MINIMUM STANDARDS FOR

POST-ACUTE RESIDENTIAL

BRAIN INJURY

REHABILITATION FACILITIES

(RBIR)

Title 15: Mississippi State Department of Health

Part 16: Health Facilities

Subpart 1: Health Facilities Licensure and Certification

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CHAPTER 4 MINIMUM STANDARDS OF OPERATION FOR POST-ACUTE RESIDENTIAL BRAIN INJURY REHABILITATION FACILITIES (RBIR)

Subchapter 1 GENERAL: LEGAL AUTHORITY

Rule 4.1.1 Adoption of Rules, Regulations, and Minimum Standards. By virtue of authority vested in it by the Legislature of the State of Mississippi as per Section 41-75-13 of the Mississippi Code of 1972, as amended, the Mississippi State Department of Health does hereby adopt and promulgate the following Rules, Regulations, and Minimum Standards of Operation for RBIR. Upon adoption of these Rules, Regulations, and Minimum Standards, all former rules, regulations and minimum standards in conflict therewith, previously adopted by the licensing agency, are hereby repealed.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.1.2 **Codes and Ordinances.** Every licensed facility located inside the boundaries of a municipality shall comply with all local municipal codes and ordinances applicable thereto. In addition, each licensed facility shall comply with all applicable state and federal laws.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.1.3 **Fire Safety.** No RBIR shall be licensed until it shows conformance to the s a f e t y regulations providing minimum standards for prevention and detection of fire as well as for protection of life and property against fire.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.1.4 **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 Life Safety Code Division of the licensing agency by the next working day after the occurrence. The licensing agency will provide the appropriate forms to the RBIR 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 RBIR, and attached thereto shall be all police, fire, or other official reports.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 2 DEFINITIONS

Rule 4.2.1 **Abuse.** The willful infliction of physical or mental injury on an individual by other parties, including but not limited to such means as sexual abuse, exploitation, or

extortion of funds or other things of value, unreasonable confinement, and/or intimidation to emotional well-being is endangered.

- Rule 4.2.2 Activities of Daily Living (ADLs). These are considered the basic, vital, daily activities for persons and are identified as bathing, grooming, dressing, dining, toileting, and ambulation/transfer.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.3 **Brain Injury.** The term "brain injury" is a traumatic or other insult to the brain and its related parts resulting in organic damage thereto that may cause physical, intellectual, emotional, social, and/or vocational changes in a person.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.4 **Client.** An individual receiving care from a RBIR and shall include only individuals who are medically stable.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.5 **Community Integration.** The participation in the mainstream of community life and maintaining social relationships with family members, peers, and others in the community who do not have brain injuries. Integration also means that clients have equal access to and full participation in community resources and activities available to the general public at the maximum amount of safety and independence as possible.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.6 **Residential Brain Injury Rehabilitation Facility (RBIR).** A facility containing no more than twelve (12) beds providing medically directed long-term but non-acute rehabilitation to patients who have acquired brain injury. In order to be eligible for licensure, the post-acute residential brain injury rehabilitation facility shall be located at least twenty-five (25) miles from the nearest acute care rehabilitation hospital and at least five (5) miles from the boundaries of any municipality having a population of ten thousand (10,000) or more, according to the most recent federal decennial census, at the time that facility is established.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.7 **Direct Care Staff.** Employees of the facility that provide personal services to the clients.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.8 **Director.** The person designated by the owner or Governing Body as responsible for carrying on the day to day management, administration, supervision, and operation of the facility.

Rule 4.2.9 **Exploitation.** The illegal or improper use of a vulnerable adult or his resources for another's profit or advantage, with or without the consent of the vulnerable adult, and includes acts committed pursuant to a power of attorney. "Exploitation" includes, but is not limited to, a single incident.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.2.10 **Facility.** The term "facility" shall mean any home or institution that has sought or is currently seeking designation as a "licensed facility" under the terms of these regulations.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.11 **IGRA(s) (Interferon-Gamma Release Assay(s).** A whole blood test used to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.12 **Immediate Jeopardy (Serious and Immediate to Health and Safety).** A situation in which the licensed facility's failure to meet one or more regulatory requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a client.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.13 **Instrumental Activities of Daily Living (IADLs).** These activities are considered to be instrumental, essential activities for persons, but are not usually considered as basic or vital activities of daily living, and may not be daily activities. Such activities would include, but are not limited to: socialization, managing personal affairs, financial management, shopping, housekeeping, appropriate transportation correspondence, behavior and health management, etc.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.14 **License**. The term "license" shall mean the document issued by the licensing agency 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.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.15 **Licensed Facility.** The term "licensed facility" shall mean any business for RBIR which has been issued a license for operation by the licensing agency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.2.16 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.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.2.17 **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.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.2.18 Licensing Agency. The term "licensing agency" shall mean the Mississippi State Department of Health.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.19 **Licensure Violation.** The failure of a RBIR to comply with the minimum standards or requirements contained within this Chapter 4.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.2.20 **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 4.2.21 **Medication Administration.** For the purposes of these regulations, the term "medication administration" is limited to those decisions, made by a licensed nurse or physician, regarding (1) which medication is to be taken, (2) the dosage of the medication, or (3) the time at which the medication is to be taken.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.22 **Medication Assistance.** For the purposes of these regulations, the term "medication assistance" is the physical act of handing an oral prescription medication to the client along with liquids to assist the client in swallowing as deemed appropriate by the Medication Management Program.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.23 **Medication Management Program.** A systematic, functionally, oriented program formulated in consultation with the client's primary provider, and implemented by staff. The program shall be based upon an assessment and understanding of the behaviors of the client and recognition of the unique medical and pharmacological

needs of the client. It shall also mean an incorporation of the most appropriate level of assistance necessary to advance towards independence.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.2.24 **Neglect.** The failure to provide food, shelter, clothing, medical or other health services, appropriate security and supervision, or other personal services necessary for a client's well-being.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.25 **Nutritional Assessment.** A nutritional assessment assesses 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.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.2.26 **Outpatient.** Outpatient rehabilitative treatment services may be provided to a client of the RBIR at an outpatient facility if necessary to advance the individual's independence for higher level of community or transition to a greater level of independence in community or vocational function.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.27 **Personal Care.** The term "personal care" shall mean the assistance rendered by personnel of the licensed facility to clients in performing one or more of the activities of daily living, including but not limited to bathing, hair care, skin care, shaving, nail care, oral hygiene, overall hygiene, walking, bowel and bladder management, eating, personal grooming, dressing, positioning, care of adaptive personal care devise and appropriate level of supervision.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.28 **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. §41-75-13
- Rule 4.2.29 **Plan of Correction.** Plan of Correction shall mean a plan developed by the RBIR and approved by the licensure agency that describes the action the RBIR 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. §41-75-13

Rule 4.2.30 **Primary Provider.** A physician provider board certified in his/her specialty who currently holds a valid license in Mississippi. The primary provider is responsible for overseeing the decision making process for admission and continued stay of clients.

- Rule 4.2.31 **Rehabilitative Treatment Environment.** A rehabilitation setting that provides for all of the following:
 - 1. A provision of a range of choices, with personal preference, self-determination, and dignity of risks receiving full respect and consideration.
 - 2. A variety of social interactions that promote community integration.
 - 3. An environment of peer support and mentorship.
 - 4. Professional team involvement.
 - 5. A physical environment conducive to enhancing the functional abilities of the client.
 - 6. Necessary therapeutic services. These therapeutic services may include social work, behavioral services, speech therapy, physical therapy, occupational therapy, vocational services, and therapeutic recreational services. All therapeutic providers must be licensed under state and, if applicable, national boards.
 - 7. A medication management program.
 - 8. Cognitive rehabilitation activities.
 - 9. The identification of functional limitations.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.32 **Rehabilitation.** The process of providing those comprehensive services deemed appropriate to the needs of a client in a coordinated manner in a program designed to achieve functional objectives of improved health, welfare, maximum physical, cognitive, social, psychological, and community functioning.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.2.33 **Representative.** A person who voluntarily, with the client's written authorization, may act upon the client's direction regarding matters concerning the health and welfare of the client, including having access to personal records contained in the client's file and receiving information and notices about the client's overall care and condition. No member of the Governing Body, administration, or staff of a brain injury facility or any member of their family may serve as the representative for a client unless they are related to the client by blood or marriage. In the case of an individual that has been interdicted, "representative" means the court-appointed curator or his designee.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.2.34 **Therapeutic Recreational Services.** Services that identify leisure activities and assistance in modifying and adapting identified leisure activities to allow safe

participation by the client as a means to improve quality of life and aid in integration into the community.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.2.35 **Service Plan**. Each client must have a service 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 service plan shall be prepared within 14 days after admission.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.36 **Significant Tuberculin Skin Test.** An inducation 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). 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. §41-75-13

- Rule 4.2.37 **Support.** Activities, materials, equipment, or other services designed and implemented to assist the client with a brain injury. Examples include but are not limited to instruction, training, assistive technology, or removal of architectural barriers.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.38 **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 responsibilities for licensure and regulation of RBIR.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.2.39 **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 initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If reaction to the second test is positive, it probably represents a boosted reaction. If 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. §41-75-13

- Rule 4.2.40 **Vocational Services.** Services provided directly or through cooperating agencies to a client in accordance with his individualized plan and designed to improve or enhance skills and behaviors necessary for successful placement in a volunteer or work setting.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.2.41 The above definitions are not intended to be all-inclusive. Other definitions are included in the text as appropriate.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 3 PROCEDURE GOVERNING ADOPTION AND AMENDMENT

- Rule 4.3.1 **Authority.** The licensing agency shall have the power to adopt, amend, promulgate and enforce such rules, regulations and minimum standards as it deems appropriate, within the law.
- SOURCE: Miss. Code Ann. §41-75-13

Subchapter 4 INSPECTION

Rule 4.4.1 **Inspections/Surveys Required.** Each licensed facility shall be inspected by the licensing agency or by persons delegated with authority by said licensing agency annually or more frequently 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 facilities shall not be licensed without having first been inspected for compliance with these rules, regulations, and minimum standards.

