Title 15: Mississippi State Department of Health

Part 16: Health Facilities

Subpart 1: Health Facilities Licensure and Certification

CHAPTER 1 MINIMUM STANDARDS OF OPERATION FOR HOSPICE

Subchapter 1 GENERAL

Rule 1.1.1 Every Hospice located inside the boundaries of a municipality shall comply with all local municipal codes and ordinances applicable thereto. In addition, each hospice shall comply with all applicable federal laws and state laws inclusive of Mississippi Code Annotated (41-85-1) through (41-85-25).

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 2 LEGAL AUTHORITY

Rule 1.2.1 **Adoption of Rules, Regulations, and Minimum Standards** – The Mississippi State Department of Health, Bureau of Health Facilities, Licensure and Certification adopts the following rule governing the licensing and regulation of hospices as authorized by the Mississippi Code Annotated Section 41-85-1 through 41-85-25 and in accordance with House Bill 379 enacted by the Regular 1995 Session of the Legislature of the State of Mississippi known as the "Mississippi Hospice Law of 1995". The Bureau of Health Facilities, Licensure and Certification amends the following regulations which will govern the licensing of hospice agencies licensed on or after adoption of this rule.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.2.2 **Effective date of Rules, Regulations, and Minimum Standards for Hospice -** This rule shall replace and supersede the rule adopted on August 21, 1995, except that the rule adopted on August 21, 1995 and reference in the Mississippi Register shall continue to regulate those hospice agencies licensed on or before adoption of this rule, and shall continue to regulate these agencies for 90 days from adoption of this rule. Effective 30 days from the adoption of this rule, the provisions of this rule shall govern all hospice agencies, regardless of the date of issuance of license.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.2.3 **Fire Safety** – No freestanding hospice may be licensed until it shows conformance to the safety regulations providing minimum standards for prevention and detection of fire as well as for protection of life and property against fire.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 3 DEFINITIONS

Rule 1.3.1 Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereinafter respectively ascribed to them:

1. **Administrator** - Means the person, designated by the governing body, who is responsible for the management of the overall operation of the hospice.

2. **Advance Directives** – Directive from the patient/family (see definition of family) such as a durable power of attorney for health care, a directive pursuant to patient self-determination initiatives, a living will, or an oral directive which either states a person's choices for medical treatment or, in the event the person is unable to make treatment choices, designates who shall make those decisions.

3. **Attending/Primary Physician** – A doctor of medicine or osteopathy licensed to practice medicine in the State of Mississippi, who is designated by the patient or responsible party as the physician responsible for his/her medical care.

4. **Bereavement Services** – Organized services provided under the supervision of a qualified counselor (see definition) to help the family cope with death related grief and loss.

5. **Autonomous** – Means a separate and distinct operational entity which functions under its own administration and bylaws, either within or independently of a parent organization.

6. **Bed Capacity** – Means the largest number which can be installed or set up in the freestanding hospice at any given time for use of patients. The bed capacity shall be based upon space designed and/or specifically intended for such use whether or not the beds are actually installed or set up.

7. **Bed Count** – Means the number of beds that are actually installed or set for patients in freestanding hospice at a given time.

8. **Branch Office/Alternate Site** –A location or site from which a hospice agency provides services within a portion of the total geographic area served by the parent agency. The branch is a part of the parent hospice agency and is located within the 50 mile radius of the parent agency and shares administration and supervision. No branch office site shall be opened unless the parent office has had full licensure for the immediately preceding 12 months and has admitted 10 patients within the last twelve (12) months. A branch office does not extend the Geographic Service Area of the Parent Agency.

9. **Bureau** – Mississippi State Department of Health, Bureaus of Health Facilities, Licensure and Certification.

10. **Care Giver** – The person whom the patient designates to provide his/her emotional support and/or physical care.

11. **Chaplain** – Means an individual representative of a specific spiritual belief who is qualified by education received through accredited academic or theological institutions, and/or experience thereof, to provide counseling and who serves as a consultant for and/or core member of the hospice care team.

12. **Change of Ownership** – Means but is not limited to, intervivos, gifts, transfers, leases, cash and/or stock transactions or other comparable arrangements whenever the person or entity acquires a majority interest (fifty percent (50%) or more) of the facility or service. Changes of ownership from partnerships, single proprietorships or corporations to another form of ownership are specifically included. Provided, however, "Change of Ownership" shall not include any inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi. The change of IRS exemption status also constitutes a change of ownership.

13. **Community** – A group of individuals or a defined geographic area served by a hospice.

14. **Continuous Home Care** – Care provided by the hospice during a period of crisis as necessary to maintain the terminally ill individual at home. A minimum of eight hours of care must be furnished on a particular day to be considered continuous home care. Nursing care must be provided for more than one-half of the period of care and must be provided by either a registered nurse or licensed practical nurse. Services may be provided by a homemaker or hospice aide to supplement the nursing care. When determining the necessity for continuous home care, a registered nurse must complete/document a thorough assessment and plan of care that includes participation of all necessary disciplines to meet the patient's identified needs, prior to assigning a licensed practical nurse, homemaker, or a hospice aide to a patient requiring continuous home care. This assignment must comply with accepted professional standards of practice.

15. **Contracted Services** – Services provided to a hospice provider or its patients by a third party under a legally binding agreement that defines the roles and responsibilities of the hospice and service provider.

16. **Core Services** – Nursing services, physician services, medical social services, and counseling services, including bereavement counseling, spiritual counseling, and any other counseling services provided to meet the needs of the individual and family. These services must be provided by employees of the hospice, except that physician services and counseling services may be provided through contract.

17. **Counselor** – Means an individual who has at least a bachelor's degree in psychology, a master's or bachelor's degree from a school of social work accredited by the Council on Social Work Education, a bachelor's degree in counseling; or the documented equivalent of any of the above in education, training in the spiritual care of the dying and end of life issues, and who is currently licensed in the state of Mississippi, if applicable. Verification of education and training must be maintained in the individual's personnel file

18. **Criminal History Record Check**

    a. **Affidavit -**For the purpose of fingerprinting and criminal background history checks, the term "affidavit" means the use of Mississippi State Department of Health (MDH) 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 a covered entity provides patient care in a patient's, resident's, or client's room or in treatment 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 patients 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, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

        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 43-11-13.

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 a hospital, nursing home, personal care home, home health agency or hospice.

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

g. **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.

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

i. **Documented disciplinary action** - For the purpose of fingerprinting and criminal background history checks, the term "documented disciplinary action" means any action taken against an employee for abuse or neglect of a patient.

19. **Department** – Means the Mississippi State Department of Health (MDH).

20. **Discharge** – The point at which the patient's active involvement with the hospice program is ended and the program no longer has active responsibility for the care of the patient.

21. **Dietitian** – Means a person who is registered by the Commission on Dietetic Registration of the American Dietetic Association or who has the documented equivalent in education, training and/or experience.

22. **Do Not Resuscitate Orders (DNR)** – Orders written by the patient's physician which stipulate that in the event the patient has a cardiac or respiratory arrest, cardiopulmonary resuscitation will not be initiated or performed.

23. **Emotional Support** – Support provided to assist the person in coping with stress, grief and loss.

24. **Family Unit** – Means the terminally ill person and his or her family, which may include spouse, children, sibling, parents, and other with significant personal ties to the patient.

25. **Freestanding Hospice**– Freestanding Hospice means a hospice that is not a part of any other type of health care provider.

26. **Geographic Service Area** – Area around the Parent Office, which is within 50 miles radius of the Parent Office premises. Each hospice must designate the geographic service area in which the agency will provide services. Should any portion of a county fall within a 50 mile radius of the Parent, then the entire county may fall within the geographic service area of the Parent. Nothing herein is intended to automatically expand the service area of any existing Parent. A hospice shall seek approval of the Department for any expansion of their service area. The full range of hospice services, as specified, must be provided to the entire designated geographic services area.

27. **Governing Body**- A hospice program shall have a clearly defined organized governing body that has autonomous authority for the conduct of the hospice program. (Section: 41-85-19) This governing body is not required to meet more often than quarterly.

28. **Hospice Aide**-An individual who is currently qualified in the State of Mississippi to provide personal care services to hospice patients under the direction of a registered nurse of the hospice.

29. **Hospice Inpatient Facility** – Organized facilities where specific levels of care ranging from residential to acute, including respite, are provided on a 24-hour basis within the confines of a licensed hospital, nursing home, or freestanding hospice in order to meet the needs of the patient/family. A hospice inpatient facility shall meet the Condition of Participation for providing inpatient care directly as specified in Title 42, Section 418.100 of the Code of Federal Regulations.

30. **Hospice** – Means an autonomous, centrally administered, nonprofit or for profit medically directed, nurse-coordinated program providing a continuum of home, outpatient and homelike inpatient care for not less than four (4) terminally ill patients and their families. It employs a hospice care team (see definition of hospice care team) to assist in providing palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social and economic stresses which are experienced during the final stages of illness and during dying and bereavement. This care is available twenty-four (24) hours a day, seven (7) days a week, and is provided on the basis of need regardless of inability to pay. (Section 41-85-3)

31. **Hospice Physician** – A doctor of medicine or osteopathy who is currently and legally authorized to practice medicine in the State of Mississippi and is designated by the hospice to provide medical care to hospice patients, in coordination with the patient's primary physician.

32. **Hospice Premises** – The physical site where the hospice maintains staff to perform administrative functions, maintains its personnel records, maintains its client service records, and holds itself out to the public as being a location for receipt of client referrals. A hospice must be physically located within the State of Mississippi. A license for a hospice program shall not be issued if the hospice is to be located in an area in violation of any local zoning ordinance or regulation\

33. **Informed Consent** – A documented process in which information regarding the potential and actual benefits and risks of a given procedure or program of care is exchanged between provider and patient.

34. **Inpatient Services** – Care available for General Inpatient Care or Respite Care that is provided in an Inpatient Hospice Facility, hospital, or SNF that meets the Condition of Participation for providing inpatient care directly as specified in Title 42, Section 418.100 of the Code of Federal Regulations.

35. **Interdisciplinary Team (IDT)** – An interdisciplinary team or group(s) designated by the hospice, composed of representatives from all the core services. The Interdisciplinary Team **must** include at least a doctor of medicine or osteopathy, a registered nurse, a social worker, and a pastoral or other counselor. The interdisciplinary team is responsible for participation in the establishment of the plan of care; provision or supervision of hospice care and services; periodic review and updating of the plan of care for each individual receiving hospice care, and establishment of policies governing the day-to-day provision of hospice care and services. If a hospice has more than one interdisciplinary team; it must designate, in advance, the team it chooses to execute the establishment of policies governing the day-to-day provision of hospice care and services.

36. **Interdisciplinary Team Conferences** – Regularly scheduled periodic meetings of specific members of the interdisciplinary team (see Rule 1.3.36) to review the most current patient/family assessment, evaluate care needs, and update the plan of care.

37. **Level of Care** – Hospice care is divided into four categories of care rendered to the hospice patient.

    a. Routine home care

    b. Continuous home care

c. Inpatient respite care

d. General inpatient care

38. **License (Hospice)** – A document permitting an organization to practice hospice care for a specific period of time under the rules and regulations set forth by the State of Mississippi.

39. **Licensing Agency**- Means the Mississippi State Department of Health.

40. **Life-Threatening** – Causes or has the potential to cause serious bodily harm or death of an individual.

41. **Medically Directed** – Means that the delivery of medical care is directed by a licensed physician who is employed by the hospice for the purpose of providing ongoing palliative care as a participating caregiver on the hospice care team.

42. **Medical Social Services** – Include a comprehensive psychosocial assessment; ongoing support for the patient and family; and assistance with coping skills, anticipatory grief, and grief reactions.

43. **Non-Core Services**- Services provided directly by hospice employees or under arrangement that are not considered Core Services. These services include, but are not limited to:

    a. Hospice aide and homemaker

    b. Physical therapy services

    c. Occupational therapy services

    d. Speech-language pathology services

    e. General inpatient care

    f. Respite care

    g. Medical supplies and appliances including drugs and biologicals.

44. **Nurse Practitioner or Physician Assistant** – Shall mean a nurse who is currently licensed as such in the State of Mississippi and is performing duties in accordance with the Mississippi Nurse Practice Act or a physician assistant who is currently licensed as such in the State of Mississippi and is performing duties in accordance with the Mississippi Physician Assistants Act.

45. **Occupational Therapist** – Means a person licensed to practice Occupational Therapy in the State of Mississippi.

46. **Outpatient Care**- Means any care rendered or coordinated by the hospice care team that is not "home care" or "inpatient care".

47. **Palliative Care** – Means the reduction or abatement of pain and other troubling symptoms by appropriate coordination of all elements of the hospice care team needed to achieve needed relief of distress.

48. **Parent Office** – The primary location or site from which a hospice agency provides services within a Geographic Service Area. The Parent Office is used to determine the base of the Geographic Service Area.

49. **Patient** – Shall mean the terminally ill individual who meets criteria as defined per State law.

50. **Period of Crisis** – A period in which a patient required predominately nursing care to achieve palliation or management of acute medical problems.

51. **Physical Therapist** – Means an individual who is currently licensed to practice physical therapy in the State of Mississippi.

52. **Plan of Care (POC)** – A written document established and maintained for each individual admitted to a hospice program. Care provided to an individual must be in accordance with the plan. The plan must include a comprehensive assessment of the individual's needs and identification of the care/services including the management of discomfort and symptom relief.

53. **Primary Care person** – A person designated by the patient who agrees to give continuing support and/or care.

54. **Registered Nurse** – An individual who is currently licensed in the State of Mississippi or in accordance with criteria established per the Nurse Compact Act and is performing nursing duties in accordance with the Mississippi Nurse Practice Act.

55. **Representative** – An individual who has been authorized under State law to terminate medical care or to elect or revoke the election of hospice care on behalf of a terminally ill individual who is mentally or physically incapacitated.

56. **Residential Care**- Hospice care provided in a nursing facility or any residence or facility other than the patient's private residence.

57. **Respite Care**- Short-term care provided in an Inpatient Hospice Facility, hospital, or SNF that meets the Condition of Participation for providing inpatient care directly as specified in Title 42, Section 418.100 of the Code of Federal Regulations. Respite care is short-term inpatient care provided to the patient only when necessary to relieve the family members or other persons caring for the patient. Respite care may be provided only on an occasional basis and may not be reimbursed for more than five consecutive days at a time.

58. **Social Worker** – An individual who has a degree from a school of social work accredited by the Council on Social Work Education and is licensed by the State of Mississippi.

59. **Speech Pathologist** – Shall mean an individual who meets the educational and experience requirements for a Certificate of Clinical Competence granted by the American Speech and Hearing Association and is currently licensed as a Speech and Language Pathologist in the State of Mississippi.

60. **Spiritual Services** – Providing the availability of clergy, as needed, to address the patient's/family's spiritual needs and concerns.

61. **Terminally Ill**- A medical prognosis of limited expected survival of approximately six months or less, if the disease follows its normal course, of an individual who is experiencing an illness for which therapeutic strategies directed toward cure and control of the disease alone is no longer appropriate.

62. **Volunteer** – Means a trained individual who provides support and assistance to the patient, family or organization, without remuneration, in accord with the plan of care developed by the hospice core team and under the supervision of a member of the hospice staff appointed by the governing body or its designee.

63. **Director of Volunteers** - Means a person who directs the volunteer program in accordance with the acceptable standards of hospice practice.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 4 PROCEDURE GOVERNING ADOPTION AND AMENDEMENT

Rule 1.4.1 **Authority** – The Mississippi State Department of Health shall have the power to adopt, amend, promulgate and enforce such minimum standards of operation as it deems appropriate, within the law.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.4.2 **Amendment** – The Minimum Standards of Operation for Hospice may be amended by the Mississippi State Department of Health as necessary to promote the health, safety and welfare of persons receiving services.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 5 CLASSIFICATION OF HOSPICE

Rule 1.5.1 For the purpose of these rules, regulations, and minimum standards, hospice shall be classified as:

1. Freestanding Hospice
2. Hospital Hospice
3. Nursing Home Hospice
4. Home Health Agency Hospice

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.5.2 **Hospice Core Service -** To be classified as a Hospice these core services shall be provided but need not be limited to the following:

1. Physician Service
2. Nursing Service
3. Medical Social Service
4. Pastoral/Counseling Services

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.5.3 **Inpatient Hospice -** To be classified as an Inpatient Hospice that provides inpatient care, the core services (physician, nursing, medical, social and counseling) shall be provided on the premises. Inpatient Hospice must have a registered nurse on duty seven days a week, twenty-four hours a day to provide direct patient care. Other members and types of personnel sufficient to meet the total needs of the patient shall be provided.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 6 LICENSING

Rule 1.6.1 It shall be unlawful to operate or maintain a hospice without first obtaining a license from the department. The Mississippi State Department of Health is the licensing authority for hospice in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 7 TYPES OF LICENSES

Rule 1.7.1 **Regular License** – A license shall be issued to each hospice that meets the requirements as set forth in these regulations. The license shall show the classification Home Health, Nursing Home, Hospital or Freestanding.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.7.2 **Provisional License** – Within its discretion, the Mississippi State Department of Health may issue a provisional license when a temporary condition of non-compliance with these regulations exists in one or more particulars. A provisional license shall be issued only if the Department of Health is satisfied that preparations are being made to qualify for a regular license and that the health and safety of patients will not be endangered. One condition on which a provisional license may be issued is as follows: A new hospice agency may be issued a provisional license prior to opening and subsequent to meeting the required minimum staffing personnel. The license issued under this condition shall be valid until the issuance of a regular license or June 30 following date of issuance whichever may be sooner. A provisional license may be reissued only if it is satisfactorily proven to the Department of Health that efforts are being made to fully comply with these regulations by a specified time.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.7.3 A hospice program against which a revocation or suspension proceeding is pending at the time of licensure renewal may be issued a conditional license effective until final disposition by the department of such proceedings. If judicial relief is sought from the final disposition, the court having jurisdiction may issue a conditional permit for the duration of the judicial proceeding.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 8 APPLICATION FOR LICENSE

Rule 1.8.1 A Hospice shall not be operated in Mississippi without a valid license from Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.2 Any person or organization desiring to operate a hospice shall file with the Department of Health:

1. Application on a form prescribed and furnished by the Department of Health; and

2. Fees as applicable per State law

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.3 The application shall include complete information concerning the address of the applicant; the ownership of the hospice; if organized as a corporation, the names and addresses of each officer and director of the corporation; if organized as a partnership, the names and addresses of each partner; membership of the governing body; the identities of the medical director and administrator; and any other relevant information which the Mississippi State Department of Health may require.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.4 Ownership of the hospice shall be fully disclosed in the application. This disclosure shall include names and addresses of all corporate officers and any person(s) having a five percent (5%) financial interest.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.5 A license shall be issued to the person(s) named only for the premises listed on the application for licensure. Separate applications and licenses are required for hospices maintained separately, even if they are owned or operated by the same person(s), business or corporation, and may be doing business under the same trade name. No hospices shall establish a branch/satellite facility outside a 50 mile radius from the Parent facility. However, existing satellite branch offices operating outside the described 50 mile radius referenced in Rule 1.3.27 prior to the effective date of these regulations shall be permitted to remain satellite branch offices under their existing Parent facility.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.6 Licenses are not transferable or assignable.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.7 Each planned change of ownership or lease shall be reported to the Department at least thirty (30) days prior to such change along with an application from the proposed new owners/lessees for a new license.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.8 The application is considered a continuing application. A written amendment to the current application shall be filed when there is a change in any of the information reported in the application.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.9 Fees: Prior to review for an initial license and prior to license renewal, the facility shall submit fees as established by the Mississippi State Board of Health, made payable to the Mississippi State Department of Health, either by business check, money order, or electronic means.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.10 **Operational Requirements/Conditions of Operation** – In order for a hospice program to be considered operational, the program must:

1. Have admitted at least ten patients since the last annual survey;
2. Be able to accept referrals at any time;
3. Have adequate staff to meet the needs of their current patients;
4. Have required designated staff on the premises at all times during business hours;
5. Be immediately available by telecommunications 24 hours per day. A registered nurse must answer calls from patients and other medical personnel after hours;
6. Be open for business of providing hospice services to those who need assistance.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.8.11 **License Renewal Process**

1. A license issued for the operation of a hospice program, unless sooner suspended or revoked, shall expire automatically on June 30 of each calendar year.
2. Renewal packet includes forms required for renewal of license.
3. An agency seeking a renewal of its hospice license shall:
   a. Request a renewal packet from the bureau if one is not received at least 45 days prior to license expiration;
   b. Complete all forms and return to bureau at least 30 days prior to license expiration;
   c. Submit the current annual licensure fees with packet. An application is not considered to have been submitted unless the licensure fees are received.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 9 NOTIFICATION OF CHANGES

Rule 1.9.1 Mississippi State Department of Health shall be notified, in writing, of any of the following within five working days following the occurrence:

1. Address/location (An Inpatient Hospice facility must notify and receive approval by Mississippi State Department of Health prior to a change of address/location);
2. Agency name;
3. Phone number;
4. Hours of operation/24 hour contact procedure;
5. Change in address or phone number of any branch office;
6. Administrator;
7. Director of nursing; and
8. Cessation of business.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.9.2 **Name of Institution** – Every hospice 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 by which the institution is licensed shall be used in telephone listing, on stationery, in advertising, etc. Two or more facilities shall not be licensed under similar names in the same vicinity.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.9.3 **Number of Beds** – Each application for license shall specify the maximum number of inpatient beds in the hospice as determined by these regulations. The maximum number of inpatient beds for which the facility is licensed shall not be exceeded.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.9.4 A license for a hospice program shall not be issued if the hospice is to be located in an area in violation of any local zoning ordinances or regulations.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.9.5 Following inspection and evidence of compliance with these regulations, the Mississippi State Department of Health may issue a license. Only licensed hospices shall be authorized to use the name "hospice.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.9.6 A license shall be displayed in a prominent place in the hospice's administrative offices.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.9.7 **Inspections**

1. Observation and examination of the hospice operation shall be available at all reasonable hours to properly identified representatives of the Department.

2. The Department shall conduct inspections of all Parent and Branch units annually.

3. Hospice inspections shall include personal contacts with recipients of the hospice service.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.9.8 **Change of Ownership:** Should a hospice program/facility wish to undergo a change of ownership, the facility must:

1. Submit a written request to Mississippi State Department of Health to obtain a Change of Ownership (CHOW) Package.

2. Submit the following with the request for CHOW within five (5) working days after the act of sale:

   a. A new license application and the current licensing fee. The purchaser of the agency must meet all criteria required for initial licensure for hospice;

   b. Any changes in the name and or address of the agency;

   c. Any changes in administrative personnel;

   d. Copy of the Bill of Sale and/or legal document reflecting change;

   e. Copy of Articles of Incorporation.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 10 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

Rule 1.10.1 **Denial or Revocation of License: Hearing and Review** – The licensing agency is authorized to deny, suspend, or revoke a license. Any of the following actions shall be grounds for action by the department against a hospice program:

1. A violation of the provisions of the Mississippi Hospice Law of 1995 or any standard or rule of these regulations, including but not limited to, in any case the Department finds that there has been substantial failure to comply with the requirements established under the law and these regulations. These are inclusive of the following:

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

   b. Willful or repeated violations by the licensee of any of the provisions of the Mississippi Law of 1995, as amended, and /or of the rules, regulations, and minimum standards established by the Department of Health.

   c. Addiction to narcotic drug(s) by the licensee or the management staff of the hospice.

2. Use of alcoholic beverages by the licensee or other personnel of the hospice to the extent which threatens the well being or safety of the patient or resident.

3. Conviction of the licensee of a felony.

4. Publicly misrepresenting the hospice and/or its services.

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

6. Misappropriation of the money or property of a patient or resident.

7. An intentional or negligent act materially affecting the health and safety of a patient. These acts include but are not necessarily limited to:

   a. Cruelty to patient or resident or indifference to their needs which are essential to their general well-being and health.

   b. Failure to provide food adequate for the needs of the patient or resident, when residing in an inpatient facility.

   c. Inadequate staff to provide safe care and supervision of patient or resident.

   d. Failure to call a physician when required by patient's or resident's condition.

   e. Failure to notify next of kin or designated individual hen patient's or resident's conditions become critical.

f. Failure to provide appropriate level of care.

8. If, three (3) months after the date of obtaining a license, or at any time thereafter, a hospice does not have in operation the home-care component of hospice care, the department shall immediately revoke the license of such hospice.

9. If, twelve (12) months after the date of obtaining a license, or at any time thereafter, a hospice does not have in operation the outpatient and homelike inpatient components of hospice care, the department shall immediately revoke the license of such hospice.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 11 PROVISION OF HEARING AND APPEAL FOLLOWING DENIAL OR REVOCATION OF LICENSE; PENALTIES

Rule 1.11.1 **Administrative Decision** – The Mississippi State Department of Health will provide an opportunity for a fair hearing to every applicant or licensee who is dissatisfied with administrative decisions made in the suspension, denial or revocation of license.

