but written notice of any action shall be given to the ICF-IID and/or the ICF-IID residential community home including the name of any replacement manager.

1. An ICF-IID and/or the ICF-IID residential community home subject to temporary management may petition the licensing agency for replacement of a temporary whose performance it considers unsatisfactory. The licensing agency shall respond to a petition for replacement within three (3) business days after receipt of said petition.

2. Otherwise, the licensing agency shall not terminate temporary management until it has determined that the ICF-IID and/or the ICF-IID residential community home has the management capability to ensure continued compliance with all licensure requirements or until the facility’s license is revoked.