SOURCE: Miss. Code Ann. §41-75-13

- Subchapter 5 TYPES OF LICENSE
- Rule 4.5.1 **Regular License.** A license shall be issued to each facility that meets the requirements as set forth in these regulations.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.5.2 **Provisional License.** Within its discretion, the licensing agency may issue a provisional license only if the licensing agency is satisfied that preparations are being made to qualify for a regular license and that the health and safety of clients will not be endangered.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 6 APPLICATION OR RENEWAL OF LICENSE

- Rule 4.6.1 **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.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.6.2 Fees.
 - 1. Fees. Each application for licensure shall be accompanied by a fee of One Thousand Dollars (\$1000.00) plus Twenty Dollars (\$20.00) per bed, in check or money order made payable to Mississippi State Department of Health. The fees are not refundable.
 - 2. Applicants for initial licensure, or licensees, shall pay a User Fee to the licensing agency when it is required to review and/or inspect the proposal of any licensed facility in which there are additions, renovations, modernizations, expansions, alterations, conversions, modifications, or replacements. Said fee shall be assessed at the rate of Fifty Dollars (\$50.00) per hour or part thereof.

- Rule 4.6.3 **Application for License.** Applications should include:
 - 1. Name of Facility. Every RBIR 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. Only the official name, as approved by the licensing agency and by which the facility is licensed shall be used in telephone listing, on stationery, in advertising, etc. Two or more facilities shall not be licensed under a similar name.
 - 2. Number of Beds. RBIR shall contain no more than 12 beds.
 - 3. A copy of the on-site inspection report with approval for occupancy by the Office of the State Fire Marshal.
 - 4. A copy of the health inspection report with approval of occupancy from the Mississippi State Department of Health.
 - 5. Verification of a criminal history records check which was processed through the MSDH FingerPro system.
 - 6. Proof of financial viability as evidenced by one of the following:
 - a. Verification of sufficient assets equal to one hundred thousand dollars or the cost of three months of operation, whichever is less; or
 - b. A letter of credit equal to one hundred thousand dollars or the cost of

three months of operation, whichever is less.

- 7. Proof of worker's compensation insurance.
- 8. Disclosure of ownership and control information.
- 9. A written statement that the facility will not at any time participate in the Medicaid program (Section 43-13-101 et.seq.) or admit or keep any patients in the facility who are participating in the Medicaid program.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 7 LICENSING

Rule 4.7.1 **Issuance of License.** All licenses issued by the licensing agency shall set forth the name of the facility, the location, the name of the licensee, the classification of the facility, the type of building, the bed capacity for which the facility is licensed and the license number.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.7.2 **Posting of License.** The license shall be posted in a conspicuous place on the licensed premises and shall be available for review by interested persons.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.7.3 **License Not Transferable.** The license is not transferable or assignable to any other person except by written approval of the licensing agency.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.7.4 **Expiration of License.** Each license shall expire on March 31, following the date of issuance.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.7.5 **Renewal of License.** License shall be renewable annually upon:
 - 1. Filing and approval of an application for renewal by the licensing agency.
 - 2. Submission of appropriate licensure renewal fee of \$20.00 per bed.
 - 3. Maintenance by the licensed facility of minimum standards in its physical facility, staff, services, and operation as set forth in these regulations.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 8 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

- Rule 4.8.1 **Denial or Revocation of License.** The licensing agency, after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license, or deny renewal of 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, or renewal of license.
 - 2. Willful or repeated violations by the licensee of any of the provisions of Sections 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. Addiction to narcotic drug(s) by the licensee or other employees or personnel of the licensed facility.
 - 4. Use of alcoholic beverages by the licensee or other personnel of the licensed facility to the extent which threatens the well-being or safety of the clients.
 - 5. Conviction of the licensee of a felony.
 - 6. Publicly misrepresenting the licensed facility and/or its services.
 - 7. Permitting, aiding, or abetting the commission of any unlawful act.
 - 8. Conduct or practices detrimental to the health or safety of clients and employees of said licensed facility. Detrimental practices include but are not limited to:
 - a. Cruelty or abuse of or to a client or indifference to the needs of the client which are essential to the 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 a 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 a client's condition.
 - f. Failure to notify next of kin when a client's condition becomes critical.
 - g. Admission of a client whose condition demands care beyond the level of care provided by the licensed facility as determined by its classification.
 - 9. A violation of 24-hour supervision requirement and/or the transfer of a client from the licensed facility to any unlicensed facility may result in the facility's

license being made provisional for a period of 90 days. At the end of that 90-day period, if corrective actions have not been taken by the licensed facility, that Provisional License may be revoked.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.8.2 **Immediate Revocation of License.** Pursuant to Section 41-3-15, the State Department of Health is authorized and empowered, to revoke, immediately, the license and require closure of any institution for the aged or infirm, including any other remedy less than closure to protect the health and safety of the clients of said institution or the health and safety of the general public.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 9 FOR HEARING AND APPEAL FOLLOWING DENIAL OR REVOCATION OF LICENSE; PENALTIES

- Rule 4.9.1 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 license.
 - The licensing agency shall notify the applicant or licensee by registered 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. 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.
 - 3. The decision revoking, suspending, or denying the application or license shall become final thirty (30) days after it is so mailed or served unless the applicant or licensee, within such thirty (30) day period, appeals the decision in Chancery Court pursuant to Section 43-11 -23 of the Mississippi Code of 1972. An additional period of time may be granted at the discretion of the licensing agency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.9.2 **Penalties.** Any person establishing, conducting, managing, or operating facility without a license shall be declared in violation of these regulations and may be punished as set forth in the enabling statute. Further, any person who violates any provision of the enabling statute or of these regulations promulgated thereto shall, upon conviction thereof, be guilty of a misdemeanor. Such misdemeanor shall, upon conviction, be as referenced in Section 43-1 1-25 of the Mississippi Code of 1972, Annotated.

Rule 4.9.3 **Ban on Admissions.** If a condition of immediate jeopardy exists at a licensed facility, written notice of the determination of the condition shall be provided by the licensing agency to the licensed facility, along with the notification that a ban on all admissions is to be imposed within five (5) calendar days after the receipt of the notice by the licensed facility. If the licensing agency's determination of a condition of immediate jeopardy on the day of the licensure visit/survey is confirmed, a ban on all admissions shall be imposed until the licensing agency. The licensing agency will verify the licensed facility's corrective actions as soon as possible after the licensing agency receives an acceptable plan of correction from the licensed facility.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 10 ORGANIZATION AND ADMINISTRATION

Rule 4.10.1 **Governing Body.**

- 1. A facility shall have an identifiable Governing Body with responsibility and authority for the policies and activities of the program/agency. The governing authority, the owner, or the person(s) designated by the governing authority shall be the supreme authority in an RBIR responsible for the management, control, and operation of the institution, including the appointment of qualified staff.
 - a. The Governing Body shall be designated in writing.
 - b. When the Governing Body of a facility is comprised of more than one person, the Governing Body shall hold formal meetings at least quarterly. There shall be written bylaws specifying frequency of meetings and quorum requirements. There shall be written minutes of all meetings.
 - c. When the Governing Body is composed of only one person, this person shall assume all responsibilities of the Governing Body.
- 2. Responsibilities of the Governing Body. The Governing Body of a facility shall:
 - a. Ensure the facility's compliance and conformity with the facility's policies and procedures;
 - b. Ensure the facility's continual compliance and conformity with all relevant federal, state, and local laws and regulations;
 - c. Ensure that the facility is adequately funded and fiscally sound;
 - d. Review and approve the facility's annual budget;
 - e. Designate a person to act as Director and delegate sufficient authority to this person to manage the facility (a sole owner may be the director);

- f. Formulate and annually review, in consultation with the Director, written policies concerning the facility's philosophy, goals, current services, personnel practices, job descriptions and fiscal management; and
- g. Annually evaluate the Director's performance (if a sole owner is not acting as director).

Rule 4.10.2 **Organization.** Each RBIR shall establish a written organizational plan, which may be in the form of an organizational chart that clearly establishes a line of authority, responsibilities, and relationships. Written personnel policies and job descriptions shall be prepared and provided to each employee.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.10.3 **Director.** There shall be a full-time employee designated as Director of the licensed facility who shall be responsible for the management of the licensed facility, including day to day management, supervision, operation of the facility, and ensuring the individual service plan is implemented and carried out. The Director shall be at least twenty-one years of age and shall posses, at a minimum:
 - 1. A Bachelor's degree in a health care field, plus six (6) years of experience in the fields of health, social services, management or administration; or
 - 2. A Master's degree in a health care field, plus five (5) years of experience in the field of health, social services, management, or administration
 - 3. The Director shall not be a client of the licensed facility. The Director shall have verification that he/she is not listed on the "Mississippi Nurses Aide Abuse Registry." When the Director is not within the licensed facility, there shall be an individual onsite at the licensed facility who shall represent the Director, and be capable of assuming the responsibility of Director. Said person must be at least twenty-one years of age, possess a bachelor's degree, and shall have verification that he/she is not listed on the "Mississippi Nurses Aide Abuse Registry."

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.10.4 Financial.

- 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.
- 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.