1. The licensing agency shall notify the applicant or licensee by registered mail or personal service the particular reasons for the suspension, 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 to the State court having jurisdiction and such court issues a conditional permit for the duration of the judicial proceedings. An additional period of time may be granted at the discretion of the licensing agency including a conditional license.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.11.2 **Penalties** – Any person establishing, conducting, managing, or operating a hospice without a license shall be declared in violations of these regulations and

State law. Penalties shall be assessed in accordance with §41-85-25 of the Mississippi Code of 1972.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 12 TERMINATION OF OPERATION

Rule 1.12.1 **General** – In the event that a Hospice ceases operation, voluntarily or otherwise, the agency shall:

1. Inform the attending physician, patient, and persons responsible for the patient's care in ample time to provide for alternate methods of care;

2. Provide the receiving facility or agency with a complete copy of the clinical record;

3. Inform the community through public announcement of the termination;

4. Ensure the safekeeping, confidentiality, and storage of all clinical records for a period of five (5) years, following discharge, and notify Mississippi State Department of Health, in writing, the location of all records;

5. Return the license to the licensing agency.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 13 ADMINISTRATION

Rule 1.13.1 **Governing Body** – A hospice shall have a governing body (See Definition) that assumes full legal responsibility for compliance with these regulations and for setting policy, appointing persons to carry out such policies, and monitoring the hospice's total operation.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.13.2 **Medical Director**

1. Each hospice shall have a Medical Director, who, on the basis of training, experience and interest, shall be knowledgeable about the psychosocial and medical aspects of hospice care.

2. The Medical Director shall be appointed by the governing body or its designee.

3. The Medical Director is expected to play an integral role in providing medical supervision to the hospice interdisciplinary group and in providing overall coordination of the patient's plan of care. The Medical Director's expertise in

managing pain and symptoms associated with the patient's terminal disease is necessary, regardless of the setting in which the patient is receiving services to assure that the hospice patient has access quality hospice care.

4. The duties of the Medical Director shall include, but not be limited to:

   a. Determination of patient medical eligibility for hospice services in accordance with hospice program policy;

   b. Collaboration with the individual's attending physician to assure all aspects of medical care are taken into consideration in devising a palliative plan of care;

   c. Review, revise and document the plan at intervals specified in the plan, but no less than every 14 calendar days;

   d. Acting as a medical resource to the hospice care team and as a medical liaison with physicians in the community; and

   e. Coordination of efforts with each attending physician to provide care in the event that the attending physician is unable to retain responsibility for patient care.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.13.3 **Administrator** – A person shall be designated by the governing body or its designee to be responsible for the management of the hospice program in matters of overall operation. This person may be a member of the hospice care team.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.13.4 **Advertising** – If a hospice advertises its services, such advertisement shall be factual and not contain any element which might be considered coercive or misleading. Any written advertising describing services offered by the hospice shall contain notification that services are available regardless of ability to pay.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.13.5 **Annual Budget**

1. The annual budget shall include income plus expenses related to overall cost of the program.

2. The overall plan and budget shall be reviewed and updated at least annually by the governing body.

3. The annual budget should reflect a comparative analysis of the cost savings of the volunteers.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 14 POLICIES AND PROCEDURES

Rule 1.14.1 The hospice shall maintain operational policies and procedures, which shall be kept current.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.14.2 Such policies and procedures shall accurately reflect a description of the hospice's goals, methods by which these goals are sought, and mechanisms by which the basic hospice care services are delivered.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.14.3 Policies and procedures shall be available to hospice team members, patients and their families/primary care person, potential applicants for hospice care, and the Department.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 15 PERSONNEL POLICIES

Rule 1.15.1 **Personnel Policies** – Each licensed hospice agency shall adopt and enforce personnel policies applicable and available to all full and part time employees. These policies shall include but not be limited to the following:

1. Fringe benefits, hours of work and leave time;
2. Requirements for initial and periodic health examinations;
3. Orientation to the hospice and appropriate continuing education;
4. Job descriptions for all positions utilized by the agency;
5. Annual performance evaluations for all employees;
6. Compliance with all applicable requirements of the Civil Rights Act of 1964;
7. Provision for confidentiality of personnel records.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.15.2 **Personnel Records** – Each licensed hospice shall maintain complete personnel records for all employees on file at each licensed site. Personnel records for all

employees shall include and application for employment including name and address of the employee, social security number, date of birth, name and address of next of kin, evidence of qualifications, (including reference checks), current licensure and/or registration (if applicable), performance evaluation, evidence of health screening, evidence of orientation, and a contract (if applicable), date of employment and separation from the hospice and the reason for separation. A Hospice that provides other services under arrangement through a contractual purchase of services shall ensure that these services are provided by qualified personnel; currently licensed and/or registered if applicable, and are under the supervision of the agency.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.15.3 **Criminal History Record Checks:** Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be performed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on:

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

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

3. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history 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 patient care on a temporary basis pending the results of the criminal history record check by any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check.

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

   a. Possession or sale of drugs

   b. Murder

   c. Manslaughter

d. Armed robbery

e. Rape

f. Sexual battery

5. Sex offense listed in Section 45-33-23, Mississippi Code of 1972:

a. Child abuse

b. Arson

c. Grand larceny

d. Burglary

e. Gratification of lust

f. Aggravated assault

6. Felonious abuse and/or battery of vulnerable adult

7. 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 submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

8. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require every employee of a licensed facility employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (c) above.

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

10. If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or nolo

contendere to any of the offenses listed herein, and the conviction or plea has not been reversed on appeal or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to the facility's policies and procedures.

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

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

13. Should results of an employee applicant's criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying, event provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant's suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi 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.

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

15. Pursuant to Section 43-11-13, 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. §41-85-7

Rule 1.15.4 **Employee Health Screening** – Every employee of a hospice who comes in contact with patients shall receive a health screening by a licensed physician, nurse practitioner/physician assistant or employee health nurse who conduct exams prior to employment and annually thereafter. The employee health screening shall include, but not be limited to, tuberculosis screening.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.15.5 **Staffing Schedule** – Each hospice and alternate site shall maintain on site current staffing patterns for all health care personnel including full-time, part-time, contract staff and staff under arrangement. The staffing pattern shall be developed at least one week in advance, updated daily as needed, and kept on file for a period of one year. The staffing pattern shall indicate the following for each working day:

1. Name and position of each staff member.

2. Patients to be visited.

3. Scheduled on call after office hours.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 16 CONTRACT SERVICES

Rule 1.16.1 **Contract Services** – Contract services may be provided when necessary to supplement hospice employees in order to meet the needs of patients during peak patient loads or under extraordinary circumstances. If contracting is used, the hospice must maintain professional, financial and administrative responsibility for the services. The hospice must assure that the personnel contracted are legally and professionally qualified to perform the services.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.16.2 The hospice must assure that contracted staff are providing care that is consistent with the Hospice philosophy and the patient's plan of care.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 17 ORGANIZATION AND STAFFING PERSONNEL QUALIFICATIONS/RESPONSIBILITIES

Rule 1.17.1 **Administrator** – A person who is designated, in writing, by the Governing Body as administratively responsible for all aspects of hospice operations. When the administrator serves more than one licensed agency, he/she shall designate, in writing, an alternate to serve as administrator for each site where he/she is not physically housed continuously. The alternate shall be a full-time, on-site employee of the hospice and shall meet the same qualifications as the administrator. The administrator and the Director of Nurses/Alternates may be the same individual if that individual is dually qualified.

1. Qualifications – Licensed physician, a licensed registered nurse, a social worker with a Bachelor's degree, or a college graduate with a bachelor's degree and two (2) years of health care management experience or an individual with one (1) year of healthcare management experience and three (3) years of healthcare service delivery experience that would be relevant to managing the day-to-day operations of a hospice. EXEMPTION: Any person who is employed by a licensed Mississippi hospice as the administrator, as of the effective date of these regulations, shall be exempt from these requirements as long as he/she remains employed by that hospice as the administrator. If the hospice is sold to, acquired by, or merged into another legal entity, such transaction shall have no effect on the exemption provided in the preceding sentence.

2. Responsibilities – The administrator shall be responsible for compliance with all regulations, laws, policies and procedures applicable to hospice specifically and to Medicare/Medicaid issues when applicable:

   a. Ensure the hospice employs qualified individuals;

   b. Be on-site during business hours or immediately available by ecommunications when working within the geographic service area;

3. Be responsible for and direct the day-to-day operations of the hospice;

4. Act as liaison among staff, patients, and governing board;

5. Designate, in writing, an individual who meets the administrator qualifications to assume the authority and the control of the hospice if the administrator is unavailable; and

6. Designate in advance the IDT he/she chooses to establish policies governing the day-to-day provisions of hospice care.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.17.2 **Counselor – Bereavement**

1. Qualifications – Documented evidence of appropriate training and experience in the care of the bereaved received under the supervision of a qualified professional.

2. Responsibilities – Under the supervision of a qualified professional, and as part of an organized program for the provision of bereavement services, the counselor shall implement bereavement counseling in a manner consistent with standards of practice. Services include, but are not limited to the following:

3. Assess grief counseling needs;

4. Provide bereavement information and referral services to the bereaved, as needed, in accordance with the POC;

5. Provide bereavement support to hospice staff as needed;

6. Attend hospice IDT meetings as needed; and

7. Document bereavement services provided and progress of bereaved on a clinical progress note to be incorporated in the clinical record.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.17.3 **Counselor – Dietary**

1. Qualifications – A registered dietician licensed in the State of Mississippi who meets the qualification standards of the Commission on Dietetic Registration of the American Dietetic Association.

2. Responsibilities – The dietitian shall implement dietary services based on initial and ongoing assessment of dietary needs in a manner consistent with standards of practice including, but not limited to, the following:

   a. Evaluate outcomes of interventions and document findings on a clinical progress note which is to be incorporated into the clinical record within one week of the visit;

   b. Collaborate with the patient/family, physician, registered nurse, and/or the IDT in providing dietary counseling to the patient/family;

   c. Instruct patient/family and/or hospice staff as needed;

d. Evaluate patient socioeconomic factors to develop recommendations concerning food purchasing, preparation and storage;

e. Evaluate food preparation methods to ensure nutritive value is conserved, flavor, texture and temperature principles are adhered to in meeting the individual patient's needs; and

f. Participate in IDT conference as needed.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.17.4 **Counselor – Spiritual**

1. Qualifications – Documented evidence of appropriate training and skills to provide spiritual counseling, such as Bachelor of Divinity, Master of Divinity or equivalent theological degree or training.

2. Responsibilities – The counselor shall provide spiritual counseling based on the initial and ongoing assessment of spiritual needs of the patient/family, in a manner consistent with standards of practice including, but not limited to, the following:

   a. Serve as a liaison and support to community chaplains and/or spiritual counselors;

   b. Provide consultation, support, and education to the IDT members on spiritual care;

   c. Supervise spiritual care volunteers assigned to family/care givers; and

   d. Attend IDT meetings.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.17.5 **Director of Nurses (DON)**

1. A person designated, in writing, by the Governing Body to supervise all aspects of patient care, all activities of professional staff and allied health personnel, and responsible for compliance with regulatory requirements. The DON or alternate, shall be on site or immediately available to be on site, at all times during operating hours. If the DON is unavailable he/she shall designate a Registered Nurse to be responsible during his/her absence.

2. **NOTE**: The Director of Nurses is prohibited from simultaneous concurrent employment with any entity or any other licensed health care entity, unless such

licensed healthcare agency is occupying the same physical office space as the hospice.

3. Qualifications – A registered nurse who is currently licensed to practice in the State of Mississippi.

4. With at least three years experience as a registered nurse. One of these years shall consist of full-time experience in:

   a. Providing direct patient care in a hospice, home health, or oncology setting; or

   b. The management of patient care staff in an acute care setting, hospice or home health; and

   c. Be a full time employee of only the hospice agency.

5. Responsibilities – The DON shall supervise all patient care activities to assure compliance with current standards of accepted nursing and medical practice including, but not limited to, the following:

   a. The POC;

   b. Implement personnel and employment policies to assure that only qualified personnel are hired. verify licensure and/or certification (as required by law) prior to employment and annually thereafter;

   c. maintain records to support competency of all allied health personnel;

   d. Implement hospice policies and procedures that establish and support quality patient care, cost control, and mechanisms for disciplinary action for infractions;

   e. Ensure clinical staff compliance with the employee health program; and

   f. Ensure compliance with local, state, and federal laws to promote the health and safety of employees, patients and the community, using the following non-exclusive methods:

      i. Resolve problems;

      ii. Perform complaint investigations;

      iii. Refer impaired personnel to proper authorities;

      iv. Ensure appropriate orientation and in-service training to employees;

v. Ensure the development and implementation of an orientation program for new direct health care personnel;

vi. Ensure the completion of timely annual performance evaluations of health care personnel or designate other supervisory personnel to perform such evaluations;

vii. Ensure participation in regularly scheduled appropriate continuing education for all health professionals, home health aides and homemakers;

viii. Ensure that the care provided by the health care personnel promotes effective hospice services and the safety of the patient; and

ix. Ensure that the hospice policies are enforced.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 18 GOVERNING BODY

Rule 1.18.1 The hospice shall have a governing body that assumes full legal responsibility for determining, implementing and monitoring policies governing the hospice's total operation. No contracts/arrangements or other agreements may limit or diminish the responsibility of the governing body. The governing body shall:

1. Designate an individual who is responsible for the day to day management of the hospice program;

2. Ensure that all services provided are consistent with accepted standards of practice;

3. Develop and approve policies and procedures which define and describe the scope of services offered;

4. Review policies and procedures at least annually revise them as necessary; and

5. Maintain an organizational chart that delineates lines of authority and responsibility for all hospice personnel.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.2 **Hospice Aide -** A qualified person who provides direct patient care and/or housekeeping duties in the home or homelike setting under the direct supervision of a registered nurse. The facility shall ensure that each hospice aide is appropriately trained and competent to meet the needs of the patient per the plan of care. Documentation must be maintained on-site of all training and competency in accordance with patient plan of care.

1. Responsibilities – The hospice aide shall provide services established and delegated in POC, record and notify the primary registered nurse of deviations according to standard of practice including, but not limited to, the following:

2. Provide assistance with mobility, transferring, walking, grooming, bathing, dressing or undressing, eating, toileting, and/or housekeeping needs.

3. Complete a clinical note for each visit, which must be incorporated into the record at least on a weekly basis.

4. Restrictions – The hospice aide shall not:

   a. Perform any intravenous procedures, procedures involving the use of Levine tubes or Foley catheters, or any other sterile or invasive procedures.

   b. Administer medications.

5. Initial Orientation – The content of the basic orientation provided to the hospice aides shall include the following:

   a. Policies and objectives of the agency;

   b. Duties and responsibilities of a hospice aide;

   c. The role of the hospice aide as a member of the healthcare team;

6. Emotional problems associated with terminal illness;

7. The aging process;

8. Information on the process of aging and behavior of the aged;

9. Information on the emotional problems accompanying terminal illness;

10. Information on terminal care, stages of death and dying, and grief;

11. Principles and practices of maintaining a clean, healthy and safe environment;

12. Ethics; and

13. Confidentiality.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.3 NOTE: The orientation and training curricula for hospice aides shall be detailed in a policies and procedures manual maintained by the hospice agency and provision of orientation and training shall be documented in the employee personnel record. Training shall include the following areas of instruction:

1. Assisting patients to achieve optimal activities of daily living;

2. Principles of nutrition and meal preparation;

3. Record keeping;

4. Procedures for maintaining a clean, healthful environment; and

5. Changes in the patients' condition to be reported to the supervisor.

6. In-service Training – The hospice aide must have a minimum of 12 hours of appropriate in-service training annually. In-service training may be prorated for employees working a portion of the year. However, part-time employee who worked throughout the year must attend all twelve (12) hours of in-service training.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.4 **Licensed Practical Nurse (LPN) -** The LPN must work under the direct supervision of a registered nurse and perform skilled services as delegated by the registered nurse.

1. Qualifications – A LPN must be currently licensed by the Mississippi State Board of Practical Nurse Examiners with no restrictions:

   a. With at least one year full time experience as an LPN. Two years of full time experience is preferred;
   b. Be an employee of the hospice agency.

2. Responsibilities – The LPN shall perform skilled nursing services under the supervision of a registered nurse, in a manner consistent with standards of practice, including but not limited to, such duties as follows:

   a. Observe, record, and report to the registered nurse or director of nurses on the general physical and mental conditions of the patient;

   b. Administer prescribed medications and treatments as permitted by State regulations;

c. Assist the physician and/or registered nurse in performing procedures as per the patient's plan of care.

d. Prepare equipment for treatments, including sterilization, and adherence to aseptic techniques;

e. Assist the patient with activities of daily living;

f. Prepare clinical and/or progress notes and incorporate them into the clinical record at least weekly;

g. Perform wound care and treatments as specified per nursing practice and if training competency is documented;

h. Accepts verbal/written orders from the physician or nurse practitioner or physician's assistant in accordance with facility policies; and

i. Attend hospice IDT meetings.

3. Restrictions – An LPN shall not:

a. Access any intravenous appliance for any reason;

b. Perform supervisory aide visit;

c. Develop and/or alter the POC;

d. Make an assessment visit;

e. Evaluate recertification criteria;

f. Make aide assignments; or

g. Function as a supervisor of the nursing practice of any registered nurse.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.5 **Medical Director/Physician Designee** - A physician, currently and legally authorized to practice medicine the State, and knowledgeable about the medical and psychosocial aspects of hospice care. The Medical Director reviews, coordinates, and is responsible for the management of clinical and medical care for all patients.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.6 NOTE: The Medical Director or Physician Designee may be an employee or a volunteer of the hospice agency. The hospice agency may also contract for the services of the Medical Director or Physician Designee.

1. Qualifications – A Doctor of Medicine or Osteopathy licensed to practice in the State of Mississippi.

2. Responsibilities – The Medical Director or Physician designee assumes overall responsibility for the medical component of the hospice's patient care program and shall include, but not be limited to:

   a. Serve as a consultant with the attending physician regarding pain and symptom control as needed;

   b. Serve as the attending physician if designated by the patient/family unit;

   c. Review patient eligibility for hospice services;

   d. Participate in the review and update of the POC for each patient at a minimum of every 14 calendar days, unless the plan of care has been reviewed/updated by the attending physician who is not also the Medical Director or Physician Designee. These reviews must be documented.

   e. Document the patient's progress toward the outcomes specified in the plan of care.

   f. Serve as a medical resource for the hospice interdisciplinary group and as a liaison to physicians in the community;

   g. Develop and coordinate procedures for the provision of emergency care;

   h. Provide a system to assure continuing education for hospice medical staff as needed.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.7 **Occupational Therapist**

1. Qualifications – An occupational therapist must be licensed by the State of Mississippi.

2. Responsibilities – The occupational therapist shall assist the physician in evaluating the patient's level of functioning by applying diagnostic and prognostic procedures including, but not limited to, the following:

a. Provide occupational therapy in accordance with a physician's orders and the POC;

b. Guide the patient in his/her use of therapeutic, creative and self-care activities for the purpose of improving function, in a manner consistent with accepted standards of practice;

c. Observe, record, and report to the physician and/or interdisciplinary group the patient's reaction to treatment and any changes in the patient's condition;

d. Instruct and inform other health team personnel, assist in the formation of the POC; including, when appropriate hospice aides and family members in certain phases of occupational therapy in which they may work with the patient;

e. Document each visit made to the patient and incorporate notes into the clinical record within one week of the visit;

f. Participate in IDT conference as needed with hospice staff; and

g. Prepare written discharge summary when applicable, with a copy retained in patient's clinical record.

3. Supervision of an Occupational Therapy Assistant

a. The occupational therapist shall conduct the initial assessment and establish the goals and treatment plan before the licensed and certified occupational therapy assistant may treat the patients on site without the physical presence of the occupational therapist.

b. The occupational therapist and the occupational therapy assistant must schedule joint visits at least once every two weeks or every four to six treatment sessions.

c. The occupational therapist must review and countersign all progress notes written by the licensed and certified occupational therapy assistant.

d. The supervising occupational therapist is responsible for assessing the competency and experience of the occupational therapy assistant;

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.8 **Occupational Therapy Assistant (OTA) Qualifications** – The occupational therapist assistant must be licensed in the State of Mississippi to assist in the practice of occupational therapy under the supervision of a licensed Registered Occupational Therapist and have at least two years experience as a licensed OTA.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.9 **Physical Therapist (PT) -** The physical therapist when provided must be available to perform in a manner consistent with accepted standards of practice.

1. Qualifications – The physical therapist must be currently licensed in the State of Mississippi.

2. Responsibilities – The physical therapist shall assist the physician in evaluating the patient's functional status and physical therapy needs in a manner consistent with standards of practice to include, but is not limited to, the following:

   a. Provide services within the scope of practice as defined by state law governing the practice of physical therapy, in accordance with the POC, and in coordination with the other members of the IDT:

   b. Observe, and report to the physician and the IDT, the patient's reaction to treatment and any changes in the patient's condition;

   c. Instruct and inform participating member of the IDT, the patient, family/care givers, regarding the POC, functional limitations and progress toward goals;

   d. Prepare clinical and progress notes for each visit and incorporate them into the clinical record within one week of the visit;

   e. Participate in IDT conference as needed with hospice staff

   f. The physical therapist shall be readily accessible by telecommunications.

   g. The physical therapist shall evaluate and establish a written treatment plan on the patient prior to implementation of any treatment program.

   h. The physical therapist shall assess the final treatment rendered to the patient at discharge and write a discharge summary with a copy retained in the clinical record.

3. Supervision of Physical Therapy Assistant (PTA) - The physical therapist shall make the initial visit with the PTA and conduct supervisory visits no later than every sixth treatment day.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.10 **Physical Therapy Assistant (PTA)**

1. Qualifications – A physical therapy assistant must be licensed by the Physical Therapy Board of Mississippi and supervised by a Physical Therapist.

2. Responsibilities – The physical therapy assistant shall:

   a. Provide therapy in accordance with the POC;

   b. Document each visit made to the patient and incorporate notes into the clinical record at least weekly; and

   c. Participates in IDT conference as needed with hospice staff.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.11 **Registered Nurse (RN)** - The hospice must designate a registered nurse to coordinate the implementation of the POC for each patient.

1. Qualifications – A licensed registered nurse must be currently licensed to practice in the State of Mississippi with no restrictions:

   a. Have at least one year full-time experience as a registered nurse or have been a licensed LPN employed for three years full-time working in a healthcare setting; and

   b. Be an employee of the hospice.

2. Responsibilities – The registered nurse shall identify the patient/family's physical, psychosocial, and environmental needs and reassess as needed but no less frequently than every 14-15 days:

   a. Provide nursing services in accordance with the POC;

   b. Document problems, appropriate goals, interventions, and patient/family response to hospice care;

   c. Collaborate with the patient/family, attending physician and other members of the IDT in providing patient and family care;

   d. Instruct patient/family in self-care techniques when appropriate;

   e. Supervise ancillary personnel and delegate responsibilities when required;

   f. Complete and submit accurate and relevant clinical notes regarding the patient's condition into the clinical record within one week of the visit;

   g. Provide direct supervision of the Licensed Practical Nurse (LPN) in the home of each patient seen by the LPN at least once a month;

h. Make supervisory visits to the patient's residence at least every other week with the aide alternately present and absent, to provide direct supervision, to assess relationships and determine whether goals are being met. For the initial visit, the RN must accompany/assist the nurse aide;

i. If a hospice aide is assigned to a patient by the RN, in accordance with the POC, specific written instructions for patient care are to be prepared by the RN. All personal care services are to be outlined for the patient, in writing, by the RN;

j. Document supervision, to include the hospice aide relationships, services provided and instructions and comments given as well as other requirements of the clinical note;

k. Document annual performance reviews for the hospice aide. This performance review must be maintained in the individual's personnel record; and

l. Attend hospice IDT meetings.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.12 **Social Worker**

1. Qualifications – A minimum of a bachelor's degree from a school of social work accredited by the Council of Social Work Education. This individual must be licensed in the State of Mississippi.

   a. A minimum of one year documented clinical experience appropriate to the counseling and casework needs of the terminally ill.

   b. Must be an employee of the hospice.

2. Responsibilities – The social worker shall assist the physician and other IDT members in understanding significant social and emotional factors related to the patient's health status and shall include, but not be limited to:

   a. Assessment of the social and emotional factors having an impact on the patient's health status;

   b. Assist in the formulation of the POC;

   c. Provide services within the scope of practice as defined by state law and in accordance with the POC;

   d. Coordination with other IDT members and participate in IDT conferences;

e. Prepare clinical and/or progress notes and incorporate them into the clinical record within one week of the visit;

f. Participate in discharge planning, and in-service programs related to the needs of the patient;

g. Acts as a consultant to other member of the IDT;

h. When medical social services are discontinued, submit a written summary of services provided, including an assessment of the patient's current status, to be retained in the clinical record; and

i. Attend hospice IDT meetings.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.13 **Speech Pathology Services**

1. Qualifications – A speech pathologist must:

   a. Be licensed by the State of Mississippi; or

   b. Have completed the academic requirements and is in the process of accumulating the necessary supervised (as directed by the State Certifying body) work experience required for certification. Evidence of this supervision will be retained in the non-certified speech pathologist's personnel folder.

2. Responsibilities – The speech pathologist shall assist the physician in evaluation of the patient to determine the type of speech or language disorder and the appropriate corrective therapy in a manner consistent with standards of practice to include, but is not limited to, the following:

   a. Provide rehabilitative services for speech and language disorders;

   b. Observe, record and report to the physician and the IDT the patient's reaction to treatment and any changes in the patient's condition;

   c. Instruct other health personnel and family members in methods of assisting the patient to improve and correct speech disabilities;

   d. Communicate with the registered nurse, director of nurses, and/or the IDT the need for continuation of speech pathology services for the patient;

   e. Participate in hospice IDT meetings as needed;

f. Document each visit made to the patient and incorporate notes into the clinical record within one week of the visit; and

g. Prepare written discharge summary as indicated, with a copy retained in patient's clinical record.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.18.14 **Volunteers -** Volunteers that provide patient care and support services according to their experience and training must be in compliance with agency policies, and under the supervision of a designated hospice employee.