- Rule 4.10.5 **Personnel.** There must be responsible trained staff on duty on a 24- hour basis to provide direct care services, respond to injuries and symptoms of illness, and to handle emergencies. All direct care employees shall be a minimum of 18 years of age, and shall have verification that they are not listed on the "Mississippi Nurses Aide Abuse Registry." The staff shall be knowledgeable of each client's service plan. Personnel shall be employed and on duty, awake, and fully dressed to provide personal care to the clients. The facility shall be staffed to properly safeguard the health, safety and welfare of the clients, as required in these regulations. There shall be adequate staff to meet the needs of the clients as outlined in the individual service plans, but at a minimum, there shall be no fewer than one (1) direct care staff per four (4) or fewer clients at all times and a designated person in charge on each shift.
 - 1. Personnel shall receive training annually on topics and issues related to the population being served in the licensed facility. Training shall be documented by a narrative of the content and signatures of those attending.
 - 2. Direct Care Staff may include care assistants, nurses, social workers, activities personnel, or other staff who provide direct care services to clients on a regular basis. If employed at more than one facility, the facility must maintain a copy of each entities schedule and ensure that their schedule does not overlap.
 - 3. The Nursing Director or physician must be available by telecommunications or able to be available on-site as needed 24 hours/day.
 - 4. Nursing Director
 - a. Qualifications: Each facility must have a Nursing Director who currently maintains an unrestricted license as a Registered Nurse in Mississippi.
 - b. Nursing activities must comply with Mississippi Board of Nursing Nurse Practice Law.
 - c. Responsibilities: The responsibilities of a Nursing Director are to advance community integration through:
 - i. Overseeing the medication management program, including staff training to implement the program;
 - ii. Assisting the client in the restoration and maintenance of maximal health;
 - iii. Consulting the primary physician to advance the client with their medication management program;
 - iv. Advancing understanding of their unique medical and pharmacological needs; and
 - v. Assuring that nursing care is provided in accordance with the client's individual service plan;

- d. The Nurse Director may be a contract employee.
- 5. LPN staff may administer medications in accordance with the Mississippi Board of Nursing requirements.

Rule 4.10.6 Criminal History Record Checks.

1. **Definitions.**

- a. **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.
- b. **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 client care in a client's room or intreatment rooms.
- c. 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 clients in a licensed entity as part of the requirements of an allied health course taught in the school if:
 - i. The student is under the supervision of a licensed healthcare provider; and
 - ii. 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, orfelonious 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.
 - iii. 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 41-75-13.
- d. **Covered Entity.** For the purpose of criminal history record checks, "covered entity" means a licensed entity or a healthcare professional staffing agency.

- e. Licensed Entity. For the purpose of criminal history record checks, the term "licensed entity" means an RBIR.
- f. **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.
- g. **Direct Client Care or Services.** For the purposes of fingerprinting and criminal background history checks, the term "direct client care" means direct hands-onmedical client care and services provided by an individual to a client, in a client's room or treatment room. Individuals providing direct client care may be directly employed by the facility or provides client care on a contractual basis.
- h. **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 client.
- 2. Pursuant to Section 43-1 1-13, 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:
 - a. Every new employee of a covered entity who provides direct client care or services; and
 - b. Every employee of a covered entity who has documented disciplinary action by his or her present employer.
- 3. Except as otherwise provided in this paragraph, no employee shall be permitted to provide direct client care until the results of the criminal history record check have 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 client 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 conviction; a guilty plea; and/or a plea of nolo contendere to a crime that is job-related which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee may not be eligible to be employed at the licensed facility.

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 facility 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, a copy of the referenced notarized letter addressing the individual's suitability for such employment.

- 5. The licensing agency may charge the covered entity submitting the fingerprints a fee not to exceed Fifty Dollars (\$50.00).
- 6. 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, 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 record check as required in this subsection.
- 7. For individuals contracted through a third party who provide direct client care as defined herein, the covered entity shall require proof of a criminal history record check.
- 8. Pursuant to Section 41-75-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officers, 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.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.10.7 **Employee's Health Status.** All licensed facility personnel shall receive a health screening by a licensed physician, a nurse practitioner/physician assistant, or a registered nurse prior to employment and annually thereafter. Records of this health screening shall be kept on file in the licensed facility.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.10.8 **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 RBIR 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 the 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 tuberculin 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 RBIR 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. Facilities shall comply with recommendation from the Centers for Disease Control and/or the Mississippi State department of Health regarding baseline employee TB testing and routine serial employee TB testing and education. Staff exposed to an active infectious case of tuberculosis 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 4.10.9 **Orientation.** Facilities shall have an orientation program upon hire and ongoing annual training thereafter.
 - 1. A facility shall have an orientation program upon hire that shall include, but is not limited to, training in the following topics for *all personnel*:
 - a. The policies and procedures of the facility;
 - b. Emergency and evacuation procedures;
 - c. Client's rights;
 - d. Abuse/neglect and exploitation prevention and requirements concerning the reporting of abuse and neglect of clients;
 - e. Procedures for reporting of incidents and accidents;
 - f. Instruction in the specific responsibilities of the employee's job; and
 - g. Cultural competency.

- 2. Orientation for *direct care staff* shall include the following:
 - a. Training in Client Care Services (Activities of Daily Living and Instrumental Activities of Daily Living) provided by the facility;
 - b. Infection control to include Universal Precautions; and,
 - c. Any specialized training to meet clients' needs.
- 3. A new employee shall not be given sole responsibility for the implementation of a client's program plan until this training is completed.
- 4. All direct care staff shall receive and/or have documentation of certification in Basic Life Support and general first aid procedures within the first 30 days of employment.

Rule 4.10.10 Annual Training.

- 1. A facility shall ensure that each direct care staff participates in in-service training each year. Routine supervision of direct care staff shall not be considered as meeting this requirement.
- 2. The facility shall document that direct care staff receive training on an annual basis in:
 - a. Facility's policies and procedures.
 - b. Emergency and evacuation procedures;
 - c. Client's rights;
 - d. Abuse and neglect prevention and requirements concerning the reporting of abuse and neglect and incidents and accidents;
 - e. Client care services (Activities of Daily Living and Instrumental Activities of Daily Living);
 - f. Infection control to include Universal Precautions;
 - g. Any specialized training to meet clients' needs, and
 - h. Cultural competency.
- 3. All direct care staff shall have documentation of current certification in Basic Life Support.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.10.11 **Personnel Files.**

- 1. A facility shall maintain a personnel record for each employee. At a minimum, this file shall contain the following:
 - a. The application for employment including the applicant's education, training, and experience;
 - b. A criminal history check, prior to an offer of employment;
 - c. Evidence of applicable professional credentials;
 - d. Documentation of required health assessment as defined in the facility's policy and procedure;
 - e. Annual performance evaluation;
 - f. Employee's hire and termination dates;
 - g. Documentation of orientation and annual training; and
 - h. Documentation of a current, valid driver's license (if driving or transporting clients).
- 2. A facility shall not release an employee's personnel file without the employee's written permission, except as required by state law.

- Rule 4.10.12 **Evaluation.** An employee's Annual Performance Evaluation shall include an evaluation of his/her interaction with clients, family, and other employees.
- SOURCE: Miss. Code Ann. §41-75-13

Subchapter 11 ADMISSIONS, DISCHARGES AND TRANSFERS

Rule 4.11.1 Admission Criteria.

- 1. The facility shall have a clear and specific written description of admission policies and procedures. This should include, but is not limited to, a) the application process and the criteria for the rejection of an application; b) types of clients suitable to the facility; c) services offered and allowed in the facility.
- 2. The following criteria must be applied and maintained for client placement in a licensed facility:
 - a. Only clients whose needs can be met by the licensed facility shall be admitted.
 - b. Clients are brain injury patients who require education and training for independent living with a focus on increasing independence; such care prepares clients for maximum independence, teaches necessary skills for community

interaction, works with clients pre-vocational and vocational training and stresses cognitive, speech and behavioral therapies structured to the individual needs of patients who cannot live at home and who require on-going support and rehabilitation.

- c. A person shall not be admitted or continue to reside in an licensed facility if the person:
 - i. Requires physical restraints;
 - ii. Poses a serious threat to himself or herself or others;
 - iii. Requires nasopharyngeal and/or tracheotomy suctioning;
 - iv. Requires intravenous fluids, medications, or feedings; or
- d. Licensed facilities which are not accessible to individuals with disabilities through the A.N.S.I. Standards as they relate to facility accessibility may not accept wheelchair bound clients. Only those persons who, in an emergency, would be physically and mentally capable of traveling to safety may be accepted. For multilevel facilities, no clients that are unable to descend the stairs unassisted may be placed above the ground floor level.
- e. The licensed facility must be able to identify at the time of admission and during continued stay those clients whose needs for services are consistent with these rules and regulations, and those clients who should be transferred to an appropriate level of care.
- f. Notwithstanding any determination by the licensing agency that the client no longer meets admission criteria, that client, the client's guardian, or the legally recognized responsible party for the client may consent in writing for the client to continue reside in the RBIR, if approved in writing by a licensed physician. Provided , however, that no RBIR shall allow more than two (2) clients, or ten percent (10%) of the number of clients in the facility, whichever is greater, to remain in the RBIR under the provisions herein. This consent shall be deemed to be appropriately informed consent as described by these regulations. After that written consent has been obtained, the client shall have the right to continue to reside in the RBIR for as long as the client meets the other conditions for residing in the RBIR. A copy of the written consent and the physician's approval shall be forwarded by the RBIR to the licensing agency within thirty (30) days of the issuance of the latter of the two (2) documents.
- g. No licensee, owner, or administrator of a RBIR; a member of their family; an employee of the RBIR; or a person who has financial interest in the home shall act as the legal guardian for a client of the RBIR. This requirement shall not apply if the client is related within the third degree as computed by civil law.

Rule 4.11.2 At the time of admission the facility shall:

- 1. Obtain from the client or the client's family or representative, their plan for both routine and emergency medical care to include the name of physician(s) and provisions and authorization for emergency medical care;
- 2. Document that the client and/or representative was informed of the facility's emergency and evacuation procedures;
- 3. Obtain a copy of any existing executed Medical Power of Attorney or a Living Will. The facility shall maintain a copy of such documents; and
- 4. Shall execute, in writing, an admission agreement, including a financial agreement. This agreement shall be prepared and signed by the Director and the client or the client's responsible party, in two or more copies. One copy shall be given to the client or his/her responsible party, and one copy placed on file in the licensed facility. As a minimum, this agreement shall contain specifically:
 - a. Clear and specific occupancy criteria and procedures (admission, transfer, and discharge);
 - b. Basic services to be made available;
 - c. Basic charges agreed upon;
 - d. Optional services which are available;
 - e. Statement of non-covered services;
 - f. Payor or funding source;
 - g. Period to be covered in the charges;
 - h. Services for which special charges are made;
 - i. Agreement regarding refunds for any payments made in advance.
 - j. Client's Code of Conduct for participation in the program and client's agreement to abide by the same;
 - k. A Notice that the MS State Department of Health has the authority to examine clients' records as part of the evaluation of the facility;
 - Division of responsibility between the facility, client, family, or others (e.g., arranging for or overseeing medical care, purchase of essential or desired supplies, emergencies, monitoring of health, handling or finances);
 - m. Clients' rights;

- n. Explanation of the grievance procedure and appeals process;
- o. The development of a service plan specific to the individual client, including participation of the client and/or representative in the development of the plan;
- p. A statement that the Director shall make the client's responsible party aware, in a timely manner, of any changes in client's status, including those which require transfer and discharge; or Directors who have been designated as a client's responsible party shall ensure prompt and efficient action to meet client's needs;
- q. State that the client or his responsible party shall be furnished a receipt signed by thelicensee of the licensed facility or his lawful agent, for all sums of money paid to the licensed facility; and
- r. Evidence of written notification provided to the client/responsible party when basic charges and/or licensed facility policies change.
- 5. No agreement or contract shall be entered into between the licensee and the client or his responsible agent which will relieve the licensee of the responsibility for the protection of the person and personal property of the individual admitted to the licensed facility for care.
- 6. Within seven days of admission, the facility shall complete an assessment to determine the needs and preferences of the client. The assessment shall include but is not limited to:
 - a. Review of physical health, psycho-social status, and cognitive status and determination of services necessary to meet those needs;
 - b. A summary of the client's health needs, if any, including medication, treatment and special diet orders obtained from professionals with responsibility for the client's physical or emotional health;
 - c. A written description of the activities of daily living and instrumental activities of daily living for which the client requires assistance, if any, obtained from the client, the client's physician, family, or representative;
 - d. The client's interests, likes and dislikes;
 - e. Recreational and social activities which are suitable or desirable;
 - f. A plan for handling special emergency evacuation needs; and
 - g. Additional information or documents pertinent to the client's service planning, such as guardianship papers, Power of Attorney, Living Wills, Do-Not-Resuscitate orders, or other relevant medical documents.

- 7. Within 14 days after admission, the facility, with input from the client and/or his/her representative, shall develop and implement a service plan using information from the assessment. The service plan shall include:
 - a. The client's needs;
 - b. The scope, frequency, and duration of services and monitoring that will be provided to meet the client's needs;
 - c. Staff responsible for providing the services inclusive of third party providers;
 - d. Current medication list from the client's primary care physician; and
 - e. Identification of level of assistance client requires.
- 8. The facility shall have a reporting procedure in place for notifying appropriate individuals of observed or reported changes in a client's condition.
- 9. The client's service plan shall be revised when a client's condition or preferences change. The revised service plan shall be signed by the client and the representative, if applicable, and the designated facility staff.
- 10. The service plan shall be monitored on an ongoing basis to determine its continued appropriateness and to identify when a client's condition or preferences have changed. A documented review of the service plan shall be made at least every quarter.
- 11. All plans and reviews shall be signed by the client, facility staff, and the representative, if applicable.
- SOURCE: Miss. Code Ann. §41-75-13

Subchapter 12 DISCHARGE CRITERIA OR TRANSFER

- Rule 4.12.1 The Director shall, in consultation with the client and the representative, if applicable, assist in planning and implementing the transfer or discharge of the client when:
 - 1. The client's adjustment to the facility is not satisfactory as determined by the Director in consultation with the client or his or her representative. It is the responsibility of the Director to contact the client's representative, if applicable, and request assistance to help the client in adjusting. This request is to be made at the first indication of an adjustment problem;
 - 2. The client is in need of services that the facility cannot provide or obtain for the client; or
 - 3. The client or representative has failed to pay all fees and costs stated in the admission agreement or otherwise materially breached the admission agreement.

Rule 4.12.2 When a discharge or transfer is initiated by the facility, the Director must provide the client, and his/her representative, if applicable, with thirty (30) days prior written notice citing the reason for the discharge or transfer, except shorter notice may be given in cases where the client is a danger to self or others.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.12.3 At the request of the client or representative, copies of all pertinent information shall be given to the Director of the licensed facility to which the client is transferred.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.12.4 The following discharge information shall be recorded in the client's record:
 - 1. Date of discharge;
 - 2. Transfer facility;
 - 3. Reason(s) for discharge; and
 - 4. Condition upon discharge.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.12.5 Discharge records shall be retained for at least six (6) years from the date of discharge.
- SOURCE: Miss. Code Ann. §41-75-13

Subchapter 13 SERVICES

- Rule 4.13.1 The facility shall provide adequate services and oversight/supervision including adequate security measures, twenty-four (24) hours per day.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.13.2 The facility shall provide or coordinate services, to the extent needed or desired by clients. The client may participate in these services as written in their service plan. The following services are required:
 - 1. Assistance with all activities of daily living and instrumental activities of daily living;
 - 2. At least three meals a day, seven days a week, that take into account client's dietary requirements, preferences and needs in residential facilities;
 - 3. Basic personal laundry services in residential facilities;
 - 4. Opportunities for individual and group socialization and to utilize community

resources to create a normal and realistic environment for community interaction within and outside the facility (i.e. barber/beauty services, social/recreational opportunities);

- 5. Services for client requiring occupational, physical and speech therapy, as outlined in their individual service plan;
- 6. Services for clients requiring social and emotional services;
- 7. Services for clients who have behavior problems requiring ongoing staff support, intervention, and supervision to ensure no danger or infringement of the rights of other clients or individuals;
- 8. Household services essential for the health and comfort of client (e.g. floor cleaning, dusting, bed making, etc) in residential facilities;
- 9. Assistance with self-administration of medications as needed and deemed appropriate by the Medication Management Program; and,
- 10. A program of recreational activities.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.13.3 **Method of Medication Assistance.** The method of providing medication shall be the use of a pre-prepared blister pack of medication prescribed to the client. Packaging of the blister pack must be by a licensed pharmacist who has filled the prescription following licensed primary care provider's orders as to medication to be taken, dosage, and the time at which the medication is to be taken. The facility shall assess the skill level of the person assisting in delivering medication and provide training to assure competency.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.13.4 **Nutritional Assessment.** 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 14 days after admission.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 14 RECORDS AND REPORTS

- Rule 4.14.1 **Conservatorship and Licensing Agency Records.** The Director shall maintain:
 - 1. A record of the clients for whom he or she serves as the conservator or a representative payee. This record shall include evidence of the means by which the conservatorship or representative payee relationship was established and evidence of separate accounts in a bank for each client whose conservator or

representative payee is the Director of the licensed facility.

2. Inspection reports from the licensing agency, any branch or division thereof in the licensed facility, and submitted to the licensing agency as required, or when requested.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.14.2 **Confidentiality and Security of Files.** The facility shall ensure the confidentiality of client records, including information in a computerized medical record system, in accordance with the HIPAA Privacy Regulations (Title 45, Part 164, Subpart E of the Code of Federal Regulations) and any Mississippi state laws and regulations which provide a more stringent standard of confidentiality than the HIPAA Privacy Regulations. Information from or copies of records may be released only to authorized individuals, and the facility must ensure that unauthorized individuals cannot gain access to or alter client records. Original medical records shall not be released outside the facility unless under court order or subpoena or in order to safeguard the record in the event of a physical plant emergency or natural disaster.

- Rule 4.14.3 **Client Records**. The facility shall maintain a separate record for each client. Such record shall be current and complete and shall be maintained in the facility or in a central administrative location readily available to facility staff and to the licensing agency. All records shall be maintained in an accessible, standardized order and format and shall be retained and disposed of in accordance with state laws.
 - 1. Client records shall contain the following:
 - a. General information form, including at a minimum: Identifying information to include at least client's name, marital status, date of birth, and gender;
 - b. Dates of admission and discharge;
 - c. Client's written authorization and contact information of the representative or responsible person;
 - d. Admission agreement(s) and financial statements;
 - e. Clients' rights and licensed facility's rules, signed, dated, and witnessed;
 - f. Medical referral from physician or nurse practitioner/physician assistant;
 - g. The admission assessment documenting the appropriateness of the client's admission to facility;
 - h. Individual service plan, updates, and quarterly reviews;
 - i. Name and 24 hour contact information for the primary physician and any other physician involved in the client's care;

- j. Initial and annual health and physicals;
- k. Current medication record, including any reactions to such medication;
- 1. Progress notes of care and services received and response to treatment;
- m. Social services and activity contacts;
- n. Record of all personal property and funds;
- o. Representative payee statement, if applicable; and
- p. Physician orders or nurse practitioner/physician assistant orders (including, but not limited to, therapies, diets, medications, etc.) and medication administration records.
- 2. The records, as described in this section, shall be made available to the client, the client's family, or other responsible party for the client upon reasonable request.
- 3. The facility shall report and comply with the annual MSDH TB Program surveillance procedures.

Rule 4.14.4 Client Funds.