1. Qualifications – Volunteers who are qualified to provide professional services must meet all standards associated with their specialty area.

2. Responsibilities - The volunteer shall:

   a. Provide assistance to the hospice program, and/or patient/family in accordance with designated assignments;

   b. Provide input into the plan of care and interdisciplinary group meetings, as appropriate;

   c. Document services provided as trained and instructed by the hospice agency;

   d. Maintain strict patient/family confidentiality; and

   e. Communicate any changes or observations to the assigned supervisor.

3. Training – The volunteers must receive appropriate documented training which shall include at a minimum:

   a. An introduction to hospice;

   b. The role of the volunteer in hospice;

   c. Concepts of death and dying;

   d. Communication skills;

   e. Care and comfort measures;

   f. Diseases and medical conditions;

   g. Psychosocial and spiritual issues related to death and dying;

h. The concept of the hospice family;

i. Stress management;

j. Bereavement;

k. Infection control;

l. Safety;

m. Confidentiality;

n. Patient rights;

o. The role of the IDT; and

p. Additional supplemental training for volunteers working in specialized program (i.e. Nursing homes, AIDS facilities).

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 19 PATIENT CARE SERVICES

Rule 1.19.1 **Patient Care Standard**

1. Patient Certification –To be eligible for hospice care, an individual, or his/her representative, must sign an election statement with a licensed hospice; the individual must have a certification of terminal illness and must have a plan of care (POC) which is established before services are provided.

2. Admission criteria – The hospice shall have written policies to be followed in making decisions regarding acceptance of patients for care. Decisions are based upon medical, physical, and psychosocial information provided by the patient's attending physician, the patient/family and the interdisciplinary group. The admission criteria shall include:

   a. The ability of the agency to provide core services on a 24-hour basis and provide for or arrange for non-core services on a 24-hour basis to the extent necessary to meet the needs of individuals for care that is reasonable and necessary for the palliation and management of terminal illness and related conditions;

   b. Certification of terminal illness signed by the attending physician and the medical director of the agency upon admission and recertification;

   c. A documented assessment of the patient/family needs and desires for hospice services;

d. Informed consent signed by patient or representative who is authorized in accordance with state law to elect the hospice care, which will include the purpose and scope of hospice services.

3. Admission Procedure – Patients are to be admitted only upon the order of the patient's attending physician.

4. An assessment visit shall be made by a registered nurse, who will assess the patient's needs with emphasis on pain and symptom control. This assessment shall occur within 48 hours of referral for admission, unless otherwise ordered by physician or unless a request for delay is made by patient/family.

5. Documentation at admission will be retained in the clinical record and shall include:

   a. Signed consent forms;

   b. Documented evidence that a patient's rights statement has been given or explained to the patient and/or family;

   c. Clinical data including physician's order for care;

   d. Patient Release of Information;

   e. Orientation of the patient/care giver, which includes:

      i. Advanced directives;

      ii. Agency services;

      iii. Patient's rights; and

      iv. agency contact procedures;

   f. Certification of terminal illness signed by the medical director and attending physician.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.2 **Plan of Care (POC) -** Within 48 hours of the admission, a written plan of care must be developed for each patient/family by a minimum of two IDT members and approved by the full IDT and the Medical Director at the next meeting. The care provided to an individual must be in accordance with the POC.

1. The IDT member who assesses the patient's needs must meet or call at least one other IDT member before writing the IPOC. At least one of the persons involved in developing the IPOC must be a registered nurse or physician.

2. At a minimum the POC will include the following:

   a. An assessment of the individual's needs and identification of services, including the management of discomfort and symptom relief;

   b. In detail, the scope and frequency of services needed to meet the patient's and family's needs. The frequency of services established in the POC will be sufficient to effectively manage the terminal diagnosis of the patient, provide appropriate amounts of counseling to the family, and meet or exceed nationally accepted hospice standards of practice;

   c. Identification of problems with realistic and achievable goals and objectives;

   d. Medical supplies and appliances including drugs and biologicals needed for the palliation and management of the terminal illness and related conditions;

   e. Patient/family understanding, agreement and involvement with the POC; and

   f. Recognition of the patient/family's physiological, social, religious and cultural variables and values.

3. The POC must be maintained on file as part of the individual's clinical record. Documentation of updates shall be maintained.

4. The hospice will designate a registered nurse to coordinate the implementation of the POC for each patient.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.3 **Review and Update of the Plan of Care**

1. The plan of care is reviewed and updated at intervals specified in the POC, when the patient's condition changes and a minimum of every 14 days for home care and every 7 days for general inpatient care, collaboratively with the IDT and the attending physician.

2. Agency shall have policy and procedures for the following:

   a. The attending physician's participation in the development, revision, and approval of the POC is documented. This is evidenced by change in patient orders and documented communication between Hospice Staff and the attending physician;

b. Physician orders must be signed and dated in a timely manner, but must be received before billing is submitted for each patient.

3. The agency shall have documentation that the patient's condition and POC is reviewed and the POC updated, even when the patient's condition does not change.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.4 **Coordination and Continuity of Care:** The hospice shall adhere to the following additional principles and responsibilities:

1. An assessment of the patient/family needs and desire for hospice services and a hospice program's specific admission, transfer, and discharge criteria determine any changes in services;

2. Nursing services, physician services, and drugs and biologicals are routinely available to hospice patients on a 24 hour basis, seven days a week;

3. All other covered services are available on a 24 hour basis to the extent necessary to meet the needs of individuals for care that is reasonable and necessary for the palliation and management of terminal illness and related conditions;

4. Case-management is provided and an accurate and complete documented record of services and activities describing care of patient/family is maintained;

5. Collaboration with other providers to ensure coordination of services;

6. Maintenance of professional management responsibility and coordination of the patient/family care regardless of the setting;

7. Maintenance of contracts/agreements for the provision of services not directly provided by the hospice, including but not limited to:

   a. Radiation therapy;

   b. Infusion therapy;

   c. Inpatient care;

   d. Consulting physician.

8. Provision or access to emergency medical care;

9. When home care is no longer possible, assistance to the patient in transferring to an appropriate setting where hospice care can be delivered;

10. When the patient is admitted to a setting where hospice care cannot be delivered, hospice adheres to standards, policies and procedures on transfer and discharge and facilitates the patient's transfer to another care provider;

11. Maintenance of appropriately qualified IDT health care professionals and volunteers to meet patients need;

12. Maintenance and documentation of a volunteer staff to provide administrative or direct patient care. The hospice must document a continuing level of volunteer activity

13. Coordination of the IDT, as well as of volunteers, by a qualified health care professional, to assure continuous assessment, continuity of care and implementation of the POC;

14. Supervision and professional consultation by qualified personnel, available to staff and volunteers during all hours of service;

15. Hospice care provided in accordance with accepted professional standards and accepted code of ethics;

16. The facility must proceed in accordance with written policy at the time of death of the patient.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.5 **Pharmaceutical Services**

1. Hospices must provide for the pharmaceutical needs of the patient as related to the terminal diagnosis.

2. The agency shall institute procedures which protect the patient from medication errors.

3. The Agency shall provide verbal and written instruction to patient and family regarding the administration of their medications, as indicated.

4. Drugs and treatments are administered by agency staff as ordered by the physician.

5. The hospice must ensure appropriate monitoring and supervision of pharmaceutical services and have written policies and procedures governing

prescribing, dispensing, administering, controlling, storing and disposing of all biologicals and drugs in compliance with applicable laws and regulations.

6. The hospice must ensure timely pharmaceutical services on a 24 hour a day/seven day a week basis that include provision of drugs, biologicals and infusion services which are consistent with patient's individual drug profile.

7. The hospice must provide the IDT and the patient/family with coordinated information and instructions about individual drug profiles.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.6 **Pathology and Laboratory Services -** The hospice must provide or have access to pathology and laboratory services which comply with CLIA guidelines and that meets the patient's plan of care.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.7 **Radiology Services -** The hospice must provide radiology services in accordance with the patient's plan of care.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.8 **Discharge/Revocation/Transfer -** The hospice must provide adequate and appropriate patient/family information at discharge, revocation or transfer.

1. Discharge – The patient shall be discharged only in the following circumstances:

   a. The patient is determined to no longer be terminally Ill with a life expectancy of six months or less;

   b. Patient relocates from the hospice's geographically defined service area;

   c. If the safety of the patient or of the hospice staff is compromised. The hospice shall make every effort to resolve these problems satisfactorily before discharge. All efforts by the hospice to resolve the problem must be documented in detail in the patient's clinical record; and

   d. If the patient enters a non-contracted nursing home or hospital and all options have been exhausted (a contract is not attainable, the patient chooses not to transfer to a facility with which the hospice has a contract, or to a hospice with which the SNF has a contract), the hospice shall then discharge the patient.

   e. The hospice must clearly document reasons for discharge.

2. Revocation – Occurs when the patient or representative makes a decision to discontinue receiving hospices services:

   a. A recipient may revoke hospice care at any time;

   b. If a patient or representative chooses to revoke from hospice care, the patient must sign a statement which states that he or she is aware of the revocation and stating why revocation is chosen. The effective date of discharge cannot be earlier than the signed revocation date.

3. Non compliance – When a patient is non-compliant, the hospice must counsel the patient/family on the option to revoke and any advantages or disadvantages of the decision that is made. A patient is considered non-compliant if:

   a. The patient seeks or receives curative treatment for the illness;

   b. The patient seeks treatment related to the terminal illness in a facility that does not have a contract with the hospice; or

   c. The patient seeks treatment related to the terminal illness that is not in the POC, or is not pre-approved by the hospice.

4. Transfer – The hospice must document the reason for such transfer and an appropriate discharge plan/summary is to be written. Appropriate continuity of care is to be arranged prior to such transfer.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.9 **Patient Rights and Responsibilities** - The hospice shall insure that the patient has the right to:

1. Be cared for by a team of professionals who provide health quality comprehensive hospice services as needed and appropriate for patient/family;

2. Have a clear understanding of the availability of hospice services and the hospice team 24 hours a day, seven days a week;

3. Receive appropriate and compassionate care, regardless of diagnosis, race, age, gender, creed, disability, sexual orientation, place of residence, or the ability to pay for the services rendered;

4. Be fully informed regarding patient's status in order to participate in the POC. The hospice professional team will assist patient/family in identifying which services and treatments will help attain these goals;

5. Be fully informed regarding the potential benefits and risks of all medical treatments or services suggested, and to accept or refuse those treatments and/or services as appropriate to patient/family personal wishes;

6. Refuse any treatment without severing his/her relationship with the hospice;

7. Choose his/her private physician as long as the attending physician agrees to abide by the policies of the hospice program;

8. Be treated with respect and dignity;

9. Confidentiality with regard to provision of services and all client records, including information concerning patient/family health status, as well as social, and/or financial circumstances. The patient information and/or records may be released only with patient/family's written consent, and/or as required by law;

10. Voice grievances concerning patient care, treatment and/or respect for person or privacy without being subject to discrimination or reprisal, and have any such complaints investigated by the hospice; and

11. Be informed of any fees or charges in advance of services for which patient/family may be liable. Patient/family has the right to access any insurance or entitlement program for which patient may be eligible.

12. The patient has the responsibility to:

    a. Participate in developing the POC and update as his or her condition/needs change;

    b. Provide hospice with his/her accurate and complete health information;

    c. Remain under a physician's care while receiving hospice services; and

    d. Assist hospice staff in developing and maintaining a safe environment in which patient care can be provided.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.19.10 **Clinical Records** - In accordance with accepted principles of practice the hospice shall establish and maintain a clinical record for every individual receiving care and services. The record shall be complete, promptly and accurately documented, readily accessible and systematically organized to facilitate retrieval. The clinical record shall contain all pertinent past and current medical, nursing, social and other therapeutic information, including the current POC under which services are being delivered.

1. All clinical records shall be safeguarded against loss, destruction and unauthorized use and shall be maintained at the hospice site issued the license. (S.O.M. 208.1)

2. Hospice records must be maintained in a distinct location and not mingled with records of other types of health care related agencies.

3. Clinical records shall be kept in a safe and confidential area which provides convenient access to clinicians.

4. The agency shall have policies addressing who is permitted access to the clinical records. No unauthorized person shall be permitted access to the clinical records.

5. Records shall be maintained from the patient's effective date of discharge, as per State law.

6. When applicable, the agency will obtain a signed "Release of Information" from the patient and /or the patient's family. A copy will be retained in the record.

7. The clinical record shall contain a comprehensive compilation of information including, but not limited to, the following:

   a. Initial and subsequent Plans of Care and initial assessment;

   b. Certifications of terminal illness;

   c. Written physician's orders for admission and changes to the POC;

   d. Current clinical notes (at least the past sixty (60) days;

   e. Plan of Care;

   f. Signed consent, authorization and election forms;

   g. Pertinent medical history; and

   h. Identifying data, including name, address, date of birth, sex, agency case number and next of kin.

8. Entries for all provided services must be documented in the clinical record and must be signed by the staff providing the service.

9. Complete documentation of all services and event (including evaluations, treatments, progress notes, etc.) are recorded whether furnished directly by hospice staff or by arrangement.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 20 ADMINISTRATION

Rule 1.20.1 **Agency Operations**

1. The hospice must have adequate space and resources for all operational and patient care needs.

2. The hospice shall not share office space with a non-healthcare related entity.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.20.2 **Hours of Operation -** The hospice shall be required to have regular posted (in a prominent and easily accessible manner) business hours and be fully operational at least eight hours a day, five days a week between 7:00 a.m. and 6:00 p.m. Hospice services shall be available 24 hours per day, seven days a week, which include, at a minimum:

1. Professional registered nurse services;

2. Palliative medications;

3. Other services, equipment or supplies necessary to meet the patient's immediate needs.

4. Hospice provides on-call medical and nursing services to assess and meet changing patient/family needs, provide instruction and support, and conduct additional on-site assessment or treatment, 24 hours a day, seven days per week.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.20.3 **Policies and Procedures**

1. Must be written, current, and reviewed annually by appropriate personnel.

2. Must contain policies and procedures specific to the agency addressing personnel standards and qualifications, agency operations, patient care standards, problem and complaint resolution, purpose and goals of operation, management/operation of the hospice's defined service area and a formal disaster preparedness plan as referenced in Subchapter 47.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.20.4 **Contract Services**

1. When the hospice provides services on a contractual basis to a patient the hospice is responsible for all actions of the contract personnel.

2. The hospice shall not at any time use contract employees as administrator/alternate or for the provision of core services unless the facility provides documentation that a waiver has been granted in accordance with certification requirements.

3. Whenever services are provided by an organization or individual other than the hospice, a written agreement will delineate services available and procedures for accessing those services.

4. Whenever services are provided by an outside agency or individual, a legally binding written agreement must be effected. The legally binding written agreement shall include at least the following items:

   a. Identification of the services to be provided;

   b. A stipulation that services may be provided only with the express authorization of the hospice;

   c. The manner in which the contracted services are coordinated, supervised, and evaluated by the hospice;
   d. The delineation of the role(s) of the hospice and the contractor in the admission process, patient/family assessment, and the IDT conferences;

   e. Requirements for documenting that services are furnished in accordance with the agreement;

   f. The qualifications of the personnel providing the services;

   g. Assurance that the personnel contracted complete the clinical record in the same timely manner as required by the staff personnel of the hospice;

   h. Payment fees and terms; and

   i. Statement that the hospice retains responsibility for appropriate hospice care training of the personnel who provide care under the agreement.

5. The hospice shall document review of its contract on an annual basis.

6. The hospice is to coordinate services with contract personnel to assure continuity of patient care.

7. Hospice maintains professional management responsibilities for those services and ensures that they are furnished in a safe and effective manner by qualified persons and in accordance with the patient's POC.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.20.5 **Quality Assurance**

1. The hospice shall conduct an ongoing, comprehensive integrated self-assessment quality improvement process (inclusive of inpatient care, home care and respite care) which evaluates not only the quality of care provided, but also the appropriateness care/services provided and evaluations of such services. Findings shall be documented and used by the hospice to correct identified problems and to revise hospice policies.

2. The hospice shall have written plans, policies and procedures addressing quality assurance.

3. The hospice shall designate, in writing, an individual responsible for the coordination of the quality improvement program.

4. The hospice shall conduct quality improvement meetings quarterly, at a minimum.

5. The Hospice's written plan for continually assessing and improving all aspects of operations must include:

   a. Goals and objectives;

   b. A system to ensure systematic, objective quarterly reports. Documentation must be maintained to reflect that such reports were reviewed with the IDT, the Medical Director, the Governing Body and distributed to appropriate areas;

   c. The method for evaluating the quality and the appropriateness of care;

   d. A method for resolving identified problems; and

   e. Application to improving the quality of patient care.

6. Quality assessment and improvement activities are based on the systematic collection, review, and evaluation of data which, at a minimum, includes:

   a. Services provided by professional and volunteer staff;

   b. Outcome audits of patient charts;

c. Reports from staff, volunteers, and clients about services;

d. Concerns or suggestion for improvement in services;

e. Organizational review of the hospice program;

f. Patient/family evaluations of care; and

g. High-risk, high-volume and problem-prone activities.

7. The quality improvement plan must be reviewed at least annually and revised as appropriate.

8. When problems are identified in the provision of hospice care, there shall be evidence of corrective actions, including ongoing monitoring, revisions of policies and procedures, educational intervention and changes in the provision of services.

9. The effectiveness of actions taken to improve services or correct identified problems must be evaluated/documented.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.20.6 **Branch Offices**

1. No Branch Office may be opened without written approval from Mississippi State Department of Health.

2. No Branch Office shall be opened unless the parent office has had full licensure for a full twelve (12) months preceding the request and has admitted at least ten (10) patients within the last annual renewal cycle.

3. Each Branch must serve the same or part of the geographic service area approved for the parent.

4. Each Branch Office shall be open for business the same hours as required for the parent office, must have a registered nurse immediately available to be on site, or on site in the branch office at all times during operating hours.

5. All hospice patient's clinical records must be maintained at the hospice site issued the provider license (S.O.M. 208.1). Duplicate records may be maintained at the Branch Office.

6. Original personnel files are to be kept at the Parent office, but shall be made available, upon request, to federal/state surveyors during any review of the branch.

7. A statement of personnel policies is maintained in each Branch for staff usage.

8. Approval for Branch Offices will be issued, in writing, by Mississippi State Department of Health for one year and will be renewed at time of re-licensure, if the branch office meets the following criteria:

   a. Is operational and providing hospice services;

   b. Offer exact same services as the parent office; and

   c. Parent office meets requirements for full licensure.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 21 BASIC HOSPICE CARE: CORE SERVICES

Rule 1.21.1 Hospice care shall be provided by a hospice care team. Medical, nursing and counseling services are basic to hospice care and shall be provided directly (Medical Director only may be contract). Hospice care will be available twenty-four (24) hours a day, seven (7) days a week.

1. Medical services shall be under the direction of the Medical Director.

2. Nursing services shall be under the direction of a registered nurse and shall include, but not be limited to: assessment, planning and delivery of nursing care; carrying out physician's orders; documentation; evaluation of nursing care; and direction of patient care provided by non-professionals.

3. Counseling services shall be provided in a manner which best assists the patient and family unit to cope with the stresses related to the patient's condition. These services may be provided by a member of the clergy who is qualified through training and/or experience to provide such services, or by other qualified counselor(s). Such counselors shall be licensed, if applicable.

4. Social services shall be directed by a social worker, and shall consist primarily of assisting the patient and family unit to deal with problems of social functioning affecting the health or well-being of the patient.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 22 OTHER SERVICES

Rule 1.22.1 Coordination of patient care shall be the responsibility of a registered nurse of hospice care team. Duties include coordination of team meetings, care delivery, and evaluation of activities.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.22.2 Spiritual services shall be available and offered to the patient and family unit; however, no value or belief system may be imposed.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.22.3 Volunteer services shall be provided by the hospice. These services shall be provided according to written policies and procedures. These policies and procedures shall address at a minimum:

1. Recruitment and retention;
2. Screening;
3. Orientation;
4. Scope of function;
5. Supervision;
6. Ongoing training and support;
7. Documentation of volunteer activities.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.22.4 Bereavement services shall be available for a period of at least one year following the patient's death. Such services shall be defined by policy. Documentation of such services shall be maintained.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.22.5 Hospice aide services shall be available and adequate to meet the needs of the patient. The hospice aide shall meet the federal and state training requirements.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 23 DISASTER PREPAREDNESS PLAN (Refer to Subchapter 48)

Subchapter 24 MEDICAL WASTE (Refer to Subchapter 43)

Subchapter 25 RESPITE – INPATIENT CARE

Rule 1.25.1 If a hospice is not based in a licensed facility (hospital or nursing home); a contractual arrangement shall be made with one or more such facilities for provision of respite-inpatient services. Inpatient beds under such contract may be used by the hospice when needed or may remain otherwise available to the inpatient unit at other times without a change in licensing.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.25.2 Such contract shall be maintained with an inpatient provider who contractually agrees to support the policies of hospice.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.25.3 The hospice care team shall retain the responsibility for coordinating the patient's care during inpatient hospice care.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.25.4 The aggregate number of inpatient days provided by a hospice through all contractual arrangements between the hospice and licensed health care facilities providing inpatient hospice care may not exceed twenty percent (20%) of the aggregate total number of days of hospice care provided to all patients receiving hospice care from the hospice during a twelve (12) month period.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.25.5 The designation of a specific room or rooms for inpatient hospice care shall not be required if beds are available through contract between an existing healthcare facility and a hospice.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.25.6 Licensed beds designated for inpatient hospice care through contract between an existing health care facility and a hospice shall not be required to be de-licensed from one type of bed in order to enter into a contract with a hospice, nor shall the physical plant of any facility be required to be altered, except that a homelike atmosphere may be required.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.25.7 Staffing standards for inpatient hospice care provided through a contract may not exceed the staffing standards required under the license held by the contractee.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.25.8 Under no circumstance may a hospice contract for the use of a licensed bed in a health care facility or another hospice that has, or has had within the last eighteen (18) months, a suspended, revoked or conditional license, accreditation or rating.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 26 IN-SERVICE TRAINING

Rule 1.26.1 The hospice shall provide ongoing, relevant in-service training for all members of the hospice care team. (For hospice aide training, refer to section titled Personnel Qualification/Responsibility.)