- 1. If a facility offers the service of safekeeping and/or management of clients' personal funds, the facility's admission agreement shall include the client's rights regarding personal funds and list the services offered and charges, if any. Any charges assessed shall not exceed the actual cost incurred by the facility for the provision of the services.
- 2. There is no obligation for a client to deposit funds with the facility or have the facility manage his/her funds, and the facility may not require the client to deposit his/her funds with the facility. If a facility offers the service of safekeeping and if a client wishes to entrust funds, the facility shall:
 - a. Obtain written authorization from the client and/or his/her representative to safekeeping of funds;
 - b. Provide each client with a receipt listing the amount of money the facility is holding in trust for the client;
 - c. Maintain a current balance sheet containing all financial transactions to include the signatures of staff and the client for each transaction; and
 - d. Not accept more than three hundred dollars (\$300) of a client's money.
- 3. If a facility offers the service of safekeeping and/or management of clients' personal

funds, the facility shall purchase a surety bond or otherwise provide assurance satisfactory to the Secretary to assure the security of all personal funds of clients deposited with the facility. In addition, if a client wishes the facility to assist with the management of all their funds, the facility:

- a. Shall receive written authorization to manage the client's funds from the client and the representative, if applicable;
- b. Shall only manage a client's money when such management is mandated by the client's service plan; and
- c. Shall keep funds received from the client for management in an individual account in the name of the client.
- 4. When a client is discharged, the facility shall refund the balance of the client's personal funds to the client or representative, if applicable, on the date of discharge or no later than the last day of the month of the month of discharge.
- 5. In the event of the death of the client, the facility shall refund the balance of the client's personal funds to the executor of the client's estate. If there is no executor, the facility shall refund the balance to the representative or responsible party for the client. The refund shall be made within three months of the date of death.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 15 FACILITY POLICIES

- Rule 4.15.1 The facility shall have:
 - 1. Written policies and procedures approved by the Governing Body that address the following:
 - a. Confidentiality of client information and security of client files;
 - b. Advertising;
 - c. Personnel issues including;
 - i. Orientation, ongoing training, development, supervision, and performance evaluation of personnel members;
 - ii. Written job descriptions for each position including volunteers;
 - iii. Requirements for a health assessment of personnel prior to employment. These policies shall, at a minimum, require that the individual has no evidence of active tuberculosis and is re-evaluated as recommended by the Mississippi State Department of Health;
 - iv. Abuse prevention and reporting procedures that include what constitutes abuse, how to prevent it and requirement that all personnel report any

incident of abuse or mistreatment to the director or his/her designee, whether that abuse or neglect is done by another staff member, a family member, a client, or any other person; and

- v. Criteria for determining employment based on the results of a criminal history check.
- d. Client's rights;
- e. A grievance procedure to include documentation of grievances, investigation, resolution and response to complainant in a timely manner, time frame in which facility will respond, and an appeals process for grievances;
- f. Safekeeping of personal possessions, if applicable;
- g. Clients' funds, if applicable;
- h. Emergency and evacuation procedures;
- i. Abuse and neglect, and documentation and reporting of same;
- j. Incidents and accidents and documentation of same;
- k. Admissions, transfers and discharge procedures;
- 1. Medication administration;
- m. Minutes of formal Governing Body meetings;
- n. Organizational chart of the facility; and
- o. Written leases, contracts, and purchase-of-service agreements (including all appropriate credentials) to which the facility is a party.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.15.2 **Organizational Communication.**

- 1. A facility shall establish procedures to assure written communication among personnel to provide continuity of services to all clients.
- 2. Direct care staff shall have access to information concerning clients that is necessary for effective performance of the employee's assigned tasks.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.15.3 Incidents/Accident.

1. The facility shall have written procedures for the reporting and documentation of unusual incidents and other situations or circumstances affecting the health, safety or

well-being of a client or clients. (i.e. death of unnatural causes, injuries, fights or physical confrontations, situations requiring the use of passive physical restraints, suspected incidents of abuse or neglect).

- a. Such procedures shall ensure timely verbal reporting to the Director or designee and a preliminary verbal report to the State Licensing agency within twenty-four (24) hours of the incident. A written report shall be submitted to the licensing agency within seventy-two (72) hours.
- b. Incidents or accidents shall be documented in the client record. An incident report shall be maintained by the facility.
- 2. Incident/Accident Report. When and if an incident occurs, a detailed report of the incident shall be made. At a minimum, the incident report shall contain the following:
 - a. Circumstances under which the incident occurred; names of clients, staff and others involved;
 - b. Date and time the incident occurred;
 - c. Where the incident occurred (bathroom, bedroom, street, lawn, etc.);
 - d. Immediate treatment and follow-up care;
 - e. Name and address of witnesses and their statements;
 - f. Date and time family or representative was notified;
 - g. Symptoms of pain and injury discussed with the physician; to include date and time the physician was notified; and
 - h. Signatures of the staff completing the report, client, and Director.
- 3. When an incident results in death of a client or involves abuse, neglect, or exploitation of a client or entails any serious threat to the client's health, safety or well-being, the facility shall:
 - a. Immediately report verbally to the Director and submit a preliminary written report within twenty-four (24) hours of the incident;
 - b. Within twenty-four hours of the suspected incident notify the MSDH, licensing agency, and the attorney general's office, as well as local law enforcement in accordance with State law and the Vulnerable Persons Act, with written notification to the above agencies to follow within seventy-two hours of the suspected incident;
 - c. Immediately notify the family or representative of the client;
 - d. Provide follow-up written reports within 72 hours of the completed investigation

to all the above persons and agencies;

- e. Take appropriate corrective actions to prevent future incidents; and
- f. Document compliance with the above procedures for each incident.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.15.4 **Abuse, Neglect, and Exploitation.** The facility shall have comprehensive written procedures concerning client abuse and neglect to include provisions for:
 - 1. Training and maintaining staff awareness of abuse prevention, current definitions of abuse and neglect, reporting requirements and applicable laws;
 - 2. Ensuring that procedures for reporting critical incidents involving abuse and neglect are followed;
 - 3. Ensuring that the Director completes an investigation report within five (5) working days;
 - 4. Ensuring that the client and/or reporter of the abuse is protected from potential harassment during the investigation; and
 - 5. Protecting clients from abuse/neglect and/or injury inflicted by other clients, staff or third parties.

- Rule 4.15.5 **Clients' Rights.** Rights and licensed facility rules must be in writing and be made available to all clients, employees, responsible parties, and must be posted in the facility for public viewing. Each client shall:
 - 1. Not be deprived of civil or legal rights;
 - 2. Not be denied admission, segregated or otherwise subjected to discrimination on the basis of race, sex, handicap, creed, national background or ancestry; a facility that is a religious organization may limit admissions to its own adherents;
 - 3. Live within the least restrictive environment possible in order to retain their individuality and personal freedom. Staff shall knock and request entrance before entering any bedroom;
 - 4. Be treated as individuals and with dignity, be assured choice and privacy and the opportunity to act autonomously, take risks to enhance independence, and share responsibility for decisions;
 - 5. Be allowed to participate and have family participate, if desired, in the planning of activities and services;
 - 6. Receive or refuse care and services that are adequate, appropriate, and in compliance

with conditions of residency, relevant federal and State laws and rules and regulations;

- 7. Be free from mental, emotional, and physical abuse and neglect and assured that no chemical restraints will be used;
- 8. Have records and other information kept confidential and released only with a client's or legal guardian's expressed written consent or in accordance with state law;
- 9. Have a service animal for medical reasons;
- 10. Have visitors of their choice, as long as such does not infringe upon the rights of others;
- 11. Have access to private telephone communications;
- 12. Send and receive mail promptly and unopened;
- 13. Furnish their own rooms, use and maintain personal clothing and possessions as space permits;
- 14. Have the right to manage his/her personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his/her behalf should the facility accept the written delegation from the client or from his/her responsible party of this responsibility to the facility for any period of time in conformance with State Law.
- 15. Be 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 RBIR must have policies and procedures addressing the use of and monitoring of restraints. A physician's order for restraint must be countersigned physician, nurse practitioner or physician assistant within 24 hours of the emergency application of the restraint;
- 16. Have freedom to participate in accessible community activities and in social, political, medical, and religious activities or to have freedom to refuse such participation;
- 17. Arrange for third-party services at their own expense should such not be available through the facility provided the client remains in compliance with the conditions of residency;
- 18. Be informed of grievance process and procedures and to receive response to grievances without fear of reprisal. To voice grievances and suggest changes in policies and services to either staff or outside representatives without fear of reprisal or other retaliation;
- 19. Be given written notice of not less than thirty (30) days prior to discharge from the

facility, except in life-threatening emergencies and when the client is a danger to him/her self or to others;

- 20. Remain in the current facility, foregoing a recommended transfer to obtain additional services, if a mutually agreed upon risk agreement is signed by the client, the responsible representative (if any) and the facility provided such does not place the facility in conflict with these or other laws or regulations;
- 21. Receive at least a 24 hour notice prior to a change in room/unit. The client shall be informed of the reason for the move and/or shall be informed when their roommate is being changed;
- 22. Live in a physical environment which ensures their physical and emotional security and well-being;
- 23. Retain the services of his/her own personal physician, dentist or other health care facility;
- 24. Be provided confidentiality and privacy concerning his/her medical and dental condition and treatment;
- 25. Select the pharmacy or pharmacist of their choice;
- 26. Not be required to perform services for the RBIR that are not included for therapeutic purposes in their individual program plan; and
- 27. Have the right to associate and communicate privately with persons of his choice, may join with other clients or individuals within or outside of the RBIR to work for improvements in client care, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record).

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.15.6 **Grievance Procedure.** A facility shall establish and have written grievance procedures to include, but not limited to:
 - 1. A formal process to present grievances;
 - 2. A formal appeals process for grievances; and,
 - 3. A process to respond to client requests and/or client grievances in a timely manner, and the time frames in which the facility will respond.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.15.7 **Photographs.** A facility shall have written policies and procedures regarding the photographing and audio or audiovisual recordings of clients for the purposes of advertising.

- No client shall be photographed or recorded without the client's or representative's prior informed written consent. Such consent cannot be made a condition for admission into, remaining in, or participating fully in the activities of the facility. Consent agreements must clearly notify the client of his/her rights under this regulation and must specify precisely what use is to be made of the photograph or recordings. Consents are valid for a maximum of one year from the date of execution. Clients are free to revoke such agreements at any time, either orally or in writing.
- 2. All photographs and recordings shall be used in a way that respects the dignity and confidentiality of the client.

Subchapter 16 MEDICAL AND PERSONAL CARE SERVICES

Rule 4.16.1 Medical Evaluation.

- 1. Each person admitted to a licensed facility shall have admission orders and a health and physical examination prescribed by a licensed physician or certified nurse practitioner/physician assistant within thirty (30) days prior to admission. The examination, which shall be reviewed by the Medical Director, shall include, at a minimum:
 - a. Review of physical health, psycho-social status, cognitive status, and determination of services necessary to meet those needs;
 - b. A summary of the client's health needs, if any, including medication, treatment and special diet orders;
- 2. An annual health and physical update by a physician and/or nurse practitioner/physician assistant shall be completed.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.16.2 **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 facility:
 - 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 have a written interpretation.
- 2. Admission to the facility 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 client's admission to thelicensed facility. 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 bycertified 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 facility 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.

Rule 4.16.3 Transfer to another facility or return of a client to respite care shall be based on the above tests (Rule 47.12.3) if done within the past 12 months and the client has no signs and symptoms of T B.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.16.4 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 facility 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 facility is required from the MSDH TB State Consultant.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.16.5 **Rehabilitative Services.** Clients shall be provided rehabilitative services, as identified in the written individualized plan of care. Such rehabilitative services require 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.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 17 FOOD SERVICE

- Rule 4.17.1 **Meals.** The licensed facility shall provide clients with well-planned, attractive, and satisfying meals at least three (3) times daily, seven (7) days a week, which will meet their nutritional, social, emotional and therapeutic needs. The daily food allowance shall meet the current recommended dietary allowances.
 - 1. Meals shall be planned one (1) week in advance. Current menus must be posted and dated. A record of meals served shall be maintained for a one (1) month period.
 - 2. A record of all food purchases shall be maintained in the licensed facility for a one (1) month period.
 - a. All meals for clients who require therapeutic diets shall be planned by a Licensed Dietitian. If a therapeutic diet is prescribed by the physician forthe client, the licensed dietitian shall visit the licensed facility at a minimum of once every thirty (30) days, and shall file a consulting report with the licensed facility.

- 3. Meals should meet religious and ethnic preferences.
- 4. Meals should meet clients' temporary schedule changes as well as clients' preference (e.g. to skip a meal or prepare a simple late breakfast)
- 5. Facilities should make snacks, fruits, and beverages available to clients when requested.
- 6. Staff shall be available in the dining area to serve the food and to give individual attention as needed.
- 7. Written reports of inspection by the Mississippi State Department of Health shall be kept on file in the facility.
- 8. Specific times for serving meals shall be established and posted.
- 9. Meals shall be prepared and served in a manner that assures that they are appetizing, attractive, and nutritional and that promotes socialization among the clients.
- 10. Food shall be prepared by methods that conserve the nutritive value, flavor, and appearance. It shall be palatable, properly prepared and sufficient in quantity and quality.

Rule 4.17.2 Menus.

- 1. Menus shall be planned and written at least one week in advance and dated as served. The current week's menu shall be posted in a conspicuous place in the facility.
- 2. The facility shall furnish medically prescribed diets to clients in accordance with their service plan. These menus shall be planned or approved by a Registered licensed Dietician.
- 3. Records of all menus as served shall be kept on file for at least 30 days.
- 4. All substitutions made on the master menu shall be recorded in writing.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.17.3 **Food Supplies.**

- 1. All food in the facility shall be safe for human consumption.
- 2. Grade "A" pasteurized fluid milk and fluid milk products shall be used or served. Dry milk products may not be used, except for cooking purposes.
- 3. Wild game or home canned foods shall not be served;

4. Other than fresh or frozen vegetables and fruit, all foods must be from commercial sources.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.17.4 **Food Protection.**

- 1. If food is prepared in a central kitchen and delivered to separate facilities, provisions shall be made for proper maintenance of food temperatures and a sanitary mode of transportation.
- 2. Facility refrigerator(s) shall be maintained at a temperature of 45 degrees F or below. Freezers shall be maintained at a temperature of 0 degrees F or below. Thermometers shall be provided for all refrigerators and freezers.
- 3. Food stored in the refrigerator shall be covered and dated.
- 4. Pets are not allowed in food preparation and services areas.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.17.5 **Ice and Drinking Water.**

- 1. The water supply shall be adequate, of a safe sanitary quality and from an approved source. Clean sanitary drinking water shall be available and accessible in adequate amounts at all times.
- 2. The ice scoop shall be maintained in a sanitary manner. The handle of the ice scoop should not come into contact with the ice.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.17.6 **Physical Facilities.**

- 1. A licensed facility with fifteen (15) or fewer clients shall meet the requirements as set forth in the facility Inspection Report issued by the Mississippi State Department of Health.
- 2. The facility shall have kitchens and dining rooms appropriately furnished and adequate to serve the number of clients residing in the facility in a comfortable environment. Dining room(s) may be sized to accommodate clients in either one or two sittings. Kitchens and dining facilities shall meet all applicable sanitation and safety standards.
- 3. The facility shall have a central or a warming kitchen that shall be well lighted and ventilated.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.17.7 **Dietary Staffing.**

- 1. All employees engaged in handling, preparation and/or serving of food shall wear clean clothing at all times.
- 2. All employees engaged in handling and/or preparation of food shall wash their hands thoroughly before starting to work and immediately after contact with any soiled matter.

Subchapter 18 DRUG HANDLING

Rule 4.18.1 **Restrictions.** Licensed facilities shall meet Mississippi State Board of Pharmacy requirements for the storage and dispensing of prescription medications. Schedule II Narcotics as defined in the Uniform Control Substances Law may only be allowed in a brain injury facility if they are administered or stored utilizing proper procedures under the direct supervision of a licensed physician or nurse.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.18.2 Labeling. The medications of all clients shall be clearly labeled.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.18.3 **Storage of Prescription Medications.** Proper storage of all prescription medications shall be provided.
 - 1. All clients' prescription medications shall be stored in a secured area. The area shall be kept locked when not in use, with responsibility for the key designated in writing.
 - 2. The prescription medication storage area shall be well-lighted, wellventilated, and kept in a clean and orderly fashion. The temperature of the medication storage area should not exceed 85 degrees Fahrenheit at any time.
 - 3. A refrigerator shall be provided for the storage of prescription medications requiring refrigeration. If the refrigerator houses food or beverages, the clients' prescription medications shall be stored in a covered container or separate compartment. All refrigerators shall be equipped with thermometers.

- Rule 4.18.4 **Responsibility.** A non-client employee, appointed by the Director, shall be responsible for the following:
 - 1. Storage of prescription medications.
 - 2. Keeping a current prescription medication list, including frequency and dosage, which shall be updated at least every thirty (30) days, or with any significant change.

Rule 4.18.5 **Disposal of Unused Prescription Medications.** In the event any prescription medication is no longer in use for any reason, it shall be disposed of in accordance with the regulations of the Mississippi State Board of Pharmacy.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 19 SOCIAL SERVICES

Rule 4.19.1 The licensed facility shall make provisions for referring clients with social and emotional needs to an appropriate social services agency.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 20 CLIENT ACTIVITIES

- Rule 4.20.1 Activities Program. An activities program shall be in effect which is appropriate to the needs and interests of each client.
 - 1. The facility shall have a range of indoor and outdoor recreational and leisure opportunities to meet the needs and preferences of clients.
 - 2. Adequate and activity-appropriate space shall be provided for the various client activities.
 - 3. Activities shall be provided on a daily basis.
 - 4. Available community resources shall be utilized in the activities program.
 - 5. Supplies shall be available to implement an adequate activities program.
 - 6. A non-client employee may be responsible for the activities program.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 21 PHYSICAL ENVIRONMENT

Rule 4.21.1 General.

- 1. The facility shall be designed throughout to meet the accessibility needs of the clients.
- 2. Handrails and sufficient lighting shall be integrated into public areas, as appropriate, to assist clients in ambulation.
- 3. Sufficient lighting shall be provided for general lighting purposes and for reading in bedrooms and common areas.

- 4. Night lights for corridors, emergency situations and the exterior shall be provided as needed for security and safety.
- 5. Windows used for ventilation to the outside and exterior doors used for ventilation shall be screened and in good repair.
- 6. The facility shall be constructed, equipped, and maintained in good repair and kept free of hazards.
- 7. The facility shall have sufficient and separate storage space for administration records, cleaning supplies (janitorial), food service (supplies), lawn maintenance (equipment) and locked areas for medications. Poisonous and toxic materials shall be identified, and stored in a separate cabinet that is used for no other purpose.
- 8. There shall be evidence of routine maintenance and cleaning programs in all areas of the facility. The facility shall replace or repair broken, worn or defective furnishings and equipment promptly.
- 9. The facility shall be furnished according to the activities offered. Furniture shall be of good repair and appropriate for the functional program.

Rule 4.21.2 Exterior Space.