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.26.2 For each direct-care employee, the hospice shall require training of twelve (12) hours inservice education, at a minimum annually. Documentation of such training shall be maintained.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.26.3 The hospice shall provide relevant inservice training on a quarterly basis for volunteers. Documentation of the offered inservices and attendees shall be maintained.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 27 RECORDS

Rule 1.27.1 In accordance with acceptable principles of practice, the hospice shall establish and maintain a clinical record for every patient admitted for care and services. The records must be complete, promptly and accurately documented, readily accessible and systematically organized to facilitate retrieval.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.27.2 **Content -** Each clinical record shall be comprehensive compilation of information. Entries shall be made for all services provided and shall be signed and dated within 7 days by the individual providing the services. The record shall include all services whether furnished directly or under arrangements made by the hospice. Each patient's record shall contain:

1. Identification data;

2. The initial and subsequent assessments;

3. The plan of care;

4. Consent and authorization forms;

5. Pertinent medical and psychosocial history;

6. Complete documentation of all services and events (including evaluations, treatments, progress notes, etc.)

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.27.3 **Protection of Information.** The hospice shall safeguard the clinical record against loss, destruction and unauthorized use.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.27.4 **Retention of Records**: Clinical records shall be preserved as original records, micro-films or other usable forms and shall be such as to afford a basis for complete audit of professional information. Complete clinical records shall be retained for a period after discharge of the patient of at least five (5) years. In the event the hospice shall cease operation, the Department shall be advised of the location of said records.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 28 SUPPLIES AND EQUIPMENT

Rule 1.28.1 The hospice shall provide supplies and equipment related to the terminal illness.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 29 DRUG ADMINISTRATION

Rule 1.29.1 The hospice shall have a written policy for procurement, administration and destruction of drugs.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.29.2 Drug administration shall be in compliance with all applicable state and federal laws

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 30 PHYSICAL FACILITIES

Rule 1.30.1 Each hospice office shall be commensurate in size for the volume of staff, patients, and services provided. Offices shall be well-lighted, heated and cooled. Offices shall be accessible to the individuals with disabilities.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 31 ADMINISTRATIVE OFFICES

Rule 1.31.1 Each hospice shall provide adequate office space and equipment for all administrative and health care staff. An adequate number of desks, chairs, filing cabinets, telephones, tables, etc., shall be available.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 32 STORAGE FACILITIES

Rule 1.32.1 Each Hospice shall provide sufficient areas for storage of:

1. Administrative records and supplies
2. Clinical Records
3. Medical equipment and supplies

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 33 TOILET FACILITIES

Rule 1.33.1 Each hospice office shall be equipped with an adequate number of toilet rooms. Each toilet room shall include: lavatories, soap, towels, and water closets.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 34 COMMUNICATION FACILITIES

Rule 1.34.1 Each Hospice Agency shall have an adequate number of telephones and extensions, located so as to be quickly accessible from all parts of the building. The telephone shall be listed under the official licensed name of the agency.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 35 INPATIENT FACILITY

Rule 1.35.1 **Inpatient hospice staffing** – An inpatient hospice must maintain the coverage of a registered nurse twenty-four (24) hours a day. Other medical/nursing personnel must be available to meet the needs of the patients.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.35.2 **Medical Director-Inpatient Services-**The hospice inpatient facility shall have a Medical Director who is a doctor of medicine or osteopathy and is currently licensed to practice medicine in Mississippi. The Medical Director must ensure and assume the overall responsibility for the medical component of the hospice's inpatient care services

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.35.3 **Nursing Services-Inpatient Services-** The inpatient hospice facility shall provide an organized 24-hour nursing service.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.35.4 The nursing service shall be under the direction of a Director of Nursing Services who is a registered nurse licensed to practice in Mississippi. The Director of Nurses is prohibited from simultaneous employment with more than one agency. Each facility shall provide a similarly qualified registered nurse available to act in the absence of the Director of Nursing Services. A registered nurse shall be responsible to assure the accurate assessment, development of a plan of care, implementation and evaluation of each patient's plan of care. Nursing care is administered and delegated in accordance with acceptable standards of nursing practice and the Mississippi Nurse Practice Act. Nursing staff must be available on the premises twenty-four hours a day, seven days a week. There shall be a registered nurse on duty at all times when there are patients in the facility. When there are no patients in the facility, the hospice shall have a registered nurse on call to be immediately available. The facility shall provide sufficient nursing personnel to meet each patient's needs in accordance with the patient's plan of care.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.35.5 **Pharmaceutical Services of Inpatient Hospice**- The hospice shall provide pharmaceutical services in accordance with acceptable professional standards of nursing and pharmaceutical practice and State law. The hospice shall have policies and procedures that address receipt, storage, dispensing, labeling, medication administration, all aspects of controlled substance storage, usage, and disposal of controlled substances, the handling of medication errors and components for incorporating pharmacy practices into the facility's overall quality improvement plan. Each inpatient pharmacy shall maintain a current pharmacy permit or registration, as applicable to the services offered.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 36 FOOD SERVICE IN INPATIENT HOSPICE

Rule 1.36.1 **Direction and Supervision** – The inpatient hospice facility shall provide well-planned, attractive, and satisfying meals which will meet their nutritional, social, emotional, and therapeutic needs. The dietary department of a hospice shall be directed by a registered dietitian, certified dietary manager, or a qualified dietary manager. If a food service supervisor is the director, she must receive regularly scheduled consultation, at a minimum monthly, from a registered dietitian.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 37 FOOD HANDLING PROCEDURES

Rule 1.37.1 **Clean Rooms** – Floors, walls, and ceilings of rooms in food service area shall be free of an accumulation of rubbish, dust, grease and dirt.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.37.2 **Clean Equipment** – Equipment within the food service area shall be clean and free of dust, grease, and dirt

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.37.3 **Tables and Counters** – Tables and counters which are used for food service shall be kept clean.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.37.4 **Clean Utensils** – Service utensils shall be cleaned after each use. Utensils used for food storage shall be kept clean.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.37.5 **Dish and Utensil Washing** – Dishes and utensils used for eating, drinking, and in preparation or serving food and drink shall be cleaned after each use in accordance with the regulations of the Mississippi State Department of Health governing food handling establishments.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.37.6 **Ice** – Ice to be served shall be of sanitary quality. Ice shall be handled, crushed, and stored in clean equipment and shall not be served by direct contact of fingers or hands but only with spoons, scoops, or the like.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.37.7 **Protection from Contamination** – All foods and food ingredients shall be so stored, handled, and served so as to be protected from dust, flies, roaches, rats, unsanitary handling, droplet infection, overhead leakage, sewage backflow and

any other contamination. Sugar, syrup and condiment receptacles shall be provided with lids and shall be kept covered when not in use.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.37.8 **Storage and Service of Milk and Ice Cream**

1. All milk and fluid milk products shall be stored and served in accordance with regulations of the Department of Health governing the production and sale of milk and milk products.

2. All ice cream and other frozen desserts shall be from an approved source. Ice cream shall be stored in covered containers. No contaminating substance shall be stored with ice cream.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.37.9 **Kitchen Garbage and Trash Handling**

1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and stored in a screened or refrigerated space pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.

2. After being emptied, all garbage and trash cans shall be washed and dried before re-use.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.37.10 **Employee Cleanliness**

1. Employees engaged in handling, preparation, and/or serving of food shall wear clean clothing at all times. They shall wear hair nets, head bands, or caps to prevent the falling of hair.

2. Employee handling food shall wash their hands thoroughly before starting to work, immediately after contact with any soiled matter, and before returning to work after each visit to the toilet room.

3. Street clothing of employees shall be stored in lockers or dressing rooms.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.37.11 **Smoking and Expectorating** – Smoking or expectorating within the food service area shall not be permitted.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.37.12 **Dining in Kitchen** – Eating or dining in the food preparation area or kitchen shall not be permitted.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 38 MEAL SERVICE

Rule 1.38.1 **Meals and Nutrition** – At least three (3) meals in each twenty-four (24) hours shall be provided. The daily food allowance shall meet the current recommended dietary allowances of the Food and Nutrition Board of National Research Council adjusted for individual needs.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.38.2 **Menu** – The menu shall be planned and written at least one (1) week in advance. The current week's menu shall be signed by the dietitian, dated, posted in the kitchen and followed as planned. Substitutions and changes on all diets shall be documented in writing. Copies of menus and substitutions shall be kept on file for at least thirty (30) days.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.38.3 **Timing of Meals** – A time schedule for serving meals to patients or residents and personnel shall be established. Meals shall be served approximately five (5) hours apart with no more than fourteen (14) hours between a substantial evening meal and breakfast. The time schedule of meals shall be posted with the menu on the board. Bedtime/in between meal snacks of nourishing quality must be offered to patients not on diets prohibiting such nourishment.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.38.4 **Modification in Regular Diets** – Modified diets which are a part of medical treatment shall be prescribed in written orders by the physician, for example; sodium restricted diets; bland-low residue diets; and modification in carbohydrates, protein, or fat. All modified diets shall be planned in writing and posted along with regular menus. A current diet manual shall be available to personnel. The registered dietitian shall approve all modified diet menus and diet manual used in the facility.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.38.5 **Food Preparation** – Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. The food shall be acceptable to the individuals served.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.38.6 **Food Supply** – Supplies of perishable foods for at least a twenty-four (24) hour period and or non-perishable foods for a three (3) day period shall be on the premises to meet the requirements of the planned menus. The non-perishable foods shall consist of commercial type processed foods.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.38.7 **Serving of Meals**

1. Tables should be made available for all patients. Patients who are not able to go to the dining room shall be provided sturdy tables (not TV trays) of proper heights. For those who are bedfast or infirm, tray service shall be provided in their rooms with the tray resting on a firm support.

2. Personnel eating meals or snacks on the premises shall be provided facilities separate from and outside of food preparation, tray service and dish washing areas.

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

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

5. **Food Service personnel**- A competent person shall be designated by the administrator to be responsible for the total food service. Sufficient staff shall be employed to meet the established standards of food service. Provision should be made for adequate supervision and training of the employee.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 39 PHYSICAL PLANT FACILITIES

Rule 1.39.1 **Floors** – Floors in food service areas shall be of such construction so as to be easily cleaned, sound, smooth, non-absorbent and without cracks or crevices. Floors shall be maintained in good repair.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.39.2 **Walls and Ceilings** – Walls and ceilings of food service areas shall be tight and of substantial construction, smoothly finished and painted in a light color. The walls and ceilings shall be without horizontal ledges and shall be washable up to

the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows that will prevent the entrance of rain or dust during inclement weather.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.39.3 **Screens on Outside Openings** – Openings to the outside shall be effectively screened. Screen doors shall open outward and be equipped with self-closing devices.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.39.4 **Lighting** – The kitchen, dish washing area, and dining room shall be provided with well distributed and unobstructed natural light or openings. Artificial light properly distributed and of an intensity of not less than thirty (30) foot candles shall be provided.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.39.5 **Ventilation** – The food service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes, and prevent excessive condensations.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.39.6 **Employee Toilet Facilities** – Toilet facilities shall be provided for employees. Toilet rooms shall not open directly into any room in which food is prepared, stored, displayed, or served, nor into any room in which utensils are washed or stored. Toilet rooms shall have a lavatory and shall be well lighted and ventilated.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.39.7 **Hand Washing Facilities** – Hand washing facilities with hot and cold water, soap dispenser and a supply of soap and disposable towels shall be provided in all kitchens. The use of a common towel is prohibited. Hands shall not be washed in sinks where food is prepared or where utensils are cleaned.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.39.8 **Refrigeration Facilities** – Adequate refrigeration facilities, automatic in operation, for the storage of perishable foods shall be provided. Where separate refrigeration can be provided, the recommended temperatures for storing perishable foods are thirty-two (32 degrees) to thirty-eight (38 degrees) Fahrenheit for meats, forty (40 degrees) Fahrenheit for dairy products, and forty-five (45 degrees) Fahrenheit for fruits and vegetables. All refrigerators shall be

provided with thermometers. Facilities with more than twenty-four (24) beds shall have commercial or institutional type refrigeration.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.39.9 **Equipment or Utensil Construction** – Equipment and utensils shall be constructed so as to be easily cleaned and shall be kept in good repair

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.39.10 **Separation of Kitchen from Resident Rooms and Sleeping Quarters** – Any room used for sleeping quarters shall be separated from the food service area by a solid wall. Sleeping accommodations such as a cot, bed, or couch shall not be permitted within the food service area

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 40 AREAS AND EQUIPMENT

Rule 1.40.1 **Location and Space Requirements** – Food service facilities shall be located in a specifically designated area and shall include the following rooms and/or spaces: kitchen, dishwashing, food storage, and dining room.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.40.2 **Kitchen**

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

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

   b. Avoid overcrowding and congestion of operations;

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

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

2. **Minimum equipment** in kitchen shall include:

   a. Range and cooking equipment – Facility with more than twenty-four (24) beds shall have institutional type ranges, ovens, steam cookers, fryers, etc., in appropriate sizes and numbers to meet the food preparation needs of the facility. The cooking equipment shall be equipped with a hood vented to the outside as appropriate.

   b. Refrigerator and freezers – Facilities with more than twenty-four (24) beds shall have sufficient commercial or institutional type refrigeration/freezer units to meet the storage needs of the facility.

   c. Bulletin Board

   d. Clock

   e. Cook's table

   f. Counter or table for tray set-up

   g. Cans, garbage (heavy plastic or galvanized)

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

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

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

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

   l. Fire extinguisher, 20 BC rated (sodium bicarbonate or potassium bicarbonate)

   m. Ice machine – At least one ice machine shall be provided. If there is only one (1) ice machine in the facility, it shall be located adjacent to but not in the kitchen. If there is an ice machine located at nursing station, then the ice machine for dietary shall be located in the kitchen.

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

o. Coffee, tea and milk dispenser – (Milk dispenser not required if milk is served in individual cartons.

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

q. Ice Cream Storage

r. Tray cart – (Hot food carts are desirable but not specifically required.)

s. Mixer – Institutional type mixer of appropriate size for facility.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.40.3 **Dishwashing** – Commercial or institutional type dishwashing equipment shall be provided in facilities with more than twenty- four (24) beds. The dishwashing area shall be separated from the food preparation area by a partition wall. If sanitizing is to be accomplished by hot water, a minimum temperature of one hundred eighty degrees (180o) Fahrenheit shall be maintained during the rinsing cycle. An alternate method of sanitizing through use of chemicals (chlorine) may be provided if sanitizing standards are observed in accordance with requirements as set forth by the Mississippi State Department of Health. Adequate counter space for stacking soiled dishes shall be provided in the dishwashing area at the most convenient place of entry from the dining room, followed by a disposer with can storage under the counter. There shall be a pre-rinse sink, then the dishwasher and finally a counteror drain for clean dishes. The dishwashing areas shall have a wall or partition separating soiled and clean dish areas.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.40.4 **Food Storage** – A food-storage room with cross-ventilation shall be provided. Adequate shelving, bins and heavy plastic or galvanized cans shall be provided. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water leakage, or any other source of contamination. The food-storage room should be adjacent to the kitchen and convenient to the receiving area. There shall be sufficient food storage area to meet need of the facility.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 41 SANITATION AND HOUSEKEEEPING IN PATIENT CARE

Rule 1.41.1 **Water Supply**

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

2. Water under pressure sufficient to operate fixtures at the highest point during maximum periods shall be provided. Water under pressure of at least fifteen (15) pounds per square inch shall be piped to all sink, toilets, lavatories, tubs, showers, and other fixtures requiring water.

3. It is recommended that the water supply into the building can be obtained from two (2) separate water lines if possible.

4. A dual hot water supply shall be provided. The temperature of hot water to lavatories and bathing facilities shall not exceed one hundred ten degrees (110 degrees) Fahrenheit, nor shall hot water be less than one hundred degrees (100 degrees) Fahrenheit.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.41.2 **Disposal of Liquid and Human Wastes**

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

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

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

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.41.3 **Premises** –The premises shall be kept neat, clean, and free of an accumulation of rubbish, weeds, ponded water, or other conditions which would have a tendency to create a health hazard.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.41.4 **Control of Insects, Rodents, Etc.** – The institution shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods of eradication and control shall be utilized through contract with a reputable licensed pest control company.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.41.5 **Toilet Room Cleanliness** – Floors, walls, ceilings and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an accumulation of rubbish, cleaning supplies, toilet articles, etc.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.41.6 **Garbage Disposal**

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

2. Proper disposition of infectious materials shall be observed.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 42 HOUSEKEEPING AND PHYSICAL PLANT MAINTENANCE

Rule 1.42.1 **Housekeeping Facilities and Services**

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

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

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.42.2 **Bathtubs, Showers, and Lavatories** – Bathtubs, showers, and lavatories shall be kept clean and in proper working order. They shall not be used for laundering or for storage of soiled materials. Neither shall these facilities be used for cleaning mops, brooms, etc.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.42.3 **Patient Bedrooms** – Patient bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. All sweeping should be damp sweeping. All dusting should be damp dusting with a good germicide or detergent-germicide.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.42.4 **Storage**

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

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

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

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 43 MEDICAL WASTE

Rule 1.43.1 **Regulated Medical Waste** - "Infectious Medical Wastes" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following wastes shall be considered to be infectious medical wastes:

1. Wastes resulting from the care of patients and animals who have Class I and/or II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi State Department of Health;

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

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

4. Pathological wastes, such as tissues, organs, body parts, and body fluids that are removed during surgery and autopsy;

5. Contaminated carcasses, body parts, and bedding of animals that were exposed to pathogens in medical research;

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

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

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.43.2 **Medical Waste** – Means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.43.3 **Medical Waste Management Plan** – All generators of infectious medical waste . and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:

1. **Storage and Containment of Infectious Medical Waste and Medical Waste**

   a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.

   b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.

   c. Unless approved by the Mississippi State Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven days above a temperature of 60 C (38 degrees F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0 degrees C (32 degrees F) for a period of not more than 90 days without specific approval of the Department of Health.

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

   e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have strength sufficient to preclude

ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling or transport.

f. All sharps shall be contained for disposal in leak proof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.

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

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

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

j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi State Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in E.

k. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

   i. Exposure to hot water at least 180 F for a minimum of 15 seconds.

   ii. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of 3 minutes:

      a. Hypochlorite solution (500 ppm available chlorine).

      b. Phenolic solution (500 ppm active agent).

      c. Iodoform solution (100 ppm available iodine).

      d. Quaternary ammonium solution (400 ppm active agent).

l. Reusable pails, drums or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as non-infectious waste or for other purposes except after being decontaminated by procedures as described in part (J) of this section.

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

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

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.43.4 **Treatment Or Disposal Of Infectious Medical Waste Shall Be by One Of the Following Methods:**

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

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

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

   b. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121 C (250 degrees F) for one-half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually;

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

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

   e. Maintenance of records of procedures specified in (a), (b), (c) and (d) above for period of not less than a year;

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

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

4. Chemical sterilization shall use only those chemical sterilants recognized by the U. S. Environmental Protection Agency, Office of Pesticides and Toxic Substances.

5. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with Bacillus Subtilis Spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.43.5 **Treatment and Disposal of Medical Waste Which Is Not Infectious Shall be By One Of The Following:**

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

2. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land and which is not a treatment facility. All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 44 LAUNDRY- INPATIENT FACILITY

Rule 1.44.1 **Direction and Supervision** Responsibility for laundry services shall be delegated to a competent employee.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 45 PHYSICAL FACILITY

Rule 1.45.1 **Location and Space Requirements** Each inpatient hospice shall have laundry facilities unless commercial laundries are used. The laundry shall be located in specifically designated areas and there shall be adequate room and space for sorting, processing and storage of soiled material. There should be a separate

storage area for provided for soiled linens apart from the clean linens laundry. Laundry rooms or soiled linen storage areas shall not open directly into a patient bedroom or food service area. Soiled materials shall not be transported through the food service area. If commercial laundry is used, separate satisfactory storage areas shall be provided for clean and soiled linens.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.45.2 **Ventilation** – Provisions shall be made to prevent the recirculation of air through the heating and air condition systems.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.45.3 **Lint Traps** – Lint traps in driers shall be maintained free of lint and debris,

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.45.4 **Laundry Chutes** – When laundry chutes are provided they shall have a minimum diameter of two (2) feet; and they shall be installed with flushing ring, vent and drain.

1. An automatic sprinkler shall be provided at the top of the laundry chute and in any receiving room for a chute.

2. A self-closing door shall be provided at the bottom of the chute.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.45.5 **Laundry Equipment** –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.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 46 PHYSICAL FACILITIES: DESIGN AND CONSTRUCTION ELEMENTS

Rule 1.46.1 **General**. Every institution subject to these Minimum Standards shall be housed in a safe building which contains all the facilities required to render the services contemplated in the application for license.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.46.2 **Codes**. The term “safe” as used in Section Rule 1.46.1 hereof shall be interpreted in the light of compliance with the requirements of the codes recognized by this agency on date of construction which are incorporated by reference as a part of these Minimum Standards; included are the Life Safety Code of the National Fire

Protection Association, American National Standards Institute, Standards Number A-17.1, and A-17.3, Safety Code for Elevators and Escalators, the American Institute of Architects (AIA), Guidelines for Design and Construction of Hospital and Health Care Facilities, and references incorporated as body of all afore mentioned standards. Life Safety Code compliance relative to construction date:

1. Buildings constructed after October 17, 2007 shall comply with the edition of the Life Safety Code (NFPA 101) recognized by this agency on the date of construction.

2. Building constructed prior to October 17, 2007 shall comply with existing chapter of the Life Safety Code recognized by this agency.

3. For minimum standards governing Heating, Ventilation, and Air Conditioning (HVAC), area design, space allocation, parking requirements, and other considerations not specifically addressed by local authority or standards referenced herein, compliance with the AIA guidelines will be deemed acceptable.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.46.3 **Location** – All inpatient hospices established or constructed after the adoption of these regulations shall be located in an area free from undue noise, smoke, dust, or foul odors and shall not be located adjacent to disposal plants, cemeteries, etc.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.46.4 **Site** – The proposed site for an inpatient hospice must be approved by the Department of Health. Prior to construction/renovation, all proposed plans and sites must be submitted and approved by the Mississippi State Department of Health, Fire Safety and Construction Branch. Factors to be considered in approving a site may be convenience to medical and hospital services, approved water supply and sewerage disposal, community services, services of a fire department, and availability to labor supply. Not more than 50% of a site shall be covered by a building(s) except by special approval of the Department of Health. One example whereby approval may be granted is where the structure is to be placed in a very desirable location where the grounds are limited and very expensive. Where such approval is granted, the structure will be required to have a living room, day room, sun room, and recreational areas adequate to compensate for lack of required outside area.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.46.5 **Local Restrictions** – The site and structure of all facilities shall comply with local building, fire and zoning ordinances. Evidence to this effect signed by local building, fire, and zoning officials shall be presented, where applicable.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.46.6 **Transportation** – Facilities shall be located on streets or roads which are passable at all times. They should be located convenient to public transportation facilities, when applicable.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.46.7 **Communication** – There shall be at least one electrically interconnected hardwire telephone in the facility and such additional telephones as are necessary to summon help in the event of a fire or other emergency. The telephone shall be listed under the official licensed name or title of the facility.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.46.8 **Occupancy** – No part of the facility may be rented, leased, or used for any commercial purpose not related to the operation of the facility.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.46.9 **Basement** -No patient or resident shall be housed on any floor that is below ground level at any point.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.46.10 **Call System** – Some type of signal for summoning aid shall be conveniently provided for each patient.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 47 BUILDING REQUIREMENTS

Rule 1.47.1 **One-Story Building Non-Combustible Construction**

1. One-hour fire resistive rating generally. After adoption of these regulations, one-story buildings shall be of at least one-hour fire resistive rating throughout except as provided in subparagraph of this section ("hazardous areas and combustible storage").

2. Hazardous areas and combustible storage. All areas used for storage of combustible materials shall be classified as hazardous areas and shall be separated from other areas by construction having a fire resistive rating of at least two (2) hours.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.2 **Multi-Story Building**

1. Fire resistive construction. After adoption of these regulations all institutions for the aged or infirm containing two (2) or more stories shall be of at least one-hour fire resistive construction throughout except as provided in 140.1 (2).

2. Elevator required. No patient shall be housed above the first floor unless the building is equipped with an elevator. The minimum cab size of the elevator shall be approximately five (5) feet four (4) inches by eight (8) feet no (0) inches and constructed of metal. The width of the shaft door shall be at least three (3) feet ten (10) inches. The load weight capacity shall be at least two thousand five hundred (2,500) pounds. The elevator shaft shall be enclosed in fire resistant construction of not less than two-hour fire resistive rating. Elevators shall not be counted as required exits. Elevators are subject to the requirements of the referenced standard listed in paragraph 139.2 of this chapter. Exceptions to sub-paragraphs 1 and 2 may be granted to existing facilities at the discretion of the licensing agency.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.3 **Building Codes** – All construction shall be in accordance with applicable local building codes and regulations and with these regulations.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.4 **Structural Soundness and Repair; Fire Resistive Rating** – The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at sufficient intervals to be reasonably attractive inside and out. One-story structures shall have a one-hour fire resistance rating except that walls and ceilings of high fire hazard areas shall be of two-hour fire resistance rating in accordance with NFPA #220. Multi-storied buildings shall be of fire resistive materials.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.5 **Temperature** – Adequate heating and cooling shall be provided in all rooms used by patients so that a minimum temperature of seventy-five (75 degrees) to eighty (80 degrees) Fahrenheit may be maintained.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.6 **Lighting** – Each patient's room shall have artificial light adequate for reading and other uses as needed. All entrances, corridors, stairways, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all corridors, stairways, toilets, and bathing rooms.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.7 **Emergency power / Lighting** – To provide electricity during an interruption of the normal electric supply that could affect the medical care, treatment and safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. The source of the emergency electric service shall be an emergency generator, with a stand-by supply of fuel for 24 hours.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.8 **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. §41-85-7

Rule 1.47.9 **Floors** – All floors shall be smooth and free from defects such as cracks and be finished so that they can be easily cleaned. Floors in corridors, patient bedrooms, toilets, bathing rooms, kitchens, utility rooms, and other areas where frequent cleaning is necessary should be covered wall-to-wall with inlaid linoleum, resilient tile, hard tile, or the equivalent.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.10 **Walls and Ceilings** –All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.11 **Ceiling Height** – All ceilings shall have a height of at least eight (8) feet except that a height of seven (7) feet six (6) inches may be approved for corridors or toilets and bathing rooms where the lighting fixtures are recessed. Exception may be made for existing facilities.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.12 **Handrails** – Handrails shall be installed on both sides of all corridors and hallways used by patients. The handrails should be installed from thirty-two (32) inches to thirty-six (36) inches above the floor. The handrails should have a return to the wall at each rail ending.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.13 **Ramps and Inclines** – Ramps and inclines, where installed for the use of patients, shall not exceed one (1) foot of rise in ten (10) feet of run, shall be furnished with a non-slip floor, and shall be provided with handrails on both sides.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.14 **Stairways -** Stairways shall have a minimum width of forty-four (44) inches with risers not to exceed seven and three-fourths (7¾) inches and treads not less than nine (9) inches. Treads shall be of uniform width and risers of uniform height in any one flight of stairs. All stairways and stairway landings shall be equipped with handrails on both sides.

1. A landing with width not less than the width of the stairs shall be provided at the top and bottom of each flight of stairs.

2. Winding stairways or triangular treads are prohibited.

3. Stairways shall be enclosed with noncombustible materials of at least two-hour fire resistance rating.

4. Openings to stairways shall be equipped with doors with self-closing devices.

5. Doors to stairways shall open in the direction of exit travel and be equipped with a vision window of wired glass. The doors shall open on a landing of the same width as the stair width.

6. Stairways shall be individually enclosed and separated from any public hall.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.15 **Corridors and Passageways**

1. Corridors in patient areas shall be not less than eight (8) feet wide. Exception may be granted to existing structures where it is structurally or feasibly impossible to comply.

2. Exit Passageways other than corridors in patient areas shall be not less than four (4) feet wide between handrails.

3. Corridors and passageways shall be kept unobstructed.

4. Corridors and passageways which lead to the outside from any required stairway shall be enclosed as required for stairways.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.16 **Doors General**

1. All stairway doors; doors providing egress from corridors (other than to the exterior) and all doors to shafts, utility closets, boiler and incinerator rooms, in fire walls, and other spaces which are a possible source of fire shall be equal to Underwriters' Laboratories "Class B-1 ½ hour" self-closing doors.

2. All corridor doors except doors to janitor closets, toilets, and bathrooms shall be 20 minute rated fire doors or solid wooden doors of the flush type of nominal thickness of at least one and three-fourths (1 3/4 inches)

3. Bedroom, patient bath, and toilet doors shall not be equipped with hardware that will allow a patient to lock himself within the room.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.17 **Exit Doors** – Exit doors shall meet the following:

1. They shall be of a fire resistive rating equal to the stairway or passage.

2. Doors leading to stairways shall be not less than forty-four (44) inches wide.

3. Doors to the exterior shall be not less than forty-four (44) inches wide except where the capacity of a first floor exceeds sixty (60) persons or a floor above the first floor exceeds thirty (30) persons in which case wider doors maybe required.

4. Exit doors shall swing in the direction of exit and shall not obstruct the travel along any required exit.

5. Revolving doors shall not be used as required exits.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.18 **Door Widths** – All exit doors shall be a minimum of forty-four (44) inches wide and open outward. Doors to patient bedrooms shall be a minimum of forty-four (44) inches wide. All other doors through which patients must pass (doors to living and day rooms, dining rooms, recreational areas, toilet and bathrooms, physical and occupational therapy rooms, etc.) shall be a minimum of thirty-six (36) inches wide. Doors to patient closets shall be not less than twenty (20) inches wide. Exception may be granted to existing facilities.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.19 **Door Swing**

1. Exit doors, other than from a living unit, shall swing in the direction of exit from the structure.

2. Patient bedroom doors. Patient bedroom doors opening from a corridor shall open to the inside of the room.

3. Toilet or bathroom doors. Doors to toilet and bathrooms accessible from the patient's bedroom shall open into the room. Doors to toilet or bathroom accessible from a corridor shall open into the toilet or bathroom.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.20 **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 they shall be equipped with handrails on both sides.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.21 **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.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.22 **Interior Finish and Decorative Materials** – All combustible, decorative, and acoustical material shall be rendered and maintained flame resistant. It is recommended that curtains be of fiberglass or other flame resistant material.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.23 **Fire Extinguishers**- Fire extinguishers of number, type, and capacity appropriate to the need 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 authority of the Department of Health. 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 chief or representative of a fire extinguisher servicing company.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.24 **Fire Detection and Fire Protection System**

1. If an automatic sprinkler-alarm system is installed, it shall meet the requirements as a recommended by the National Fire Protection Association according to NFPA, No. 13.

2. If an automatic fire detection system is installed, it shall meet the following requirements:

3. It shall be an Underwriters' Laboratories approved system.

4. A smoke detector unit shall be installed upon the ceiling or on the side walls near the ceiling throughout all parts of the premises including all rooms, halls, storage areas, basements, attics, and lofts and inside all closets, elevator shafts, enclosed stairways and dumbwaiter shafts, chutes, and other enclosures.

5. The system shall be electrically supervised so that the occurrence of a break or a ground fault of its installation writing circuits, which present the required operation of system or failure of its main power supply source, will be indicated by a distinctive trouble signal.

6. The conductors of the signaling system power supply circuit shall be connected on the line side of the main service of a commercial light or power supply circuit. A circuit disconnecting means shall be so installed that it will be accessible only by authorized personnel.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.25 **Smoke Barrier or Fire Retardant Walls-** Each building shall be divided into areas not exceeding five thousand (5,000) square feet between exterior walls or smoke barrier walls. The barrier walls shall be constructed from floor to roof decking with no openings except in corridors or other areas specifically approved by the licensing agency. Self-closing "B" label fire doors with fusible linkage shall be installed in the barrier walls in corridors. All air spaces in the walls shall be filled with noncombustible material.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.26 **Exit Signs** – Exits shall be marked with plainly lettered illuminated signs bearing the word "Exit" or "Fire Escape" in letters at least four and one-half (4 ½) inches high. Exit signs shall be illuminated at all times and wired in front of the electrical panel with fuse control in a locked box. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.27 **Fire Escapes and Ladders**

1. The use of ladders (metal or otherwise) in lieu of escapes or fire stairways shall not be permitted on any facility licensed under these regulations.

2. The use of open fire escapes shall not be permitted on facilities opened or established after the effective date of these regulations.

3. Open fire escapes will be permitted on existing institutions provided such fire escapes meet the following requirements:

   a. They must be of non-combustible material.

   b. They must have railing or guard at least four (4) feet high on each unenclosed side.

   c. Wall openings adjacent to fire escapes shall be protected with fire resistive doors and windows.

   d. Doors leading to fire escapes shall open in the direction of exit.

   e. Fire escapes on facilities licensed after adoption of these regulations should generally meet requirements for stairways.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.28 **Required Fire Exits**

1. At least two (2) exits, remote from each other, shall be provided for each occupied story of the building. Dead-end corridors are undesirable and in no even shall exceed thirty (30) feet.

2. Exits shall be of such number and so located that the distance of travel from the door of any occupied room to an exit from that floor shall not exceed one hundred (100) feet. In buildings completely protected by a standard automatic sprinkler system, the distance may be one hundred fifty (150) feet.

3. Each occupied room shall have at least one (1) door opening directly to the outside or to a corridor, stairway, or ramp leading directly to the outside.

4. Doors on fire exits shall open to the outside.

5. Building Exits Code, NFPA, No. 101, shall be the governing code for exit items which are not covered in the regulations.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.29 **Mechanical and Electrical Systems-** Mechanical, electrical, plumbing, heating, air-conditioning, and water systems installed shall meet the requirements of local codes and ordinances as well as the applicable regulation of the Department of

Health. Where there are no local codes or ordinances, 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 Board of Fire Underwriters.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.47.30 The heating of institutions for the aged or infirm licensed after adoption of these regulations 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 for existing homes:

1. Portable type gas heaters provided they meet all the following:

   a. A circulating type with a recessed enclosed flame so designed that clothing or other flammable material cannot be ignited;

   b. Equipped with a safety pilot light;

   c. Properly vented to the outside;

   d. Approved by American Gas Association or Underwriters' Laboratories.

   e. An approved type of electrical heater such as wall insert type.

   f. Lighting (except for emergency lighting) shall be restricted to electricity. No open flame lighting such as by kerosene lamps, gas lamps, or candles shall be permitted.

   g. The Department of Health may require, at its discretion, inspection of mechanical, plumbing and electrical systems installed prior to effective date of these regulations by building, electrical plumbing officials or other competent authorities, a certification of adequacy and safety presented to the Department of Health.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 48 EMERGENCY OPERATIONS PLAN (EOP)

Rule 1.48.1 The licensed entity shall develop and maintain a written preparedness plan utilizing the "All Hazards" approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Preparedness and Response, Mississippi State Department of Health, or their designates, for conformance with the "All Hazards Emergency Preparedness and Response Plan." Particular attention shall be given to critical areas of concern which may arise during any "all hazards" emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six (6) critical areas of consideration are:

1. Communications – Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.
2. Resources and Assets
3. Safety and Security
4. Staffing
5. Utilities
6. Clinical Activities.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.48.2 Emergency Operations Plans (EOPs) must be exercised and reviewed annually or as directed by the 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.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 49 FACILITY FIRE PREPAREDNESS

Rule 1.49.1 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.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.49.2 Written Records. Written records of all drills shall be maintained, indicating content of and attendance at each drill.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.49.3 A fire evacuation plan shall be posted in each facility in a conspicuous place and kept current.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 50 NURSING UNIT

Rule 1.50.1 Nursing Unit – Medical, nursing, and personal services shall be provided in a specifically designated area which shall include bedrooms, special care room(s), nurses' station, utility room toilet and bathing facilities, linen and storage closets and wheelchair space.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.50.2 The maximum nursing unit shall be twenty-five (25) beds.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.50.3 **Bedrooms Location**

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

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

3. Patient bedrooms shall be directly accessible from the main corridor of the nursing unit providing that accessibility from any public space other than the dining room will be acceptable. In no case shall a patient bedroom be used for access to another patient bedroom.

4. All patient bedrooms shall be so located that the patient 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 patient bedroom.

   a. Floor Area – Minimum usable floor area per bed shall be as follows:

      i. Private room 100 square feet

ii. Multi-bed room 80 square feet

b. Provision for Privacy – Cubicle curtains, screens or other suitable provisions for privacy shall be provided in multi-bed patient bedrooms.

c. Accommodations for Patients – The minimum accommodations for each patient shall include:

i. Bed – The patient shall be provided with either an adjustable bed or a regular single bed, according to needs of the patient, with a good grade mattress atleast four (4) inches thick. Beds shall be single except in case of special approval of the licensing agency. Cots and roll-away beds are prohibited for patient use. Full and half bedrails shall be available to assist in safe care of patients.

ii. Pillows, linens, and necessary coverings.

iii. Chair.

iv. Bedside cabinet or table.

v. Storage space for clothing, toilet articles, and personal belongings including rod for clothes hanging.

vi. Means at bedside for signaling attendants.

vii. Bed pan and urinal for patients who need them.

viii. Over-bed tables as required.

d. Bed Maximum – Effective from the approval date of these regulations, each newly renovated or newly constructed hospice facility shall contain only private patient rooms. There shall be no multi-patient wards.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.50.4 **Isolation Room** – Each hospice facility shall have one isolation room which shall be a single bedroom with at least a private half bath (lavatory and water closet).

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.50.5 **Nurses' Station** - Each inpatient hospice shall have a nurses' station for each nursing unit. The nurses' station shall include as a minimum the following:

a. Annunciator board or other equipment for patient's call;

b. The minimum areas of the medicine storage/preparation room shall be seventy-five (75) feet;

c. Storage space for patients' medical records and nurses' charts.

d. Lavatory or sink with disposable towel dispenser;

e. Desk or counter top space adequate for recording and charting purposes by physicians and nurses.

f. The nurses' station area shall be well-lighted.

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

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.50.6 **Utility Room** – Each inpatient hospice shall provide a separate utility room for soiled and clean patient care equipment such as bedpans, urinals, et cetera. The soiled utility room shall contain, as a minimum, the following equipment:

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

2. Utensil sterilizer;

3. Lavatory or sink and disposable towel dispenser;

4. The utility room for clean equipment shall have suitable storage.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.50.7 **Toilet and Bathing Facilities** - Separate toilet and bathing facilities shall be provided on each floor for each sex in the following ratios as a minimum:

a. Bathtubs or showers1 per 12 beds or fraction thereof Lavatories1 per 8 beds or fraction thereof

b. Toilets1 per 8 beds or fraction thereof

c. As a minimum, showers shall be four (4) feet by four (4) feet without curbing.

d. Handrails shall be provided for all tubs, showers, and commodes.

e. A lavatory shall be provided in each patient bedroom or in a toilet room that is directly accessible from the bedroom.

f. A water closet shall be located in a room directly accessible from each patient bedroom. The minimum area for a room containing only a water closet shall be three (3) feet by six (6) feet.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.50.8 **Other Rooms and Areas** – In addition to the above facilities, each nursing unit shall include the following rooms and areas: linen closet, storage closet and wheelchair space.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.50.9 **Required Rooms and Areas**

1. Clean linen storage – Adequate area shall be provided for storing clean linens which shall be separate from dirty linen storage.

2. Wheelchair area – Adequate area shall be provided for storage of wheelchairs.

3. Dining Room – The dining area shall be large enough to accommodate needs of the hospice patients/families.

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

5. Day Room or Living Room – Adequate day or living room area shall be provided for patients or residents and guests. These areas shall be designated exclusively for this purpose and shall not be used as sleeping area or otherwise. It is recommended that at least two (2) such areas be provided and more in larger facilities.

6. Counseling Room**-** The hospice shall provide a defined quiet room or place that will accommodate families and where consoling and/or counseling can be offered.

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

8. Garbage – Garbage can cleaning and storage area.

9. General Storage – A minimum area equal to at least (5) square feet per bed shall be provided for general storage.

10. Laundry – If laundry is done in the institution, a laundry room shall be provided. The laundry shall be enclosed by two-hour fire resistive construction. Adequate equipment for the laundry load of the home shall be installed. The sorting, washing, and extracting process should be separated from the folding and ironing area – preferably in separate rooms.

11. A separate toilet room (lavatory and water closet) with lockers shall be provided for male and female employees.

12. A separate toilet room shall be provided for each sex of the public.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 51 CONCLUSION: GENERAL

Rule 1.51.1 Conditions which have not been covered in the Standards shall be enforced in accordance with the best practices as interpreted by the Licensing Agency. The Licensing Agency reserves the right to:

1. Visit hospice patients in their place of residence in order to evaluate the quality of care provided.

2. Review the payroll records of each hospice agency for the purpose of verifying staffing patterns.

3. Information obtained by the licensing agency through filed reports, inspection, or as otherwise authorized, shall not be disclosed publicly in such manner as to identify individuals or institutions, except in proceedings involving the question of licensure.

SOURCE: Miss. Code Ann. §41-85-7

Rule 1.51.2 **VARIANCES AND WAIVERS**

1. The Department, upon application, may grant variances or waivers of specific rules and regulations when it has been shown that the rule or regulation is not applicable or to allow experimentation and demonstration of new and innovative approaches to delivery of services.

2. The Department may exempt classes of facilities from regulation, as provided, when regulation would not permit the purpose intended or the class of facilities is subject to similar requirements under other rules and regulations.

SOURCE: Miss. Code Ann. §41-85-7

Chapter 2 Minimum Standards of Operation of Prescribed Pediatric Extended Care (PPEC) Centers

Subchapter 1 General: Legal Authority

Rule 2.1.1 **Authority.** By virtue of authority vested in it by Mississippi Code Annotated, §41-125-1 through §41-125-23, or as otherwise amended, the Mississippi State Department of Health (MSDH, otherwise known as the licensing agency), has the authority and powers, as necessary, to promulgate and adopt the following rules, regulations and standards governing Prescribed Pediatric Extended Care (PPEC) centers and to license and regulate said centers in the State of Mississippi.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.1.2 **Procedures Governing Amendments.** The rules, regulations and minimum standards for Prescribed Pediatric Extended Care centers may be amended by the licensing agency from time to time as necessary to promote the health, safety and welfare of the children being served and to assure that centers provide the necessary family-centered medical, developmental, psychological, nutritional, psychological and family training services.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.1.3 **Inspections Required.** No PPEC center shall operate without a license. No PPEC center shall be licensed without being inspected and having achieved compliance with the rules, regulations and standards as set forth in this chapter. Each PPEC center for which a license has been issued shall be inspected by the Mississippi State Department of Health or by persons delegated with authority by said Mississippi State Department of Health at such interval that the Department may direct. Mississippi State Department of Health and/or its authorized representatives shall have the right to inspect construction work in progress. The PPEC center shall provide Mississippi State Department of Health unrestricted access to the center, children and clinical/medical records as necessary to verify compliance with said rules and regulations.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 2 Definitions

Rule 2.2.1 A listing of terms often used in connection with the rules and regulations and standards follows:

1. **Administrator.** For the purpose of this chapter, the PPEC Administrator shall mean an individual who is responsible and accountable for the implementation and supervision of all administrative and clinical policies as well as overall operations and management of the PPEC center.

2. **Basic Services.** Include, but are not limited to development, implementation and monitoring of a comprehensive protocol of care, developed in conjunction with the parent or guardian, which specifies the medical, nursing, psychosocial and developmental therapies required by the medically dependent or technologically dependent child served as well as the caregiver training needs of the child's legal guardian.

3. **Child Development Specialist.** Shall mean an individual with a master's degree in child development or a related field with at least one year of experience in trans-disciplinary evaluation and treatment planning for children who are at risk of experiencing developmental delay.

4. **Child Life Specialist.** Shall mean an individual with a baccalaureate degree in child life, early childhood education or a related field and at least one year of experience in planning and implementing developmental stimulation programs for children.

5. **Criminal History Record Check.** For purposes of the requirement for a criminal history record check:

    a. **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 a covered entity provides patient care in a patient's, resident's, or client's room or in treatment rooms provides direct care/services for clients currently enrolled in the PPEC Center.

    b. The term employee does not include healthcare professional/ technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

        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, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

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.

c. **Covered Entity -** For the purpose of criminal history record checks, "covered entity" means a licensed entity or a healthcare professional staffing agency.

d. **Licensed Entity -** For the purpose of criminal history record checks, the term "licensed entity" means a hospital, nursing home, personal care home, home health agency, hospice or PPEC center.

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

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 Patient Care or Services** - For the purposes of fingerprinting and criminal background history checks, the term "direct patient care" means direct hands-on medical patient care and services provided by an individual in a patient, resident or client's room, treatment room, recovery room or PPEC center. Individuals providing direct patient care may be directly employed by the facility or provides patient 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 patient.

6. **Direct Care Staff.** For the purposes of this chapter, direct care staff shall include certified nursing assistants, patient care technicians, medical

assistants, emergency medical technician (EMT), play assistants or any individual with training and experience in child care related fields.

7. **Functional Assessment.** Refers to an evaluation of the child's abilities and needs related to self-care, communication skills, social skills, motor skills, academic areas, play with toys or objects, growth and development appropriate for age.

8. **License.** Shall mean the document issued by the Mississippi State Department of Health and signed by the State Health Officer. Licensure shall constitute authority to receive patients and perform the services included within the scope of these rules, regulations and standards. A license shall be issued only for the location as addressed on the license and is not transferable.

9. **Licensee.** Shall mean the individual, firm, association, partnership or corporation to whom the license is issued and upon whom rests the responsibility for the operation and all aspects of administrative/regulatory compliance of the PPEC center.

10. **Licensing Agency**. Shall mean Mississippi State Department of Health.

11. **Medical Director.** Shall mean a physician, licensed to practice in the State of Mississippi, board certified by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, who serves as a liaison between the PPEC center and the medical community.

12. **Medical Records.** Shall mean medical records maintained in accordance with acceptable standards and practices as specified by the rules implementing this act.

13. **Medically Dependent or Technologically Dependent Child**. Shall mean a child, from birth up to 21 years of age who because of a medical condition/disability whether acute, chronic or intermittent in nature requires on-going physician prescribed, technologically-based skilled nursing supervision and/or requires the routine use of a medical device to compensate for the deficit of life-sustaining body function.

14. **Nursing Director.** Shall mean a licensed registered nurse, licensed in accordance with the Mississippi Nurse Practice Act, who maintains responsibility for providing continuous supervision of the PPEC services and manages the day-to-day operations of the PPEC center.

15. **Owner or Operator**. Shall mean a licensee.

16. **Physical Therapist.** Shall mean, for purposes of this chapter, an individual, licensed in the State of Mississippi, who has at least one year's experience in

evaluating and designing therapeutic programs for children with developmental disabilities.

17. **Premises.** Shall mean those buildings, beds, facilities and fenced outdoor recreational/play area located at the main address of the licensee.

18. **Prescribed Pediatric Extended Care Center or PPEC Center.** Shall mean any building or buildings, or other place, whether operated for profit or not, which undertakes through its ownership or management to provide basic nonresidential services to three (3) or more medically dependent or technologically dependent children who are not related to the owner or operator by blood, marriage or adoption and who require such services. Infants and children considered for admission to a PPEC center must have complex medical conditions that require continual care. Prerequisites for admission are a prescription from the child's physician and consent from a parent or guardian.

    Exemption: A facility, institution or other place operated by the federal government or an agency of the federal government is exempt from the provisions of this chapter.

19. **Prescribing Physician**. Shall mean the physician, licensed to practice medicine in the State of Mississippi that signs the order admitting the child to the PPEC center.

20. **Primary or Subspecialist Physician.** Shall mean the physician, licensed to practice medicine in the State of Mississippi, who maintains overall responsibility for the medical management of the child and who is available for consultation and collaboration with the PPEC center staff.

21. **Protocol of Care.** The comprehensive plan for implementation of medical, nursing, psychosocial, developmental, and education therapies to be provided by the PPEC center.

22. **Psychiatrist.** Shall mean, for purposes of this chapter, a board-certified psychiatrist, licensed to practice in the State of Mississippi and who has at least two years of experience in child psychology.

23. **Psychologist.** Shall mean, for purposes of this chapter, a licensed individual in Mississippi with doctorial; preparation in child or developmental counseling psychology, or a related field , and at least two years current experience in evaluation and management of children.

24. **Quality Assurance (QA) Committee**. A group of individuals, including the PPEC center Medical Director, Administrator, Director of Nursing, two other healthcare members and at least one consumer member with an interest in

PPEC services who functions to conduct the duties, as outlined in Subchapter 18 of this chapter, which includes but is not limited to, review of medical records, review and approval of policies and procedures, treatment plans/procedures and to evaluate the quality of care provided to children enrolled in the PPEC center.

25. **Social Worker.** Shall mean, for purposes of this chapter, an individual, licensed to practice social work in the State of Mississippi, and who has at least one year of experience in assessing, counseling, and planning interventions for children and their families or guardians.

26. **Speech Pathologist.** Shall mean, for purposes of this chapter, an individual who attained a master's degree in speech-language pathology from an educational institution accredited by the American Speech-Language, Hearing Association, licensed to practice speech-language pathology in the State of Mississippi, and who has at least one year of experience in evaluating and treating children at risk for, or experiencing problems with communication skills.

27. **Supportive Services or Contracted Services**. Includes but are not limited to speech therapy, occupational therapy, physical therapy, respiratory therapy, social work, developmental, educational services.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 3 Licensing

Rule 2.3.1 **Authority.** Except as provided in Mississippi Code §41-125-5, no individual, firm, association, partnership or corporation shall either directly or indirectly operate a PPEC center in this state without first applying for and receiving a license from the Mississippi State Department for Health.

SOURCE: Mississippi Code of 1972, Section §41-125-5

Rule 2.3.2 **License.** A license, from the Mississippi State Department of Health, is required to operate a Prescribed Pediatric Extended Care (PPEC) center prior to said entity providing services to three or more medically dependent or technologically dependent children who meet the definition of the above definitions unless such entity meets the definition/requirement for exemption which reads:

1. A PPEC center, institution or other place operated by the federal government or any agency of the federal government are exempt from the provisions of this chapter.

SOURCE: Mississippi Code of 1972, Section §41-125-5

Rule 2.3.3 **Designation of License**. Separate licenses are required for PPEC centers maintained on separate premises, even though such centers may be operated under the same management. A separate distinct license is required to distinguish entities providing twelve (12) hour care services verses twenty-four (24) hour services. No PPEC center shall co-locate with another facility licensed by the Department.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.4 **Rules and Regulations**. Any individual, firm, association, partnership or corporation operating a PPEC center in this state is subject to the requirements of Section §41-125-19 and all requirements as outlined in the Minimum Standards of Operation for Prescribed Pediatric Extended Care Centers. The Mississippi State Department of Health has legal authority to promulgate rules and regulations.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.5 **Application.** Application for a license or renewal shall be made on in writing to the licensing agency, on forms provided by the licensing agency, which shall contain information that the licensing agency may require.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.6 **Fees.**

1. Each initial and renewal licensure application, unless suspended or revoked shall be accompanied by a fee in an amount set by the Board and made payable to the Mississippi State Department of Health, either by business check, money order, or electronic means. Fees are non-refundable.

2. Applicants for initial licensure, or licensees, shall pay a user fee to the licensing agency for review of any construction proposal whether modification or new construction in a fee amount set by the Board and made payable to the Mississippi State Department of Health, either by business check, money order, or electronic means. The fees are non-refundable.

SOURCE: Mississippi Code Annotated §41-125-7

Rule 2.3.7 **Name of Facility.** Only the official name, as approved by the licensing agency and by which the center is licensed shall be used in telephone listings, on stationary, in advertising, etc.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.8 **Capacity**. Licensees shall not operate at any given time with a capacity greater than the number of clients on the face of the license. The maximum number of

beds shall be calculated based on the required staff to child ratio delineated in Rule 2.10.1, management team personnel, and additional ancillary staffing/support personnel not to exceed the maximum occupancy load of the building as defined in Rule 2.20.2.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.9 **Initial Licensure.** For initial licensure, an applicant shall be in compliance with all requirements, as outlined in these regulations, and must submit documents, included but not limited to, those outlined:

1. A completed/signed application, on forms as designated by MSDH. All information submitted on the application forms, or by request for additional information, shall be accurate and current at the time of filing;

2. A non-refundable application/processing fee in an amount set by the Board. The fee shall be made payable to the Mississippi State Department of Health, either by business check, money order, or electronic means. The fee is non-refundable.

3. A licensing fee in an amount set by the Board. The licensing fee shall be made payable to the Mississippi State Department of Health, either by business check, money order or electronic means. The fee is non- refundable.

4. Certificates/letters of approval from the local zoning authority indicating that the location of the PPEC center conforms to local zoning ordinances, if applicable;

5. Certificates/letters of approval from the local/regional/state Fire Marshal that the PPEC center is in compliance with all applicable fire safety standards;

6. Evidence that the PPEC center's water and sewer systems have been approved by the Mississippi State Department of Health;

7. A licensed facility shall obtain a Food Service Permit from the Mississippi State Department of Health Office of Environmental Health.