- 1. A facility shall ensure that the grounds and any structure thereon shall be maintained in good repair and free from any hazard to health and safety.
 - a. Garbage shall be stored securely in covered containers and shall be removed on a regular basis.
 - b. Trash collection receptacles and incinerators shall be separate from outdoor recreational space.
 - c. Areas determined to be unsafe, including but not limited to steep grades, cliffs, open pits, swimming pools, high voltage boosters or high speed roads shall be fenced off or have natural barriers to protect clients.
 - d. Fences shall be in good repair.
- 2. A facility shall provide clients access to outdoor space designated for recreational use. The parking lot shall not double as recreational space.
- 3. The facility's address or name shall be displayed so as to be easily visible from the street.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.21.3 **Required Areas/Rooms.** The following areas/rooms are required to be provided in a licensed facility:

- 1. Bedrooms;
- 2. Living room;
- 3. Dining Area;
- 4. Toilet and bathing facilities;
- 5. Laundry; and
- 6. Kitchen.

Rule 4.21.4 **Bedrooms.**

- 1. **Location.** All client bedrooms shall have an outside exposure and shall not be below grade. Window areas shall not be less than one-eighth (1/8) of the floor area. The window sill shall not be over thirty-six (36) inches from the floor. Windows shall be operable.
 - a. Client bedrooms shall be located so as to minimize the entrance of unpleasant odors, excessive noise, and other nuisances.
 - b. Client bedrooms shall be directly accessible from the main corridor. In no case shall a client bedroom be used for access to another client bedroom nor shall a client bedroom be used for access to a required outside exit.
 - c. All client bedrooms shall be so located that the client can travel from his/her bedroom to a living room, day room, dining room, or toilet or bathing facility without having to go through another client's bedroom.
 - d. A facility shall ensure that each single occupancy bedroom has a floor area of at least one hundred (100) net square feet, exclusive of bathrooms, closets or storage space; and that each multiple occupancy bedroom has a floor area of at least eighty (80) net square feet for each client. There shall be no more than two (2) clients per bedroom. The facility shall strive to maintain a homelike environment.

2. Furnishings.

- a. Single beds shall be provided with good grade mattresses at least four (4) inches thick. Cots and roll-away beds shall not be used. Each client in the facility shall have his/her own bed. Cots, bunk beds or portable beds are not allowed.
- b. Each bed shall be equipped with a pillow and clean linens to include sheets, pillow cases, spreads and blankets. An adequate supply of such linens shall be provided at all times to allow for a change of linen at least once a week.

- c. Chest of drawers or similar adequate storage space shall be provided for the clothing, toilet articles, and personal belongings of each client.
- d. Adequate closet space shall be provided for each client.
- e. An adequate number of comfortable, sturdy chairs shall be provided.
- f. The opportunity for personal expression shall be permitted.
- g. A client shall be permitted to use personal furnishings in lieu of those provided by the licensed facility, when practical.

3. Common Space.

- a. The facility shall provide common areas to allow clients the opportunity for socialization.
- b. Common areas for leisure shall be at least sixty (60) square feet per person per licensed capacity.
- c. Dining rooms and leisure areas shall be available for use by clients at appropriate times to provide periods of social and diversified individual and group activities.
- d. The facility's common areas shall be accessible and maintained to provide a clean, safe, and attractive environment for the clients.
- e. Space used for administration, sleeping, or passage shall not be considered as dining or leisure space.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.21.5 **Living Room.** Living rooms, dayrooms, and/or recreation rooms shall be provided for clients and visitors. Each licensed facility shall provide at least two (2) areas for this purpose: one (1) for small groups such as a private visit with relatives and friends; and one (1) for larger group activities. The living room must be equipped with attractive, functional, and comfortable furniture in sufficient number to accommodate all clients. A minimum of 18 square feet per bed shall be provided.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.21.6 **Dining Area.** A dining area shall be provided which shall be adequate to seat all clients at the same meal seating. The dining area may also be used for social, recreational, and/or religious services when not in use as a dining facility. A minimum of 15 square feet per client shall be provided.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.21.7 **Toilet and Bathing Facilities.**

- 1. There shall be adequate toilet, bathing and hand washing facilities in accordance with the current edition of the State Sanitary Code.
- 2. One bathroom shall serve no more than four beds.
- 3. Each bathroom shall contain wash basins with hot and cold water, flush toilets and bath or shower facilities with hot and cold water according to client care needs.
- 4. Bathrooms shall be located so that they open into a hallway, common area or directly into the bedroom. If the bathroom only opens directly into a bedroom, it shall be for the use of the occupants of that bedroom only.
- 5. Each bathroom shall be properly equipped with toilet paper, towels, soap, and other items required for personal hygiene, unless clients are individually given such items. Tubs and showers shall have slip-proof surfaces.
- 6. A facility shall provide toilets, baths and showers which allow for individual privacy, unless clients require assistance for care.
- 7. A facility's bathrooms shall contain mirrors secured to the walls at convenient heights and other furnishings necessary to meet the client's basic hygienic and grooming needs.
- 8. A facility's bathrooms shall be equipped to facilitate maximum self-help by clients. Bathtubs and showers shall be equipped with grab bars, towel racks and non-glass shower enclosures. Commodes shall be equipped with grab bars.
- 9. Toilets, wash basins and other plumbing or sanitary areas in a facility shall be maintained in good operating condition at all times.

- Rule 4.21.8 **Laundry.** The facility shall have provisions to provide laundry services that are adequate to handle the needs of the clients, including those with incontinence.
 - 1. The laundry shall be located in a specifically designated area and shall have adequate space for sorting, processing and storage of soiled material. Laundry rooms or soiled linen storage areas shall not open directly into a client's bedroom or food service area. Soiled materials shall not be transported through the food service area. The laundry area shall be kept clean and orderly.
 - 2. If a commercial laundry is used, separate storage areas shall be provided for clean and soiled linens.
 - 3. Adequate and effective lint traps shall be provided for dryers.
 - 4. When laundry chutes are provided, they shall have a minimum diameter of two (2) feet; and shall be installed with flushing ring, vent, and drain.
 - 5. A functional automatic sprinkler shall be provided at the top of the laundry

chute and in any receiving room for a chute.

- 6. A self-closing door shall be provided at the bottom of the chute.
- 7. Laundry equipment shall be of the type to adequately perform the laundry needs of the facility. The equipment shall be installed to comply with all local and state codes.
- 8. There shall be a separate and designated area for the storage of clean linen.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.21.9 **Kitchen.** In facilities with 16 or more clients, commercial cooking equipment must comply with NFPA 96, "Standard for Ventilation Control and Protection of Commercial Cooking Operations".

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 22 PHYSICAL PLANT: GENERAL

- Rule 4.22.1 **Licensed Facility Classification.** To qualify for a license, the facility shall be designed to serve the type of clients to be admitted and shall meet the requirements as set forth in these regulations.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.22.2 **Location.** Facilities shall be located so that they are free from undue noise, smoke, dust, or foul odors.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.22.3 **Site.** The proposed site for the facility must be approved by the licensing agency. Factors to be considered in approving a site shall be convenient to medical and hospital services, an approved water supply and sewage disposal, community services, services of an organized fire department, and the availability of labor supply. No more than one-third (1/3) of a site shall be covered by a building(s) except by special approval of the licensing agency. 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 4.22.4 **Local Restrictions.** The site and structure of all licensed facilities shall comply with local building, fire, and zoning ordinances. Proof of compliance shall be submitted to the licensing agency.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.22.5 **Transportation.** Licensed facilities shall be located on streets or roads which are passable at all times.

- 1. The facility shall have the capacity to provide or to arrange transportation as necessary for the following:
 - a. Medical services, including ancillary services for medically related care (e.g., physician, pharmacist, therapist, podiatrist);
 - b. Personal services, including barber/beauty services;
 - c. Personal errands; and
 - d. Social/recreational opportunities.
- 2. All vehicles used to transport clients shall maintain current licenses/registrations.
- 3. When transportation services are provided by the facility, whether directly or by third party contract, the facility shall document and ensure that each driver has a valid driver's license, that drivers have an insurable driving record, and that they are trained/experienced in assisting clients.

- Rule 4.22.6 **Communications.** There shall be not less than one telephone in the licensed facility and such additional telephones as are necessary to summon help in the event of fire or other emergency. The telephone shall be listed under the official licensed name of the facility.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.22.7 **Occupancy.** No part of the licensed facility may be rented, leased, or used for any purpose not related to the operation of the licensed facility.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.22.8 **Basement.** 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. No client shall be housed on any floor that is below ground level.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 23 SUBMISSIONS OF ARCHITECTURAL PLANS AND SPECIFICATIONS

Rule 4.23.1 **Minor Alterations and Remodeling.** It is not necessary for an entity to submit plans to Health Facilities provided such are just minor alterations and remodeling which do not affect the structural integrity of the building, change functional operation, affect fire safety, or affect the license bed capacity. A detailed explanation of the proposed alteration or remodeling must be submitted to and approved by the licensing agency prior to such renovation.

Rule 4.23.2 **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.
- 3. Outline specifications giving kinds and types of materials.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.23.3 Final Stage Submission-Working Drawings and Specifications.

- 1. Final stage or working drawings and specifications shall include:
 - a. Architectural drawings
 - b. Structural drawings
 - c. Mechanical drawings to include plumbing, heat, and air-conditioning
 - d. Electrical drawings
 - e. Detailed specifications
- 2. 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. §41-75-13

Rule 4.23.4 **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. §41-75-13

Rule 4.23.5 **Contract Modifications.** Any contract modification which affects or changes the function, design, or purpose of a facility shall be submitted to and approved by the licensing agency prior to the beginning of work set forth in any contract modification.