8. Certificate of Occupancy;

9. Clinical Laboratory Improvement Amendments (CLIA) certificate or CLIA certificate of waiver.

10. Proof of general and Professional Liability Insurance in the amount of at least $300,000.00 including Workman's Compensation Insurance;

11. Articles of Incorporation, Disclosure of Ownership and Control Information;

12. Proof of financial viability/contingency plan demonstrating evidence that the applicant processes assets sufficient to establish and sustain all components of a PPEC center to meet the provisions as outlined in these regulations while operating and/or during extraordinary circumstances including but not limited to audited financial statements, an established line of credit issued from a federally insured institution in the amount of at least $100,000.00, a projected twelve (12) month statement of operations and a projected first twelve months statement of cash flow. The requesting PPEC center shall provide evidence of the referenced above review in the form of a certified affidavit or statement resultant of a review from an independent certified public accountant firm.

13. That the center is located within 20 miles or 30 minutes (whichever is greater) of an Emergency Department that has capabilities to handle pediatric emergencies;

14. The name of the PPEC center's administrator, the name and license number of the Medical Director and Director of Nursing along with proof of available licensed and supportive personnel who will have responsibility for any part of the care given to PPEC center's clients; as well as proof of ancillary support services such as dietary, housekeeping, maintenance and other personnel either directly or contractually secured to support the PPEC center on a daily basis;

15. The names and titles of personnel who have been affiliated, during the preceding five (5) years with any other PPEC center through ownership or employment, and the listing of names and addresses of the appropriate PPEC center for each. This information shall be provided for the applicant: administrator, and all licensed nurses; and

16. Floor sketch or drawing of premises to be licensed, letter of intent and a detailed functional plan which delineates the proposed use of space, that includes but is not limited to the programmatic design outlined in Rule 2.20.2, the purpose of the project, the key elements of the physical environment, functional requirements and other basic information related to the fulfillment of the services required in the Minimum Standards of Operation for a PPEC Center.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.10 **Approval of Building.** Prior to the issuance of a license, the building must be inspected/approved by MSDH, Fire and Life Safety Code Division within Health Facilities Licensure and Certification and approved as being in compliance with all applicable National Fire Protection Association fire safety code standards, as appropriate to this type setting.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.11 **Licensure Term**. Each license issued shall be valid for a period of twelve (12) months and shall be issued for the licensure period from January 1, of each year and shall expire December 31, of the that same year. Should an entity be approved for licensure after the January 1, date for licensure, the licensure date shall reflect the approved date of licensure for this center and will be valid until December 31, of that licensure year. As with all other centers, a renewal applications/documentation pertinent to renewal (see Rule 2.3.9) must be submitted to initiate the licensure process for the next January 1, thru December 31, licensure year.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.12 **Posting of License.** The license shall be posted in a conspicuous place on the licensed premises and shall be available for review by in interested person.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.13 **License Not Transferable**. A PPEC center license is for the stated licensee and location as reflected on the license and is not transferable.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.14 **License Renewal**. For renewal, each licensed entity shall submit:

1. A completed and signed renewal application; received on or before 30 days prior to the date of expiration;

2. A renewal licensure fee in an amount-set by the Board and made payable to the Mississippi State Department of Health, either by business check, money order, or electronic means. The fee is non-refundable.

3. In a format as requested by MSDH, information designed to capture the entity's provision of services being provided, to include but not be limited to, number and acuity of infants/children served, number and types of treatments/specialized services provided, and other information that may be useful in determining that services, as outlined in these requirements are offered/met; and

4. Evidence of continued compliance with all building/fire codes as evidence by a copy of the annual inspection by the local Fire Marshall of the area/region where the center is located; and

5. Proof of General and Professional Liability Insurance in the amount of at least $300,000 including Workers Compensation Insurance.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.15 **Late Fees.** Should all documentation appropriate for license renewal not be received by MSDH, Division of Health Facilities Licensure and Certification on or prior to the expiration date of the license, a late fee in an amount set by the Board will be assessed and must be submitted payable by business check, money order, or electronic means to the Mississippi State Department of Health prior to the issuance of a license. Should all paperwork necessary for renewal not be submitted within 30 days post-expiration of the license, the center shall be considered unlicensed and actions taken, as appropriate, to process termination of the license

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.16 In the case of a change of ownership or a change in Proprietors that constitutes a sale or change of greater that 20% of the assets, the center shall notify the Department and submit all Legal documents/information, as requested, to document that change of ownership and to confirm/verify the operational sustainability of the center.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.17 **Required Reporting:**

1. Within ten calendar days, the licensed entity shall submit, in writing, to MSDH, Division of Licensure and Certification, the following:

   a. Change in the administrator, director of nursing services, or the medical director;

2. Within 24 hours of occurrence, the licensed entity shall submit in writing, to MSDH, Division of Licensure and Certification the following:

   a. Any fire or incident of natural disaster whereas damage to the center was sustained;

   b. Any incident whereas a child is left alone and unattended, either during the hours of operation of the PPEC center, after hours, while on a field trip or at an alternate location;

   c. Any accident or injury sustained by a child, while the child was under the care of the PPEC center that required emergency medical intervention

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.18 Such reports shall contain a clear description of each accident or incident, the names of the persons involved, a description of all medical or other services provided to those persons, specifying who provided such services, and the steps taken, if any, to prevent reoccurrence of such accident or incidents in the future.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.19 All applicants for a license to operate a PPEC center, whether for initial or for renewal, the administrator and the director of nursing services shall:

1. Be 21 years of age or older;

2. Be of good moral character; and

3. Have not been convicted or found guilty, regardless of adjudication, in any jurisdiction, of any felony involving fraud, embezzlement, fraudulent conversion, misappropriation of property, moral turpitude, violence against a person or persons, abuse of a vulnerable adult; or any act(s) of sexual abuse as outlined in Section 45-33-23(g), Mississippi Code of 1972, Annotated.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.20 As documentation for the Department, regarding the requirement for licensure, each applicant(s) for a license to operate a PPEC center, whether for initial or renewal, shall submit together, with their application:

1. Two (2) personal character references and two (2) professional character references for the administrator, of the PPEC center, except on renewal if previously provided to the Department;

2. The criminal record, if any, for the administrator and director of nursing services of the PPEC center, to include the court, date of conviction, the offense, penalties imposed by each conviction, regardless of adjudication;

3. Any injunctive or restrictive order or federal or state administrative order related to business activity or health care as a result of an action brought by a public agency or department;

4. A copy of current agreements entered into with third party providers; and

5. A copy of current agreements with each consultant employed by the center and documentation specifying frequency of consultative visits and required written, dated reports.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.21 **Liability Insurance**. Facilities shall obtain and keep in force liability insurance. Proof of Professional and General Liability insurance including worker's compensation insurance must be submitted at the time of application. Liability insurance must cover legal liability for death, injury, or disability of any human being, or for damage of property, with provision for medical, hospital and surgical benefits to the injured person, irrespective of the legal disability of the insured, when issued as a part of the liability insurance contract.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.3.22 **Denial, Suspension, Revocation of Licensure, Administrative Fines; Grounds**.

1. The licensing agency may deny, revoke, and suspend a license and impose an administrative fine as provided in section eight (8) of Section §41-125-19, Mississippi Code of 1972, Annotated, for violation of any provision of this act, or applicable rules.

2. Any of the following actions by the PPEC center or its employee is grounds for action by the licensing agency against the PPEC center or its employee:

   a. An intentional or negligent act materially affecting the health and safety of children in the PPEC center.

   b. A violation of the provisions of the act, or applicable rules.

   c. Multiple or repeat violations of this act or of minimum standards or rules adopted under this act.

SOURCE: Mississippi Code Annotated §41-125-13

Rule 2.3.23 **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 said healthcare center/institution, including any other remedy less than closure to protect the health and safety of the children being provided care/services or the health and safety of the public.

SOURCE: Mississippi Code Annotated §41-125-19 and §41.3.15

Rule 2.3.24 **Administrative Fines.** If the licensing agency determines that a PPEC center is not in compliance with this act, or applicable rules, the licensing agency may require that the PPEC center submit a corrective action plan that demonstrates a good-faith effort to remedy each violation by a specific date, subject to the approval of the licensing agency. The licensing agency may fine a PPEC center

or employee found in violation of this act, or applicable rules, in the amount not to exceed five thousand dollars ($5000.00) in the aggregate. Should the center not correct a violation by the date agreed upon by the licensing agency, or the failure to comply with an approved corrective action plan, is a separate violation for each day that the failure continues, unless the licensing agency approves an extension to the specific date.

SOURCE: Mississippi Code Annotated §41-125-15

Rule 2.3.25 **Closing of a PPEC Center.** Whenever a PPEC center voluntarily discontinues operation, it shall, at least thirty days before the discontinuance of operation, inform each child's legal guardian of the fact and the proposed time of the discontinuance. The licensing agency shall also be notified of the same such fact, at least thirty days prior to the date of discontinuance of operation.

SOURCE: Mississippi Code Annotated §41-125-17

Subchapter 4 Provision For Hearing And Appeal Following Denial or Revocation of License.

Rule 2.4.1 **Administrative Decision.** The licensing agency shall provide an opportunity for a fair hearing to every applicant or licensee who is dissatisfied with administrative decisions made in regard to the denial or revocation of a license.

1. 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 a license. Upon written request of an applicant or licensee received within ten (10) days of the date of notification, the licensing agency shall fix a date for the hearing at which time the applicant or licensee shall have 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 determinations 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 applicant or license shall become final thirty (30) days after it is mailed or served unless the applicant or licensee, within a thirty (30) day period, appeals to the 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: Mississippi Code Annotated §41-125-19

Subchapter 5 Administration and Management

Rule 2.5.1 Rule 2.5.1 **Licensee.** The licensee of each PPEC center shall have full legal authority and responsibility for the operation of the center. The licensee shall assure that the PPEC center is administered on a sound financial basis consistent with good business practice. There shall be financial records and annual budget information including monthly statements of operation and Profit and Loss statements made available from the PPEC center.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.5.2 **Organizational Structure.** Each PPEC center must be organized in accordance with a written table of organization, which describes the lines of authority and communication down to the child care level. The organization structure must be designed so as to ensure an integrated continuum of services to the children.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.5.3 The licensee of each PPEC center must designate, in writing, one person, as Administrator, who is responsible and accountable for the overall management of the center.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.5.4 **Administrator Qualifications: The Administrator shall have the following minimum qualifications:**

1. Five years of experience in the delivery of health care services, with a minimum of two years administrative or supervisory experience and meet one of the following criteria:

   a. A physician currently licensed in the state of Mississippi;

   b. A registered nurse currently licensed in the state of Mississippi;

   c. A qualified health professional licensed by the state of Mississippi when required such as but not limited to a physician assistant, pharmacist, dietitian, respiratory care practitioner, social worker, physical therapist, occupational therapist or speech-language pathologist;

   d. A college graduate with a bachelor's degree or higher in a health related field.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.5.5 **Administrator Designee.** The center administrator must designate, in writing, a person to be responsible for the center when the administrator is absent from or unavailable to the center for more than 24 hours.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.5.6 **Administrator Responsibilities:** The center administrator shall:

1. Be located on site at the center and serve full time as the Administrator.

2. Maintain the following written records, and all other records as outlined under subchapter 13 of these rules. The records must be kept in a place, form, and system in accordance with medical and business practices and such records must be available in the center for inspection by the Department during normal business hours:

3. A daily census record, which must indicate the names/number of children currently receiving services in the center. Census records must be maintained and available for review, on the premises, for a period of three years.

4. A record of all accidents or unusual incidents involving any child or staff member that caused, or had the potential to cause, injury or harm to any person or property within the center, and ensures for timely reporting within 24 hours of discovery to the Mississippi Department of Human Services and the Mississippi State Department of Health, Bureau of Health Facilities Licensure and Certification for those incidents involving allegations of abuse and/or neglect of the minor child.

5. A copy of current agreements with third party providers;

6. A copy of current agreements with each consultant contracted by the PPEC center and documentation of each consultant's visit and required written, dated reports;

7. A personnel record for each employee, which must include, at a minimum, a current copy and/or verification of the licensure status of professional discipline employed or on contract, the original employment application, references, employment history for the preceding five years, if applicable; a copy of the job description (acknowledged by employee); and a copy of all job performance evaluations;

8. Develop and maintain a current job description for each employee;

9. Provide each employee access to written personnel policies governing conditions of employment;

10. Conduct annual written job performance reviews that note strengths and weaknesses and include plans to correct any job performance weaknesses. Performance evaluations must be reviewed with the employee;

11. Assign duties to employees that are consistent with their job descriptions and their levels of education, preparation and experience;

12. Provide necessary qualified personnel and ancillary services to ensure the health, safety, and proper care of the child;

13. Ensure the development and implementation of policies and procedures, including but not limited to infection control and quality assurance. These policies and procedure must be included in the PPEC center's policy manual.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.5.7 **Organizational Responsibility**. The administrative structure of the PPEC center shall include a policy and procedure manual to assure standards for medical and nursing care are met and to assure that the requirements as set forth in licensure and certification are maintained.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.5.8 **Resources.** Each PPEC center shall have the following documents on the premises and available to staff: American Academy of Pediatrics Red Book, Minimum Standards of Operation for Prescribed Pediatric Extended Care, Policy and Procedure Manual and a Personnel Manual.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.5.9 **Personnel Policies and Procedures** shall include provisions for at least, a current personnel file, position descriptions, employee benefits, policy for attendance, overtime, compensatory time, performance evaluations, grievance procedures, and termination of employment. Personnel policies must also require that employees of the center are current in their immunizations, and undergo a medical evaluation to rule out communicable diseases, including but not limited to, tuberculosis (TB). An annual evaluation for TB is required and documentation of said results maintained.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.5.10 A formal orientation shall be required for all PPEC center employees; staff development programs for all categories of personnel shall be held quarterly and documented accordingly.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.5.11 Policy and procedure manuals including but not limited to specifications for therapeutic intervention shall be available for use by all staff involved in the care of children. Revisions of the policies and procedures are reviewed and approved quarterly during QA meetings. All forms, policies and procedures are reviewed and signed off as approved by the administrator, medical director and the director of nursing services, annually to assure that procedures conform to prevailing and acceptable treatment modalities.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.5.12 For each employee of the PPEC center (see definition of employee), the center shall submit fingerprints to MSDH for the purpose of processing a criminal history records check. The center shall develop policies and procedures consistent with this requirement.

SOURCE: Mississippi Code Annotated §41-125-11

Rule 2.5.13 **Criminal History Record Checks.** The covered entity shall require to be performed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on:

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

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

3. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history 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 patient care on a temporary basis pending the results of the criminal history record check by any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check.

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

    a. Possession or sale of drugs

b. Murder

c. Manslaughter

d. Armed robbery

e. Rape

f. Sexual battery

g. Sex offense listed in Section 45-33-23, Mississippi Code of 1972:

h. Child abuse

i. Arson

j. Grand larceny

k. Burglary

l. Gratification of lust

m. Aggravated assault

n. Felonious abuse and/or battery of vulnerable adult

5. Documentation of verification of the employee's disciplinary status, if any, with the employee's professional licensing agency as applicable, and evidence of submission of the employee's fingerprints to the licensing agency must be on file and maintained by the 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 submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

6. The covered entity may, in its discretion, allow any employee applicant aggrieved by the employment decision under this subsection to appear before the licensed entity's hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow the employee or employee applicant to be employed at the **covered entity**. The covered entity, upon report and recommendation of the hiring officer, may grant waivers for those mitigating circumstances, which shall include, but not be limited to: (1) age at which the crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work

history; (5) current employment and character references; and (6) other evidence demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility.

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

8. Should results of an employee applicant's criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying, event provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant's suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi 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.

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

10. 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: Mississippi Code Annotated §41-125-11

Subchapter 6 Child/Parent's Rights.

Rule 2.6.1 Every child shall be treated with consideration, respect, and full recognition of his/her dignity and individuality.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.6.2 Each child shall receive care, treatment and services which are adequate and

appropriate for his/her therapeutic plan.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.6.3 Parent(s) or legal guardian(s) shall, prior to and upon admission and during the period of service to his/her child, receive a written statement of the services provided by the PPEC center including those offered on an "as needed" basis. They shall also receive a statement of related charges including any charges for services not covered under the PPEC center's basic per diem rate.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.6.4 Each child's medical care program shall be conducted discreetly and in accordance with the parent's/guardian's need for privacy. Personal and medical records shall be treated confidentially and shall not be made public without written consent of parent(s) or legal guardian(s).

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.6.5 Each child shall be free from mental and physical abuse and also physical and chemical restraints, unless authorized by a physician according to clear and indicated medical requirements. Justification for use, shall include but not be limited to, the risks verses benefits for use and shall be documented by the physician and maintained as part of the child's medical record.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.6.6 Every parent or legal guardian has a right, personally or through others, to present grievances to state and local authorities without reprisal, interference, coercion or discrimination of the child as a result of the grievance or suggestion.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 7 Admission Procedures

Rule 2.7.1 Each PPEC center shall have policies and procedures governing the admission, transfer, and discharge of children. The admission of each child to the PPEC center shall be under the supervision of the center administrator or his/her designee, and shall be in accordance with the center's child care policies and procedures.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.7.2 **Hours of Service.** The hours of operation of a PPEC center must be clearly posted. At no time shall a child remain at a PPEC center in excess of twelve (12)

hours in any one twenty-four (24) hour period, unless such center is licensed for twenty-four hour (24) continued service.

SOURCE: Mississippi Code Annotated §41-125-19

RULE 2.7.3 **Criteria for Admission.** Infants and children considered for admission to the PPEC center shall be those who are medically or technologically dependent to include, but not be limited to, conditions such seizure disorder, chronic lung disorder, malignancy, and heart disease and/or complex medical problems requiring continual care, including but not limited to, ventilator dependence, supplemental oxygen, I.V therapy, nasogastric or gastrostomy feedings, tracheotomy, etc.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.7.4 Each child admitted to the PPEC center shall be admitted under the prescription of the licensed prescribing physician and shall remain under the care of the primary care or subspecialist physician for the duration of his/her stay at the center. Each child placed in the PPEC center shall have documentation of the physician's written order placed in the child's medical record. A copy of the order shall be provided to the child's parent(s) or guardian(s).

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.7.5 Infants and children considered for admission to the PPEC center shall be stable for outpatient medical services and shall not, prior to admission, present a significant risk of infection to the other children or personnel. The medical and nursing directors shall review, on a case-by-case basis, any child with a suspected infection to determine appropriateness of admission.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.7.6 A consent form outlining the purpose of a PPEC center, family responsibilities, authorized treatments and appropriate liability release and emergency disposition plans shall be signed by the parent(s) and/or guardian(s) prior to admission to the PPEC center. The parents and guardians shall be provided a copy of the consent form. Confidentiality of PPEC center's records shall be maintained in accordance with HIPPA requirements.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.7.7 The protocol for care shall be developed under the direction of the PPEC center nursing director and shall specify the treatment plan needed to accommodate the medical, nursing, psychosocial and educational needs of the child and family. Specific goals for care shall be identified. Plans for achieving the goals shall be

determined and a schedule for evaluation of progress shall be established. The protocol shall include specific discharge criteria.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.7.8 The protocol must be signed by the physician, the authorized representative(s) of the PPEC center and the parent(s) or guardian(s) of the child with ten (10) days of initiation of the plan. Copies of the protocol shall be given to the parent(s), guardian(s) of the child, the child's primary physician, PPEC center staff, and other agencies as appropriate.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.7.9 Communication with the child's primary physician shall be provided by the nursing director or designee on a monthly or quarterly basis, as identified in the plan or at a minimum when there is a change in the child's clinical condition.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.7.10 Prescribed therapies may be adjusted, in consultation with the child's primary care or subspecialist physician, to accommodate the child's condition.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.7.11 If a child is hospitalized at the time of referral, pre-admission planning will include the parents and guardians, relevant hospital medical, nursing, social services and developmental staff to assure that the hospital's discharge plans will be implemented following placement in the PPEC center.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 8 Medical Director

Rule 2.8.1 **Qualifications of a Medical Director**. A physician, licensed in accordance with the requirements of the Mississippi Board of Medical Licensure, and is board certified by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics shall serve as medical director of the PPEC center.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.8.2 **Responsibilities of the Medical Director** shall be:

1. Periodic review of services to assure acceptable levels of quality;

2. Maintenance of a liaison role with the medical community;

3. Advisement of the development of new programs and modifications of existing programs;

4. Assurance that medical consultation will be available in the medical director's absence;

5. Serving on committees as defined and required by these rules and by the center's policies;

6. Consultation with the center administrator on the health status of the center's personnel;

7. Reviewing reports of all accidents and unusual incidents, to but not be limited to, medication errors, and identifying to the center administrator hazards to health and safety; and

8. Ensuring the development of policies and procedures for the delivery of emergency services and the delivery of regular physician services when the child's attending physician or his designated alternate is not available.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 9 Nursing Services

Rule 2.9.1 **Qualification of the Director of Nursing.** A registered nurse shall serve full-time as the Director of Nursing. The Director of Nursing must have, at a minimum, the following qualifications:

1. Minimum of a baccalaureate degree in nursing;

2. Current unrestricted Mississippi nursing license;

3. Current certification in Cardio Pulmonary Resuscitation (CPR) or Basic Cardiac Life Support (BCLS); and

4. Current certification in Pediatric Advanced Life Support (PALS)

5. A minimum of five years of employment in a pediatric setting caring for medically and/or technologically dependent children with at least three years of experience in one of the following specialty settings: pediatric intensive care, neonatal intensive care, pediatric emergency care, PPEC center or comparable pediatric unit

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.9.2 **Responsibilities.** The Director of Nursing Services shall be responsible for the day-to-day operations of the PPEC center, to include but not be limited to, the development of and implementation of policies and procedures to facilitate effective and safe care and treatment modalities, scheduling of staff, coordination of employee and contracted specialized services in accordance with each child's individualized plan of care, participating in pre-admission screening along with other appropriate nursing staff, participating on the interdisciplinary team (IDT) in the development of each child's plan care, evaluation of all nursing services provided to each child; assuring that training and inservices are provided consistent with the treatments/care being provided and the identified weaknesses and/or needs of the employee.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.9.3 **Registered Nurse Qualifications**. Each registered nurse employed by the PPEC center shall have a current unencumbered Mississippi nursing license, have at least two years of pediatric specialty care experience with emphasis on medically and technologically dependent children and maintain current certification in pediatric CPR, pediatric advance life support (PALS) and basic first aid.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.9.4 **Registered Nurse Responsibilities**. The registered nurse shall be responsible for at least the following:

1. The provision of nursing intervention; educational services to increase the family's confidence and competence in caring for the child with special needs; assistance to facilitate coping with the effects of chronic illness on the child and family and support effective relationships among siblings and the ill child; interventions to foster normal development and psychosocial adaptation;

2. Knowledge of the availability and access requirements to community resources;

3. Participation in the interdisciplinary teams (IDT), as necessary and in the interdisciplinary staff meetings regarding the child's progress. Fostering and maintaining collaborative relationship with the interdisciplinary teams;

4. The administration of medication, intravenous infusions, parenteral feedings and other specialized treatments; monitoring and documenting the effects of medications, therapies and progress in accordance with accepted standards of practice; and

5. Knowledge of the competence and scope of practice of other licensed and unlicensed personnel and delegation of duties to such personnel within that level of competence and scope of practice.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.9.5 **Qualifications of Licensed Practical Nurse.** Each licensed practical nurse employed by the PPEC center shall have a current unencumbered Mississippi nursing license, have at least two years of pediatric specialty care experience with emphasis on medically and technologically dependent children and current certification in pediatric CPR and basic first aid.

Rule 2.9.6 **Qualifications of Direct Care Staff.** If direct care staff are utilized to augment licensed nurse staffing, the direct care staff shall have a minimum of the following qualifications:

1. Two years of experience in a healthcare setting providing care to infants and children who are medically or technologically dependent;

2. References documenting skill in the care of infants and children; and

3. Current certification in pediatric CPR and basic first aid.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.9.7 The Licensed Practical Nurse and Direct Care Staff shall work under the supervision of the registered nurse and is responsible to provide, within their level of competence and scope of practice, direct care to the PPEC center children.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 10 Staffing

Rule 2.10.1 **Ratio.** Total staffing for nursing services shall be, at a minimum, in the following ratios but at no time shall there be less than one (1) staff member of duty per three (3) children. If only one (1) staff member is on duty, that member must be a registered nurse.

Children	Total Staff	RN	RN or LPN	Direct Care, or Licensed Nurse (RN, LPN or Respiratory Therapist)
1	1	1		
2-6	2	1		1
7-9	3	1	1	1
10-12	4	2	1	1

13-15	5	3	1	1
16-18	6	3	1	2
19-21	7	4	1	2
22-24	8	4	1	3
25-27	9	4	1	4
28-30	11	5	1	5
31-33	12	5	1	6
34 -36	13	5	2	6
37- 39	14	5	3	6
40-42	15	5	3	7
43- 45	16	5	4	7

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.10.2 If a PPEC center has more than 45 children, the staffing must increase by one staff for every three (3) children, alternating between a direct care staff and licensed nurse.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.10.3 **Ancillary Professional Staffing.** Although the PPEC center is not required to have the following disciplines on staff, such services may be contractual, on a consultant basis, depending on the assessed need of the child.

1. Resource consultants:

   a. A child development specialist available to serve as a resource for PPEC center staff and parents of children served who can be available to evaluate through use of standardized and non-standardized procedures the developmental status of children;

   b. A child life specialist who can assist in planning and conducting individualized child development and play programs; and who can serve as a resource to the PPEC center staff and parents of children being served.

Rule 2.10.4 The PPEC center shall have the following staff, either by employment or on a contractual as needed basis:

1. Occupational therapy is the provision of services that addresses the developmental or functional needs of a child related to the performance of self-help adaptive skills, adaptive behaviors, and sensory, motor and postural development. Occupational therapy includes the evaluation and treatment to prevent or correct physical and emotional deficits, minimize the disabling effects of these deficits, maintain a level of function, acquire a skill set or A child life specialist who shall be responsible for at least the following:

    a. Evaluation of child following physician referral to include neuromuscular status, developmental level, perceptual motor functioning, need for adaptive equipment or appliances, self-care and play;

    b. Designing and implementing therapeutic programs to meet the needs of the individual child;

    c. Maintaining records documenting the therapy program and progress for each child as approved by the attending physician; and

    d. Participating as part of the child's IDT team if occupational therapies are a part of the child's plan and serving as a resource for PPEC center staff and the parents being served.

2. Physical therapy services include the evaluation and treatment of range of motion, muscle strength, functional abilities and the use of adaptive and therapeutic equipment. The PPEC center shall assure the availability of, either by employment of contract, a physical therapist who is responsible for at least the following:

    a. Evaluation of each child upon physician referral to include neuromuscular status, developmental level, gait, posture and adaptive equipment;

    b. Designing and implementing therapeutic programs to meet the needs of each individual child;

    c. Maintaining records documenting the therapy program and progress for each child as approved by the attending physician; and

    d. Serving as a resource for PPEC center staff and parents of children served.

    e. If physical therapy is an active component in the treatment of the child, the physical therapist shall participate as part of the child's IDT.

3. Respiratory care services include evaluation and treatment related to pulmonary dysfunction. Examples are ventilator support, therapeutic and diagnostic use of medical gases, respiratory rehabilitation, management of life support systems and bronchopulmonary drainage, breathing exercises and

chest physiotherapy. The PPEC center shall assure the availability of a licensed respiratory therapist when appropriate, to:

a. Evaluation of the respiratory function and needs of the child, make recommendations based upon that assessed need,

b. Provide therapies, as appropriate, per physician orders,

c. Maintain documentation of provided therapies, in accordance with physician's orders and the child's IDT plan, and the progress of the child and/or educational progress of the parents.

d. Serve as a resource to train staff and parents of the child on the physiology of the child's disease processor respiratory dysfunction and on the modalities necessary for care and treatment of the child.

4. Speech language involves the evaluation and treatment of speech-language disorders, to include but not be limited to, the evaluation and treatments of verbal and written language, articulation, voice, fluency, phonology, mastication, deglutition, cognition, and communications. The PPEC center shall assure that a speech-language pathologist is available, either by employment or through a contractual basis on an as needed basis, for the:

a. Evaluation of children to include: ability to swallow and feeding, respirations, language, speech, communication and play using formal and informal test and observations;

b. Designing and implementing individualized therapeutic programs for each child, including recommendations for communication devices;

c. Speech-language encounters must be face-to-face and the speech-language pathologist must maintain, in the child's record, documentation of each evaluation, documentation of therapies and progress; and

d. Serving as a resource for the PPEC center staff and parents of children being served.

e. Speech-language visits must be face-to-face encounters

5. A social worker who is responsible for at least the following:

a. Conducting family psychosocial assessments as requested by the medical or nursing director

b. Counseling, including emotional support and grief resolution as requested by the nursing and medical director, or family;

c. Family advocacy and coordination with community resources;

d. Maintaining records and documenting social work interventions;

e. Conducting home visits and home evaluations as requested by the medical director or nursing director; and

f. Serving as a resource for the PPEC center staff and parents of children served.

6. A dietician, who is licensed in the State of Mississippi and currently registered with the American Dietetic Association, will be available on a consultant basis.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 11 Developmental Services

Rule 2.11.1 Each child shall have a functional assessment and an individualized family service plan (IFSP) to include developmentally appropriate areas.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.11.2 The child's IFSP plan shall include specific programs and action steps to facilitate developmental progress and shall be reviewed and updated per early intervention/early step guidelines.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.11.3 Developmental and educational needs shall be incorporated into each child's protocol for care.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.11.4 The PPEC center shall provide evidence of a good-faith effort in assuring the development of a comprehensive developmental program for each child birth 3 years old to meet the identified developmental needs of the child. The PPEC center may enter into a contractual relation with the local early intervention provider/early steps to assure that these services are met and provided accordingly. The child's IFSP plan shall include:

1. Measurable goals in need areas and/or goals to enhance and normalize independent functioning in daily activities and to promote socialization in order to minimize difficulties in being assimilated into the home/community environment;

2. A description of the child's strengths and present performance level with respect to each goal;

3. Skills areas in priority order;

4. Anticipatory planning for specific areas identified at risk for problems even though a specific delay or problem may not be demonstrable.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.11.5 The developmentalist and/or child life specialist shall participate in regularly scheduled interdisciplinary staff meetings as needed.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.11.6 A program for parent(s) and/or guardian(s) shall be provided to prepare parent(s) or guardian(s) to accommodate the child's needs as needed.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.11.7 The PPEC center shall assist parent(s) and guardian(s) by including them in care-related conferences and teaching them how to perform necessary therapies and how to meet the developmental and psychosocial needs of the child at home.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.11.8 PPEC center staff shall make referrals to appropriate resources, facilitate access to community, social, educational and financial services, and shall provide assistance to enhance coping skills, interpersonal; relationships and family functioning.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 12 Educational Services

Rule 2.12.1 The PPEC center shall provide evidence of a good-faith effort in assuring the development of a comprehensive educational program for each school-aged child to meet the identified educational needs of the child. The PPEC center may enter into a contractual relationship with the local school system to assure that these services are met and provided accordingly.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.12.2 Each child, after being determined appropriate for educational services based on a comprehensive assessment, shall have a comprehensive individualized

educational plan (IEP). Such plan shall be based upon the assessed needs of the child and shall be developed in coordination with PPEC center staff. If a child is on an IEP, the educational teacher /instructor shall participate in the child's overall IEP and review.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.12.3 The PPEC center shall provide a room, space or adequate workspace, well lighted and equipped with general supplies such as tables, desks, chalkboard/whiteboard, etc. to be conducive to such specialized educational learning. The PPEC center may request parent or the local school system participation in the purchase of books, routine schools supplies, etc., necessary for their child's day-to-day school activities.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.12.4 For children needing or receiving educational instruction, the educational instructor/teacher shall participate as part of the interdisciplinary team to assure coordination of the child's care and services with the scheduled educational component of activities. The PPEC center will provide an area to post the calendar and school related information bulletins. The instructor shall document in the child's school record the progress of the child. A duplicate copy shall be maintained o the PPEC center premises at all times.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 13 Nutrition Services

Rule 2.13.1 A registered dietician shall be available for consultation regarding the nutritional needs and special diets of individual children.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.13.2 If the PPEC center serves food to the children, a Certified Food Service Manager, who works under the consulting registered dietician, shall be available and responsible for overseeing dietary services. All physician-prescribed meals, snacks, special diets and dietary supplements shall meet the daily nutritional requirements of the child as ordered.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.13.3 If a child has a specific allergy to foods or is on a special diet, PPEC center staff shall be notified and the such allergies notated as part of the child's medical record.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.13.4 Prepared foods shall be kept under refrigeration with identifying dates and the child's name.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.13.5 If the PPEC center prepares meals, per menu, for the children, a copy of the menus to include substitutions available must be posted in a place accessible to the parents and be made available for parental review.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 14 Transportation Services

Rule 2.14.1 If transportation services are provided by a PPEC center and prescribed by the primary care or subspecialist physician, a procedure delineating personnel and equipment to accompany the child shall be included in the PPEC center procedure manual. PPEC center policy and procedure shall clearly state, regardless of the transportation provision, if the child is to be under the care of the PPEC center, the PPEC center is responsible for the safety of the children.

1. If the PPEC Center provides transportation of the child to and from the center; the PPEC center shall exercise best efforts to limit the time a child, regardless of his/her region of origin, may be in transport, not to exceed an average of one hour on any single trip.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.14.2 All children shall be properly restrained whenever they are being transported in a motor vehicle.

1. Every person transporting a child under the age of four (4) in a passenger motor vehicle and operated on a public roadway, street or highway, shall provide for the protection of the child by properly using a child passenger restraint device or system meeting applicable federal motor vehicle safety standards, i.e., child safety seat.

2. Every person transporting a child in a passenger motor vehicle operated on a public roadway, street or highway, shall provide for the protection of the child by using a belt positioned booster seat system meeting applicable federal motor vehicle safety standards if the child is at least four (4) years of age, but less than seven (7) years of age and measures less than four (4) feet nine (9) inches in height or weighs less than sixty-five pounds.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.14.3 An individual seat restraint must be used for each child. The use of an individual seat restraint for two or more children is not allowed.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.14.4 Should the PPEC center provide or contract for transportation, it is incumbent upon the center to assure that:

1. All drivers are appropriately licensed;

2. All vehicles used for the transportation of the PPEC center children have licenses (vehicle tag) and registration; and be registered in the name of the PPEC center and the county in Mississippi where operating and serving children;

3. Insurance adequately covers the transportation of children;

4. A daily sign-in sheet or log is maintained of the children being transported and include the to/from location;

5. A trained medical escort will accompany all children during transport. An additional medical escort shall be required for every six children. The driver of the bus/vehicle cannot serve as a medical escort;

6. Children board and leave from the curbside of the street and/or safely accompanied to the destinations;

7. Upon arrival via transportation to the child's final destination care of child is relinquished to either a parent/guardian or designated caregiver as authorized by the parent or guardian.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 15 Inservice Training For Staff and Parents and Guardians

Rule 2.15.1 Each PPEC center shall develop staff and parent/guardian orientation and training programs. These programs include but are limited to the following:

1. Quarterly staff development/inservice programs appropriate to the category of personnel will be conducted to maintain quality patient care; All staff development programs will be documented; to include date/time, trainer, listing of attendees and a summary of the program content/training. This documentation shall be maintained for a period of three years, unless pertinent to a specific child's care; then reference to the training shall be maintained as part of the child's record as long as the child receives the service of the center.

2. Annual pediatric cardiopulmonary resuscitation review and update;

3. New hire orientation to acquaint the employee with the philosophy, organization, program, practices and goals of the PPEC center;

4. Parent orientation to acquaint the parent/guardian to the PPEC center, including philosophy of the center, goals, expectations, not only of staff/caregivers but also of parents (such as expectation that parent and/or guardian participate in the IEP) and services that can be offered and/or expected;

5. Parent/guardian trainings shall be documented in the child's medical record.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 16 Medical Record

Rule 2.16.1 A medical record shall be maintained for each child. The medical record shall contain at least the following:

1. All details of the referral, admission, correspondence and papers concerning the child;

2. Entries in the medical record shall be in ink, shall be signed by the authorized personnel, to include name and title/discipline, and shall include at least the following:

   a. Physician's orders;

   b. Flow charts of medications and treatments administered;

   c. Concise accurate information and initialed case notes reflecting progress toward protocol of care goals achievement or reasons for lack of progress;

   d. Documentation of nutritional management and special diets, as appropriate;

   e. Documentation of nursing, physical, occupational, speech, respiratory and social service assessments, goals, treatment plans, documentation of each treatment, to include date, time and therapy/treatments provided and progress of the child;

   f. An individualized protocol of care developed within ten (10) working days of admission and revised, as necessary, to include recommended changes

in the therapeutic plan. The disposition to be followed in the event of emergency situations shall be specified in the plan of care;

g. Medical history to include allergies and special precautions;

h. Immunization record;

i. Quarterly reviews of the protocol of care to update the plan in consultation with other professionals involved in the child's care;

j. A discharge order, written by the primary care or subspecialist physician, shall be documented and entered in the child's record. A discharge summary, which includes the reason for discharge, shall also be included.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 17 Infection Control

Rule 2.17.1 **Infection Control Procedures.** Each PPEC center shall have written infection control procedures to include at least the following:

1. The PPEC center shall contain an isolation room with one large glass area for observation of the child. Isolation procedures shall be used to prevent cross-contamination. The room shall be equipped with emergency outlets and equipment as necessary to provide are to the child. A bathroom accessible to the isolation room but separate from the other PPEC center's rooms is required. Procedures must address that all equipment must be thoroughly cleaned and sanitized when brought into the isolation room and upon removal from the room;

2. All cribs and beds shall be labeled with the individual child's name. Linens are to be maintained clean and in good repair and shall be removed for laundering whenever soiled or needed; however, laundering of all linens shall occur, at a minimum, on a weekly basis;

3. Antibacterial soap and disposable paper towels shall maintained at each sink. Policy shall address that staff shall wash their hands between each treatment and care interaction with a child for which the hands may become contaminated/soiled;

4. Children suspected of having a communicable disease, which may be contacted through casual contact, as determined by the facility's medical director, shall be isolated; the parent(s) shall be notified of the condition; and the child shall be removed from the PPEC center as soon as possible. When the communicable disease is no longer present; as written by a written physician's statement, the child may return to the PPEC center; and

5. PPEC center staff suspected of having a communicable disease shall not return to the PPEC center until all signs and symptoms which relate to the communicable disease are no longer evident, as evidenced by a written physician's statement.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 18 Quality Assurance

Rule 2.18.1 The PPEC center shall have a quality assurance program and will conduct quarterly reviews of the PPEC center's medical records for at least one-half (1/2) of the children served by the PPEC center at the time of the quality assurance review.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.18.2 The quality assurance review will be conducted by, at a minimum, two members of the quality assurance committee. The quality assurance responsibilities shall rotate among the quality assurance committee at least on an annual basis.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.18.3 Each quarterly quality assurance review shall include:

1. A review of the protocols in each child's Protocol of Care to assure that it clearly reflects the assessed needs of the child, to include but not be limited to, the evaluation, goals/expectation, treatment modalities and care provided, by each professional discipline serving the child;

2. A review of the steps, process, and success in achieving the goals;

3. Identification of goals not being achieved as expected, reasons for lack of achievement and plans to promote goal achievement;

4. When a child's clinical status changes, either improvement or decline, that the protocol of care is revised to accommodate the child's change in status as evidence by revised professional assessments and re-formulation of goals;

5. Within ten days of the review, the quality assurance committee will meet, discuss and ratify the report. Within fifteen days of the review, the quality assurance committee shall furnish copies of its report to the PPEC center medical and nursing directors.

6. The PPEC center shall develop a corrective action plan for each area in which the center failed to meet the established expectations and goals and shall

assure implementation of measures, as appropriate, for correction of any deficient area. PPEC center management, to include the medical director and the director of nursing, shall sign the quality assurance report indicating awareness of the deficient findings and shall insure that measures are put into place to correct any deficient practice and/or to prevent the reoccurrence of any such practice.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 19 Equipment

Rule 2.19.1 Each PPEC center shall maintain an age and developmentally appropriate environment including but not limited to furnishings, equipment, adaptive devices and indoor/outdoor therapeutic play/educational equipment and supplies, etc. At the time of request for initial licensure, the PPEC center shall have the capability with regard to furnishings, equipment, adaptive devices and indoor/outdoor therapeutic play/educational equipment and supplies, etc to provide services to the children for the licensure capacity requested.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.19.2 Each PPEC center shall provide safety, medical and emergency equipment as described below. All equipment shall be maintained in a safe, usable and sanitary condition.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.19.3 Each full size infant crib shall meet the construction standards as established in Federal Regulations 16 CFR 1219 or its successor regulation. Each non-full size infant crib shall meet the construction standards as established in Federal Regulations 16 CFR 1220 or its successor regulations. Pediatric hospital beds with rails, age appropriate elevated cots or toddler beds are permissible in the PPEC center. The PPEC center shall have documentation/specifications that cribs, beds and cots used in the center meets the stated federal construction and/or child safety standards as applicable. The use of stackable cribs and rest mats are prohibited.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.19.4 **Safety equipment**. The following items of safety equipment shall be available on the premises:

1. Fire Code Items: extinguishers, alarms, smoke detectors as required by "Life Safety Code" (NFPA 2000 Edition, at a minimum) which references, but is not limited to:

a. Circuit interrupters;

b. Flush door openers;

c. Child proof latches on closets, cabinets;

d. Straps on all highchairs, swings, infant seats;

e. Locks on storage cabinets housing hazardous/poisonous materials;

f. Integral child proof safety outlets or electrical outlet covers.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.19.5 **Medical Equipment/Supplies.** The following items at a minimum, shall be available on the premises:

1. Suction machines-one per child requiring daily suctioning plus one suctioning machine for emergency use;

2. Double lockable narcotic cabinet;

3. Mechanical percussors and hand percussors, as prescribed;

4. Oxygen-in two portable tanks in storage carts (one with low flow, one with high flow regulator), two Oxygen concentrators (one with low flow, one with high flow regulator) or piped in with the appropriate tubing, neonate/infant, pediatric and adult manual resuscitation devices with masks to accommodate faces and tracheotomies;

5. Ventilator with provisions for mixing of gases to prescribed oxygen concentration as specifically prescribed shall be available per child requiring mechanical ventilation in the PPEC center;

6. Pulse oximeter with supplies;

7. Electronice Blood Pressure machine (Dinamap);

8. First Aid supply kit;

9. Thermometers-excluding glass thermometers, manual sphygmomanometers, stethoscopes, otoscopes, and ophthalmoscopes;

10. Apnea monitoring supplies-belts, leads to apply to monitors brought from home; and

11. Disposable supplies, to include but not be limited to, gloves, scissors, and other disposable equipment needed by the child or by staff in the care of the child, shall be on hand at the PPEC center, as needed.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.19.6 **Emergency Equipment and Supplies.** At least the following items of emergency equipment and supplies shall be available on the premises:

1. Centers shall equip the building with an emergency generating system; Level 1, Type 10 or equivalent in accordance with current NFPA 110 Standard for Emergency and Standby Power Systems; with adequate generating power to maintain full power to the building in the case of power failure;

2. Basic emergency equipment, including but not limit to:

   a. Airways - in a range of sizes appropriate for the children served;

   b. Suction catheters-in a range of sizes as necessary to meet the needs of each child served;

   c. Pediatric manual resuscitators - self-inflating, with preemie, infant and pediatric mask (and adult resuscitators/mask available, if older, more developed children accepted);

   d. Pediatric AED device;

   e. Child oxygen mask;

   f. Infant oxygen mask;

   g. Oxygen regulator with mist bottle and heating element;

   h. Flashlight with extra batteries;

   i. Stethoscope;

   j. Feeding tubes – in a range of appropriate sizes for the children being served;

   k. Disposable syringes, needles with size needles appropriate for the pediatric population and other children being served;

l. Intravenous catheters, angio-catheters an scalp vein needles in a range of appropriate pediatric sizes (sizes as appropriate for each child being served);

m. Tourniquets; armboards for preemie, infant and children being served, IV starting supplies, various sizes of adhesive tape;

n. Two-way stopcocks;

o. Two electrical outlet adapters for three-prong outlets;

p. Betadine preps and alcohol supplies.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.19.7 **Fluids/Medications.** Basic drugs and solutions shall be on-site, available and accessible to medical/nursing staff, at all times:

1. Epinephrine (ampules, vials, or syringes) - 2 each of 1:1000 and 1:10,000;

2. Dextrose (vials or syringes) 1 each of a) 25% solutions and b) 50% solutions;

3. Activated Charcoal (1);

4. Sterile Water (vials or syringes) – 2;

5. Normal Saline (vials or syringes) – 2;

6. Intravenous fluids of Dextrose 5% and 10% in water, Dextrose 5% in Lactated Ringers, Normal Saline---500 cc/bag (2 each);

7. Heparin 10 units – 2 (vials or syringes), Heparin 100unit – 2 (vials or syringes);

8. Diphenhydramine (Benadryl 50mg/ml) – 1 (vials or syringes).

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 20 Physical Environment

Rule 2.20.1 **Construction.** For any existing construction, as of the date of this standard, shall meet, at a minimum, NFPA 101 Life Safety Code, current edition and the FGI (Facility Guidelines Institute) Guidelines for Design and Construction of Health Care Facilities. In the event of the construction of a new PPEC center or substantial modification of an existing facility, any subsequent edition of NFPA, Life Safety Code may be used, provided the licensing agency approve the use of

such edition and that all construction and/or modifications meet the requirements of the approved edition.

1. The construction of the building should be a free-standing building.

2. Automatic Sprinklers Required. Facilities shall be protected throughout by a supervised automatic sprinkler system installed in accordance with the current edition of NFPA 13, Installation of Sprinkler Systems.

3. Fire Code Items:

   a. Fire extinguishers in accordance with current edition NFPA 10, Standard for Portable Fire Extinguishers.

   b. Fire alarms and smoke detectors in accordance with current edition of NFPA 72, National Fire Alarm Code

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.20.2 The PPEC center at a minimum shall include the following programmatic design elements:

1. Separate Quiet Rooms for each age group served. These rooms shall be separate and distinct from play areas and shall contain appropriate sleep furnishings that are readily available. Quiet rooms should be equipped with blinds or other means of controlling the amount of light;

2. Nutritional and food prep area;

3. Age appropriate toileting facilities;

4. Indoor and outdoor recreational exercise play areas, with each exercise play area maintaining 35 square feet per licensed child. Outdoor play areas should be of appropriate surface and conform to the US Consumer Product Safety Commission Public Playground Safety Handbook. In addition, outdoor play areas should have covered areas for protection from sun;

5. Treatment room with med prep area, containing lockable storage;

6. Isolation room containing an observation window as well as a window to the outside, allowing for natural light, with a dedicated toilet room.

7. Clean and dirty storage rooms, separate and distinct;

8. Janitorial closet;

9. Biohazard closet;

10. Therapy/education/activity learning lab areas, separate and distinct;

11. Laundry room;

12. General storage rooms; for equipment, wheelchairs, etc.;

13. Staff area;

14. Reception area;

15. Administrative office;

16. Separate guest and child entrances. In addition, child vehicular drop off areas should be covered; and the size of the covering should be large enough to protect from inclement weather;

17. Maximum Occupant Load for the building shall be calculated based on 100 gross square feet per person to include staff and each child.

18. Milieu containing finishes and furnishings, in texture and color, which support child development, and the specific activities and services conducted in the PPEC center.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.20.3 **SUBMISSION OF PLANS AND SPECIFICATIONS.** Construction shall not be started for any institution subject to these standards (whether new or remodeling or additions to an existing licensed PPEC) until the plans and specifications for such construction or remodeling have been submitted to the Licensing Agency in writing and its approval of the changes given in writing.

1. **Exception**: Foundation changes made necessary by unanticipated conditions, or any conditions which present a hazard to life or property if not immediately corrected.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.20.4 Plans and specifications for any substantial construction or remodeling shall be prepared by competent architects and engineers licensed to practice in the state and who assume responsibility for supervising the construction. The following plans shall be submitted to the Licensing Agency for review:

1. Preliminary Plans - To include schematics of buildings, plot plans showing size and shape of entire site, existing structures, if any, streets and location and characteristics of all needed utilities, floor plans of every floor dimensioned and with proposed use of each room or area shown and gross area calculations as defined by current edition NFPA 101 Life Safety Code. If for additions or remodeling, provide plan or of existing building showing all proposed alterations, outline specifications to include a general description of the construction, type of finishes, and type of heating, ventilating, plumbing and electrical systems proposed.

2. Final Working Drawings and Specifications - Complete and in sufficient detail to be the basis for the award of construction contracts.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.20.5 All plans submitted for review must be accompanied in their first submission by an order of the governing board indicating the type and scope of license to be applied for.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.20.6 Plans receiving approval of the Licensing Agency upon which construction has not begun within six (6) months following such approval must be resubmitted for approval.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.20.7 In all new facilities, plans must be submitted to all regulatory agencies, such as the County Health Department, etc., for approval assuring proper water/sewer connectivity/facilities prior to starting construction.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.20.8 Upon completion of construction, an inspection shall be made by the Licensing Agency and approval given prior to occupying the building or any part thereof. The state and county health departments shall have access to the job site during regular business hours and shall conduct construction progress inspections as deemed necessary by the agency.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.20.9 **Zoning Restrictions**. The locations of a center shall comply with all local zoning ordinances.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.20.10 **Access**. Institutions located in rural areas shall be served by good roads which can be kept passable at all times.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.20.11 **Elevators**. One power driven elevator is required in all centers having children's rooms, playrooms or classrooms above the first floor. Minimum cab dimensions required for elevators transporting children is 76" x 50" inside clear measurements; hatchway and cab doors 3'8" wide, minimum.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.20.12 **Heating and Ventilation.** A draft free seasonally appropriate temperature of 65 degrees Fahrenheit to 78 degrees Fahrenheit shall be maintained.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 21 Emergency Operations Plan

Rule 2.21.1 The PPEC center 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 flowed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geological 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 designees, 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 evaluate or to sustain in place. Additional plan criteria or a specific ECP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six critical areas of consideration are:

1. Communications - Facility status report shall be submitted in a format and a frequency as required by the Office of EOP;

2. Resources and Assets;

3. Safety and Security;

4. Staffing;

5. Utilities;

6. Clinical Activities.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.21.2 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.

SOURCE: Mississippi Code Annotated §41-125-19

Subchapter 22 Facility Fire Preparedness

Rule 2.22.1 **Fire Drills.** Fire drills shall be conducted one (1) per shift per quarter. Employees shall participate in a fire drill at least four time per year.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.22.2 **Written Records.** Written records of all fire drills shall be maintained, indicating content of and attendance at each drill.