Rule 4.23.6 **Notification of Start of Construction.** The licensing agency shall be informed in writing at the time construction is begun.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.23.7 **Inspections.** The licensing agency or its authorized representatives shall have access at all times to inspect work in progress and the owner shall ascertain that proper facilities are made available for such access and inspection.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.23.8 **Limit of Approval.** If construction is delayed for a period 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. §41-75-13
- Rule 4.23.9 **Water Supply, Plumbing, Sewerage Disposal.** The water supply and sewerage disposal shall be approved by the local county health department or the appropriate division within the 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. §41-75-13

Subchapter 24 GENERAL BUILDING REQUIREMENTS

Rule 4.24.1 **Structural Soundness and Repair.** 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. Walls and ceilings of hazardous areas shall be one (1) hour fire resistance rating.

- Rule 4.24.2 **Heating and Cooling Systems.** Adequate heating and cooling systems shall be provided to maintain inside temperature between 68 degrees Fahrenheit and 78 degrees Fahrenheit depending on the season.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.24.3 **Lighting.** Each client's room shall have artificial light adequate for reading and other uses as needed. There should be a minimum brightness of ten (10) foot candles of lighting for general use in clients' rooms and a minimum brightness of thirty (30) foot candles of lighting for reading purposes. All entrances, hallways, 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 hallways, stairways, toilets, and bathing rooms.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.24.4 **Emergency Lighting.** At least one functioning, battery-operated emergency light shall be provided in each hallway.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.24.5 **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. §41-75-13
- Rule 4.24.6 **Floors.** All floors shall be smooth and free from defects such as cracks and shall be finished so that they can be easily cleaned.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.24.7 **Walls and Ceilings.** All walls and ceilings shall be of sound construction, with an acceptable surface, and shall be maintained in good repair.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.24.8 **Ceiling Height.** All ceilings shall have a height of at least seven (7) feet, except that a height of six (6) feet six (6) inches may be approved for hallways or toilets and bathing rooms where the lighting fixtures are recessed.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.24.9 **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.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.24.10 **Door Swing.** Exit doors, other than from a living unit, shall swing in the direction of exit from the structure.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.24.11 **Floor Levels.** All differences in floor levels within the building shall be accomplished by stairs of not less than three (3) six-inch risers, ramps, or inclines, and shall be equipped with handrails on both sides.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.24.12 **Space Under Stairs.** Space under stairs shall not be used for storage purposes. All walls and doors shall meet the same fire rating as the stairwell.

Rule 4.24.13 **Interior Finish and Floor Coverings.** Interior finish and decorative material shall be not less than Class B and floor covering shall have a flame spread not to exceed 75.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.24.14 **Fire Extinguishers.** Fire extinguishers of number, type, and capacity appropriate to the need of the facility and shall be provided for each floor and for special fire hazard areas such as kitchen, laundry, and mechanical room. All extinguishers shall be of a type approved by the licensing agency. A vaporizing liquid extinguisher (such as carbon tetrachloride) will not be approved for use inside the building. Extinguishers shall be inspected and serviced periodically as recommended by the manufacturer. The date of inspection shall be entered on a tag attached to the extinguisher and signed by a reliable inspector such as the local fire marshal or representative of a fire extinguisher servicing company.

SOURCE: Miss. Code Ann. §41-75-13

- Rule 4.24.15 **Smoke Detectors.** Smoke detectors shall be installed in each hallway no more than thirty (30) feet apart and in each bedroom and storage room.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.24.16 **Trash Chutes.** Trash chutes are prohibited.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.24.17 **Housekeeping and Maintenance.** The interior and exterior of the licensed facility shall be maintained in an attractive, safe and sanitary condition.
- SOURCE: Miss. Code Ann. §41-75-13
- Rule 4.24.18 **Pest Control.** Pest control inspections and, if necessary, treatments, shall be made to control pests, vermin, insects and rodents, at a minimum of once every ninety (90) days, by a company that is licensed by the State of Mississippi. The licensing agency may, in its discretion, require more frequent inspections and treatments. The inspection and treatment reports shall be maintained at the licensed facility.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.24.19 Water Temperature. The facility shall have a system in place to control water temperature to prevent burns and ensure client safety. The temperature of hot water at plumbing fixtures used by clients shall not exceed 115 degrees Fahrenheit and no less than 100 degrees Fahrenheit. Hot water temperature for each faucet shall be monitored on a weekly basis. Documentation shall be maintained in the facility for 12 months.

Rule 4.24.20 **Combustion Air.** Combustion air to all equipment requiring such must come from the outside.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.24.21 **Basement.** 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. No client shall be housed on any floor that is below ground level.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 25 BUILDING REQUIREMENTS

- Rule 4.25.1 **Building Protection.** Facilities shall be constructed to have:
 - 1. Automatic Sprinklers Required. Facilities licensed after the effective date of these regulations shall be protected throughout by a supervised automatic sprinkler system installed in accordance with the current edition of NFPA 13, Installation of Sprinkler Systems.
 - 2. One hour fire resistance rating as prescribed by the current edition of the National Fire Protection Association (NFPA) Standard 220, types of Building Construction. (Example: Type II (111), or Type V (111).
 - 3. No mobile structures are acceptable for housing clients.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.25.2 **Multi-story Building.** Elevator Required. No client shall be housed in a building three stories and above unless the building is equipped with an elevator. The minimum cab size of the elevator shall be approximately six (6) feet eight (8) inches by five (5) feet and constructed of metal. The width of the shaft door shall be at least three (3) feet six (6) inches. The load weight capacity shall not be less than 2,500 pounds. The elevator shaft shall be enclosed by construction of not less than a two-hour fire resistive rating. Elevators shall not be counted as required exits.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.25.3 **Hazardous Areas and Combustible Storage.** Heating apparatus and boiler and furnace rooms, basements, or attics used for the storage of combustible material and workrooms shall be classified as hazardous areas and shall be separated from other areas by construction having a fire resistive rating of at least one (1) hour.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.25.4 Stairs. Stairs shall be enclosed with at least one-hour fire rated construction.

- 1. Handrails shall be provided on both sides of the stairs.
- 2. The width of the stairs shall not be less than forty-four (44) inches.
- 3. The stairs shall be well lighted at all times.

- Rule 4.25.5 **Exit Doors.** Exit doors shall meet the following:
 - 1. At least two (2) remotely located exits shall be provided for each occupied story of a facility.
 - 2. Dead end hallways in excess of twenty (20) feet are not allowed.
 - 3. Doors to the exterior shall be not less than thirty-six (36) inches wide and egress shall not be impeded by being locked.
 - 4. Exit doors shall swing in the direction of exit and shall not obstruct the travel along any required exit.
 - 5. Doors leading to stairways shall be not less than thirty-six (36) inches wide.
 - 6. Revolving doors shall not be used as required exits.

SOURCE: Miss. Code Ann. §41-75-13

Rule 4.25.6 Hallways and Passageways.

- 1. Hallways and passageways shall be eight (8) feet wide and shall be kept unobstructed.
- 2. Hallways and passageways which lead to the outside from any required stairway shall be enclosed as required for stairways.

- Rule 4.25.7 **Mechanical and Electric Systems.** All mechanical, electrical, plumbing, heating, airconditioning, and water systems shall meet the requirements of local codes and ordinances as well as the applicable regulation of the licensing agency. Where there are no local codes or ordinances, the most current versions of the following codes and recommendations shall govern:
 - 1. National Electrical Code.
 - 2. National Plumbing Code.
 - 3. American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc.
 - 4. Recommendations of the American Society of Mechanical Engineers.

- 5. Recommendations of American Gas Association.
- 6. National Fire Protection Association. The heating of licensed facilities shall be restricted to steam, hot water, or warm air systems employing central heating plants, or Underwriters Laboratories approved electric heating. The use of portable heaters of any kind is prohibited with the following exceptions:
 - a. Gas heaters must meet all of the following:
 - i. A circulating type with a recessed enclosed flame so designed that clothing or other inflammable material cannot be ignited.
 - ii. Equipped with a safety pilot light.
 - iii. Properly vented to the outside.
 - iv. Approved by American Gas Association or Underwriters Laboratories.
 - b. An approved type of electrical heater such as wall insert type.
- 7. Lighting (except for battery-operated emergency lighting) shall be restricted to electricity.

Subchapter 26

EMERGENCY OPERATIONS PLAN (EOP)

- Rule 4.26.1 General. Each 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 Emergency Planning & Response.
 - 2. Resources and Assets
 - 3. Safety and Security
 - 4. Staffing

- 5. Utilities
- 6. Clinical Activities

- Rule 4.26.2 **Plan Content.** 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 facility license renewals.
 - 1. Emergency plans should include, at a minimum:
 - a. The facility shall have telephone service on a twenty-four hour basis.
 - b. The facility shall either post telephone numbers of emergency services, including the fire department, police department, medical services, poison control and ambulance, or else show evidence of an alternate means of immediate access to these services.
 - c. The facility shall have a detailed written plan and procedures including the evacuation of residences or sheltering in place as appropriate to meet all potential emergencies and disasters such as fire, severe weather, and missing clients. The facility shall implement this plan in the event that an emergency or disaster occurs. These emergency and evacuation procedures shall include:
 - i. An agreement with a host or receiving facility for transportation, medications, food, and necessary items to be evacuated with clients to safe or sheltered areas. Plans that family may evacuate the client when possible;
 - ii. Means for an ongoing safety program including continuous inspection of the facility for possible hazards, continuous monitoring of safety equipment and investigation of all accidents or emergencies;
 - iii. The resources to shelter in place, when appropriate;
 - iv. Transportation arrangements for hospitalization or any other services which are appropriate; and
 - v. Maintenance of a first aid kit for emergencies.
 - d. The facility shall train all employees in emergency and evacuation procedures in orientation when they begin to work in the facility and annually thereafter.
 - e. The facility shall immediately notify the department and other appropriate agencies of any fire, disaster or other emergency that may present a danger to clients or require evacuation from the facility.

Subchapter 27 FACILITY FIRE PREPAREDNESS

Rule 4.27.1 **RBIR 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.