SOURCE: Mississippi Code Annotated §41-125-19

Rule 2.22.3 A fire evacuation plan shall be posted in each facility in a conspicuous place and kept current.

SOURCE: Mississippi Code Annotated §41-125-19

Chapter 3 Minimum Standards of Operation of Pediatric Skilled Nursing Facilities

Subchapter 1 General: Legal Authority

Rule 3.1.1 **Authority.** By virtue of authority vested in it by Mississippi Code Annotated, §43-13-117, or as otherwise amended, the Mississippi State Department of Health (MSDH, otherwise known as the licensing agency), has the authority and powers, as necessary, to promulgate and adopt the following rules, regulations and standards governing and to license and regulate Pediatric Skilled Nursing Facilities in the State of Mississippi.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.1.2 **Procedures Governing Amendments.** The rules, regulations and minimum standards for Pediatric Skilled Nursing Facilities may be amended by the licensing agency from time to time as necessary to promote the health, safety and welfare of the children being served and to assure that centers provide the necessary family-centered medical, developmental, psychological, nutritional, psychological and family training services.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.1.3 **Inspections Required.** No Pediatric Skilled Nursing Facility shall operate without a license. No Pediatric Skilled Nursing Facility shall be licensed without being inspected and having achieved compliance with the rules, regulations and standards as set forth in this minimum standard. Each Pediatric Skilled Nursing Facility for which a license has been issued shall be inspected by the Mississippi State Department of Health or by persons delegated with authority by said Mississippi State Department of Health at such interval that the Department may direct. Mississippi State Department of Health and/or its authorized representatives shall have the right to inspect construction work in progress. The Pediatric Skilled Nursing Facility shall provide Mississippi State Department of Health unrestricted access to the center, children and clinical/medical records as necessary to verify compliance with said rules and regulations.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 3 Definitions

Rule 3.2.1 **General.** A listing of terms often used in connection with the rules and regulations and standards follows:

1. **Basic Services.** Include, but are not limited to development, implementation and monitoring of a comprehensive protocol of care, developed in conjunction with the parent or guardian, which specifies the medical, nursing, psychosocial and developmental therapies required by the medically dependent or technologically dependent child served as well as the caregiver training needs of the child's legal guardian.

2. **Child Development Specialist.** Shall mean an individual with a master's degree in child development or a related field with at least one year of experience in trans-disciplinary evaluation and treatment planning for children who are at risk of experiencing developmental delay.

3. **Child Life Specialist.** Shall mean an individual with a baccalaureate degree in child life, early childhood education or a related field and at least one year of experience in planning and implementing developmental stimulation programs for children.

4. **Criminal History Record Check.** For purposes of the requirement for a criminal history record check:

   a. **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 a covered entity provides patient care in a patient's, resident's, or client's room

or in treatment rooms provides direct care/services for clients currently enrolled in the Pediatric Skilled Nursing Facility.

b. The term employee does not include healthcare professional/ technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

    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, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

    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.

c. **Covered Entity -** For the purpose of criminal history record checks, "covered entity" means a licensed entity or a healthcare professional staffing agency.

d. **Licensed Entity -** For the purpose of criminal history record checks, the term "licensed entity" means a hospital, nursing home, personal care home, home health agency, hospice, PPEC or a Pediatric Skilled Nursing Facility.

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

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 Patient Care or Services** - For the purposes of fingerprinting and criminal background history checks, the term "direct patient care" means direct hands-on medical patient care and services provided by an individual in a patient, resident or client's room, treatment room, recovery room or Pediatric Skilled Nursing Facility. Individuals providing direct patient care may be directly employed by the facility or provides patient 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 patient.

5. **Direct Care Staff.** For the purposes of these minimum standards, direct care staff shall include certified nursing assistants, patient care technicians, medical assistants, emergency medical technician (EMT), play assistants or any individual with training and experience in child care related fields.

6. **Functional Assessment.** Refers to an evaluation of the child's abilities and needs related to self-care, communication skills, social skills, motor skills, academic areas, play with toys or objects, growth and development appropriate for age.

7. **License.** Shall mean the document issued by the Mississippi State Department of Health and signed by the State Health Officer. Licensure shall constitute authority to receive patients and perform the services included within the scope of these rules, regulations and standards. A license shall be issued only for the location as addressed on the license and is not transferable.

8. **Licensee.** Shall mean the individual, firm, association, partnership or corporation to whom the license is issued and upon whom rests the responsibility for the operation and all aspects of administrative/regulatory compliance of the Pediatric Skilled Nursing Center.

9. **Licensing Agency**. Shall mean Mississippi State Department of Health.

10. **Medical Director.** Shall mean a physician, licensed to practice in the State of Mississippi, certified by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, who serves as a liaison between the Pediatric Skilled Nursing Facility and the medical community.

11. **Medical Records.** Shall mean medical records maintained in accordance with acceptable standards and practices as specified by the rules implementing this act.

12. **Medically Dependent or Technologically Dependent Child**. Shall mean a child, from birth up to 21 years of age who because of a medical condition/disability whether acute, chronic or intermittent in nature requires on-

going physician prescribed, technologically-based skilled nursing supervision and/or requires the routine use of a medical device to compensate for the deficit of life-sustaining body function. (See Aging-in Place under admissions)

13. **Nursing Director.** Shall mean a licensed registered nurse, licensed in accordance with the Mississippi Nurse Practice Act, who maintains responsibility for providing continuous supervision of the Pediatric Skilled Nursing Facility services and manages the day-to-day operations of the Pediatric Skilled Nursing Facility.

14. **Owner or Operator**. Shall mean a licensee.

15. **Physical Therapist.** Shall mean, for purposes of these minimum standards, an individual, licensed in the State of Mississippi, who has at least one year's experience in evaluating and designing therapeutic programs for children with developmental disabilities.

16. **Premises.** Shall mean those buildings, beds, facilities and fenced outdoor recreational/play area located at the main address of the licensee.

17. **Pediatric Skilled Nursing Facility.** Shall mean any building or buildings, or other place, whether operated for profit or not, which undertakes through its ownership or management to provide basic residential services to three (3) or more medically dependent or technologically dependent children who are not related to the owner or operator by blood, marriage or adoption and who require such services. Infants and children considered for admission to a Pediatric Skilled Nursing Facility must be ventilator dependent or otherwise medically dependant pediatric patients who require medical and nursing care or rehabilitative services; thus having complex medical conditions that require continual care. Prerequisites for admission are a prescription from the child's physician and consent from a parent or guardian.

18. **Prescribing Physician**. Shall mean the physician, licensed to practice medicine in the State of Mississippi that signs the order admitting the child to the Pediatric Skilled Nursing Facility.

19. **Primary or Subspecialist Physician.** Shall mean the physician, licensed to practice medicine in the State of Mississippi, who maintains overall responsibility for the medical management of the child and who is available for consultation and collaboration with the Pediatric Skilled Nursing Facility.

20. **Protocol of Care.** The comprehensive plan for implementation of medical, nursing, psychosocial, developmental, and education therapies to be provided by the Prescribed Pediatric Skilled Nursing Facility.

21. **Psychiatrist.** Shall mean, for purposes of these minimum standards, a board-certified psychiatrist, licensed to practice in the State of Mississippi and who has at least two years of experience in child psychology.

22. **Psychologist.** Shall mean, for purposes of these minimum standards, a licensed individual in Mississippi with doctorial; preparation in child or developmental counseling psychology, or a related field , and at least two years current experience in evaluation and management of children.

23. **Quality Assurance (QA) Committee**. A group of individuals, including the Pediatric Skilled Nursing Facility Medical Director, Administrator, Director of Nursing, two other healthcare members and at least one consumer member with an interest in Pediatric Nursing Facility services who functions to conduct the duties, as outlined in Subchapter 18 of these minimum standards, which includes but is not limited to, review of medical records, review and approval of policies and procedures, treatment plans/procedures and to evaluate the quality of care provided to children enrolled in the Pediatric Skilled Nursing Facility.

24. **Social Worker.** Shall mean, for purposes of these minimum standards, an individual, licensed to practice social work in the State of Mississippi, and who has at least one year of experience in assessing, counseling, and planning interventions for children and their families or guardians.

25. **Speech Pathologist.** Shall mean, for purposes of these minimum standards, an individual who attained a master's degree in speech-language pathology from an educational institution accredited by the American Speech-Language, Hearing Association, licensed to practice speech-language pathology in the State of Mississippi, and who has at least one year of experience in evaluating and treating children at risk for, or experiencing problems with communication skills.

26. **Supportive Services or Contracted Services**. Includes but are not limited to speech therapy, occupational therapy, physical therapy, respiratory therapy, social work, developmental, educational services.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 3 Licensing

Rule 3.3.1 **Authority.** Except as provided in Mississippi Code 43-13-117, Section 3 (2), no individual, firm, association, partnership or corporation shall either directly or indirectly operate a Pediatric Skilled Nursing Facility in this state without first applying for and receiving a license from the Mississippi State Department for Health.

SOURCE: Mississippi Code of 1972, Section 43-13-117

Rule 3.3.2 **License.** A license, from the Mississippi State Department of Health, is required to operate a Pediatric Skilled Nursing Facility prior to said entity providing services to three or more medically dependent or technologically dependent children who meet the criteria for admissions as stated in the above definitions unless such entity meets the definition/requirement for exemption which reads:

2. A Pediatric Skilled Nursing Facility, institution or other place operated by the federal government or any agency of the federal government are exempt from the provisions of these minimum standards.

3. County-operated or municipally operated Pediatric Skilled Nursing Facility applying for a licensure under Section 43-13-117, Mississippi Code Annotated, are exempt from the payment of licensure fees. Such entities must comply with and meet all other requirements of these minimum standards.

4. Only the official name, as approved by the licensing agency and by which the facility is licensed, shall be used in telephone listings, on stationary, in advertisements, etc.

5. Licensee shall not operate at any given time with a capacity greater than the number of clients on the face of the license.

SOURCE: Mississippi Code of 1972, Section 43-13-117

Rule 3.3.3 **Designation of License**. Separate licenses are required for Pediatric Skilled Nursing Facility maintained on separate premises, even though such centers may be operated under the same management. A separate distinct license is required to distinguish entities providing twelve (12) hour care services verses twenty-four (24) hour services. No Pediatric Skilled Nursing Facility shall co-locate with another facility licensed by the Department.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.4 **Rules and Regulations**. Any individual, firm, association, partnership or corporation operating a Pediatric Skilled Nursing Facility in this state is subject to the requirements of Section 43-13-117 and all requirements as outlined in the Minimum Standards of Operation for Pediatric Skilled Nursing Facilities. The Mississippi State Department of Health has legal authority to promulgate rules and regulations.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.5 **Application.** Application for a license or renewal shall be made on in writing to the licensing agency, on forms provided by the licensing agency, which shall contain information that the licensing agency may require.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.6 **Fees.** The following fees are applicable to Pediatric Skilled Nursing Facilities**:**

1. Each application for initial licensure or renewal licensure, unless suspended or revoked shall be accompanied by a fee in an amount set by the Board, made payable to the Mississippi State Department of Health by business check, money order, or by electronic means. The fees are not refundable.

2. Applicants for initial licensure, or licensees, shall pay a user fee in an amount set by the Board, and made payable to the Mississippi State Department of Health by business check, money order, or by electronic means. The fee is non-refundable.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.7 **Name of Facility.** Only the official name, as approved by the licensing agency and by which the center is licensed shall be used in telephone listings, on stationary, in advertising, etc.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.8 **Capacity**. Licensees shall not operate at any given time with a capacity greater than the number of clients on the face of the license.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.9 **Initial Licensure.** For initial licensure, an applicant shall be in compliance with all requirements, as outlined in these regulations, and must submit documents, included but not limited to, those outlined below:

1. A completed/signed application, on forms as designated by MSDH. All information submitted on the application forms, or by request for additional information, shall be accurate and current at the time of filing;

2. A non-refundable application/processing fee in an amount set by the Board, and made payable to the Mississippi State Department of Health, by business check, money order, or by electronic means. The fee is non-refundable.

3. A Licensing Fee in an amount set by the Board, and made payable to the Mississippi State Department of Health by business check, money order, or by electronic means. The fee is non-refundable.

4. Certificates/letters of approval from the local zoning authority indicating that the location of the Pediatric Skilled Nursing Facility conforms to local zoning ordinances, if applicable;

5. Certificates/letters of approval from the local/regional/state Fire Marshal that the Pediatric Skilled Nursing Facility is in compliance with all applicable fire safety standards;

6. Evidence that the Pediatric Skilled Nursing Facility water and sewer systems have been approved by the Mississippi State Department of Health;

7. Copy of the Health Inspection report/approval from the MSDH, office of public health.

8. Certificate of Occupancy;

9. Clinical Laboratory Improvement Amendments (CLIA) certificate or CLIA certificate of waiver.

10. Proof of general and Professional Liability Insurance in the amount of at least $300,000.00 including Workman's Compensation Insurance;

11. Articles of Incorporation, Disclosure of Ownership and Control Information;

12. Proof of financial viability/contingency plan demonstrating evidence that the applicant processes assets sufficient to establish and sustain all components of a Pediatric Skilled Nursing Facility to meet the provisions as outlined in these regulations while operating and/or during extraordinary circumstances including but not limited to audited financial statements, an established line of credit issued from a federally insured institution in the amount of at least $100,000.00, a projected twelve (12) month statement of operations and a projected first twelve months statement of cash flow. The requesting Pediatric Skilled Nursing Facility shall provide evidence of the referenced above review in the form of a certified affidavit or statement resultant of a review from an independent certified public accountant firm.

13. That the center is located within 20 miles or 30 minutes (whichever is greater) of an Emergency Department that has capabilities to handle pediatric emergencies;

14. The name of the Pediatric Skilled Nursing Facility's administrator, manager or supervisor, the name and license number of the Medical Director and Director of Nursing along with proof of available licensed and supportive personnel who will have responsibility for any part of the care given to Pediatric Skilled Nursing Facility's clients; as well as proof of ancillary support services such as dietary, housekeeping, maintenance and other

personnel either directly or contractually secured to support the Pediatric Skilled Nursing Facility on a daily basis;

15. The names and titles of personnel who have been affiliated, during the preceding five (5) years with any other Pediatric Skilled Nursing Facility, through ownership or employment, and the listing of names and addresses of the appropriate Pediatric Skilled Nursing Facility for each. This information shall be provided for the applicant: administrator, manager or supervisor, and all licensed nurses; and

16. Floor sketch or drawing of premises to be licensed, letter of intent and functional plan.

17. Lead Testing Reports. The exterior playground shall be soil tested for lead contamination; soil samples shall be taken from a minimum of four remote locations around the playground and submitted to a certified lead testing laboratory for analysis. If the building was constructed before 1965, a lead hazard screen or lead-based paint risk assessment shall be done by an individual or company certified as a Lead Risk Assessor by the Mississippi Department of Environmental Quality (MDEQ).

18. Asbestos Testing Report. An asbestos survey shall be performed on all existing structures to be converted into a Pediatric Skilled Nursing Facility to assure compliance with Air Emission Regulations for the Prevention, Abatement, and Control of Air Contaminates-APC S-1-Section 8 (state regulation) and National Emission Standards for Hazardous Air Pollutants (NESHAP) – 40CFR Part 62, Subpart M (federal regulation).

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.10 **Approval of Building.** Prior to the issuance of a license, the building must be inspected/approved by MSDH, Fire and Life Safety Code Division within Health Facilities Licensure and Certification and approved as being in compliance with all applicable National Fire Protection Association fire safety code standards, as appropriate to this type setting.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.11 **Licensure Term**. Each license issued shall be valid for a period of twelve (12) months and shall be issued for the licensure period from January 1, of each year and shall expire December 31, of the that same year. Should an entity be approved for licensure after the January 1, date for licensure, the licensure date shall reflect the approved date of licensure for this center and will be valid until December 31, of that licensure year. As with all other centers, a renewal applications/documentation pertinent to renewal (see Rule 2.3.9) must be

submitted to initiate the licensure process for the next January 1, thru December 31, licensure year.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.12 **Posting of License.** The license shall be posted in a conspicuous place on the licensed premises and shall be available for review by in interested person.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.13 **License Not Transferable**. A Pediatric Skilled Nursing Facility license is for the stated licensee and location as reflected on the license and is not transferable.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.14 **License Renewal**. For renewal, each licensed entity shall submit:

1. A completed and signed renewal application; received on or before 30 days prior to the date of expiration;

2. A renewal licensure Fee in an amount set by the Board, and made payable to the Mississippi State Department of Health (MSDH) by business check, money order, or by electronic means. The fee is non-refundable.

3. In a format as requested by MSDH, information designed to capture the entity's provision of services being provided, to include but not be limited to, number and acuity of infants/children served, number and types of treatments/specialized services provided, and other information that may be useful in determining that services, as outlined in these requirements are offered/met; and

4. Evidence of continued compliance with all building/fire codes as evidence by a copy of the annual inspection by the local Fire Marshall of the area/region where the center is located; and

5. Proof of General and Professional Liability Insurance in the amount of at least $300,000 including Workers Compensation Insurance.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.15 **Late Fees.** Should all documentation appropriate for license renewal not be received by MSDH, Division of Health Facilities Licensure and Certification on or prior to the expiration date of the license, a late fee in the amount set by the Board, will be assessed and must be submitted payable to the Mississippi State Department of Health either by business check, money order, or by electronic means, prior to the issuance of a license. Should all paperwork necessary for

renewal not be submitted within 30 days post-expiration of the license, the center shall be considered unlicensed and actions taken, as appropriate, to process termination of the license;

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.16 In the case of a change of ownership or a change in Proprietors that constitutes a sale or change of greater that 20% of the assets, the center shall notify the Department and submit all Legal documents/information, as requested, to document that change of ownership and to confirm/verify the operational sustainability of the center.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.17 **Duty To Report**. The licensed entity shall submit, in writing, to MSDH, Division of Licensure and Certification, the following:

1. Change in the administrator, manager/ supervisor, director of nursing services, or the medical director within ten calendar days of the occurrence;

2. All fires, explosions, natural disasters, as well as, avoidable deaths or avoidable, serious, or life-threatening injuries resultant of such fires, explosions or natural disasters shall be reported by telephone to the Life Safety Code and Construction Division of the licensing agency by the next working day of the occurrence. The licensing agency will provide the appropriate forms to the facility which shall be completed and returned within fifteen (15) calendar days of the occurrence. All reports shall be complete, thorough, and shall record at a minimum the causal factors, date and time of the occurrence, exact location of the occurrence, whether inside or outside of the facility, and attached thereto shall be all police, fire, and other official reports.

3. Any incident whereas a child is left alone and unattended, either during the hours of operation of the Pediatric Skilled Nursing Facility, while on a field trip or at an alternate location, by the next working day after the occurrence;

4. Any accident or injury sustained by a child, while the child was under the care of the Pediatric Skilled Nursing Facility that required emergency medical intervention by the next working day after the occurrence.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.18 Such reports shall contain a clear description of each accident or incident, the names of the persons involved, a description of all medical or other services provided to those persons, specifying who provided such services, and the steps taken, if any, to prevent reoccurrence of such accident or incidents in the future.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.19 **Management**. All applicants for a license to operate a Pediatric Skilled Nursing Facility, whether for initial or for renewal, and the administrator, manager/supervisor and the director of nursing services shall:

1. Be twenty-one years of age or older;

2. Be of good moral character; and

3. Have not been convicted or found guilty, regardless of adjudication, in any jurisdiction, of any felony involving fraud, embezzlement, fraudulent conversion, misappropriation of property, moral turpitude, violence against a person or persons, abuse of a vulnerable adult and/or child; or any act(s) of sexual abuse as outlined in Section 45-33-23(g), Mississippi Code of 1972, Annotated.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.20 **Evidence of Character and Related History**. As documentation for the Department, regarding the requirement for licensure, each applicant(s) for a license to operate a Pediatric Skilled Nursing Facility, whether for initial or renewal, shall submit together, with their application:

1. Two (2) personal character references and two (2) professional character references for the administrator, manager, or supervisor of the Pediatric Skilled Nursing Facility, except on renewal if previously provided to the Department;

2. The criminal record, if any, for himself and the manager, supervisor, director of nursing services of the Pediatric Skilled Nursing Facility, to include the court, date of conviction, the offense, penalties imposed by each conviction, regardless of adjudication;

3. Any injunctive or restrictive order or federal or state administrative order related to business activity or health care as a result of an action brought by a public agency or department;

4. A copy of current agreements entered into with third party providers; and

5. A copy of current agreements with each consultant employed by the center and documentation specifying frequency of consultative visits and required written, dated reports.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.21 **Liability Insurance**. Facilities shall obtain and keep in force liability insurance. Proof of Professional and General Liability insurance including worker's compensation insurance must be submitted at the time of application. Liability insurance must cover legal liability for death, injury, or disability of any human being, or for damage of property, with provision for medical, hospital and surgical benefits to the injured person, irrespective of the legal disability of the insured, when issued as a part of the liability insurance contract.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.22 **Denial, Suspension, Revocation of Licensure, Administrative Fines; Grounds**.

3. The licensing agency may deny, revoke, and suspend a license and impose an administrative fine as provided in section eight (8) of Section 43-13-117, Mississippi Code of 1972, Annotated, for violation of any provision of this act, or applicable rules.

4. Any of the following actions by the Pediatric Skilled Nursing Facility or its employee is grounds for action by the licensing agency against the Pediatric Skilled Nursing Facility or its employee:

   d. An intentional or negligent act materially affecting the health and safety of children in the Pediatric Skilled Nursing Facility.

   e. A violation of the provisions of the act, or applicable rules.

   f. Multiple or repeat violations of this act or of minimum standards or rules adopted under this act.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.23 **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 said healthcare center/institution, including any other remedy less than closure to protect the health and safety of the children being provided care/services or the health and safety of the public.

*SOURCE: Mississippi Code Annotated §43-13-117*and §41.3.15

Rule 3.3.24 **Administrative Fines.** If the licensing agency determines that a Pediatric Skilled Nursing Facility is not in compliance with this act, or applicable rules, the licensing agency may require that the Pediatric Skilled Nursing Facility submit a corrective action plan that demonstrates a good-faith effort to remedy each violation by a specific date, subject to the approval of the licensing agency. The licensing agency may fine a Pediatric Skilled Nursing Facility or employee found

in violation of this act, or applicable rules, in the amount not to exceed five thousand dollars ($5000.00) in the aggregate. Should the facility not correct a violation by the date agreed upon by the licensing agency, or the failure to comply with an approved corrective action plan, is a separate violation for each day that the failure continues, unless the licensing agency approves an extension to the specific date.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.3.25 **Closing of a Pediatric Skilled Nursing Facility .** Whenever a Pediatric Skilled Nursing Facility voluntarily discontinues operation, it shall, at least thirty days before the discontinuance of operation, inform each child's legal guardian of the fact and the proposed time of the discontinuance. The licensing agency shall also be notified of the same such fact, at least thirty days prior to the date of discontinuance of operation.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 4 Provision For Hearing And Appeal Following Denial or Revocation of License.

Rule 3.4.1 **Administrative Decision.** The licensing agency shall provide an opportunity for a fair hearing to every applicant or licensee who is dissatisfied with administrative decisions made in regard to the denial or revocation of a license.

4. 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 a license. Upon written request of an applicant or licensee received within ten (10) days of the date of notification, the licensing agency shall fix a date for the hearing at which time the applicant or licensee shall have an opportunity for a prompt and fair hearing.

5. 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 determinations shall be sent by registered mail to the last known address of the applicant or licensee or served personally upon the applicant or licensee.

6. The decision revoking, suspending, or denying the applicant or license shall become final thirty (30) days after it is mailed or served unless the applicant or licensee, within a thirty (30) day period, appeals to the 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: Mississippi Code Annotated §43-13-117

Subchapter 5 Administration and Management

Rule 3.5.1 **Licensee.** The licensee of each Pediatric Skilled Nursing Facility shall have full legal authority and responsibility for the operation of the facility.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.5.2 **Organizational Structure.** Each Pediatric Skilled Nursing Facility must be organized in accordance with a written table of organization, which describes the lines of authority and communication down to the child care level. The organization structure must be designed so as to ensure an integrated continuum of services to the children.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.5.3 **Designation of Administrator**. The licensee of each Pediatric Skilled Nursing Facility must designate, in writing, one person who is responsible and accountable for the overall management of the facility..

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.5.4 **Administrator Designee in the Absence of Administrator**. The facility administrator must designate, in writing, a person to be responsible for the facility when the administrator is absent from or unavailable to the center for more than 24 hours. Identification of the administrator's proxy, as well as, the date and duration of substitution shall be entered into the Pediatric Skilled Nursing Facility's administrative records.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.5.5 **Responsibilities of Administrator**. The center administrator must:

1. Maintain the following written records, and all other records as outlined under Subchapter 16, Medical Record of these rules. The records must be kept in a place, form, and system in accordance with medical and business practices and such records must be available in the facility for inspection by the Department during normal business hours;

2. Assure that the Pediatric Skilled Nursing Facility is administered on a sound financial basis consistent with good business practice. There shall be financial records and annual budget information including monthly statements of operation and Profit and Loss statements made available for the Pediatric Skilled Nursing Facility;

3. Maintain a daily census record, which must indicate the names and number of children currently receiving services in the facility. Census records must be

maintained and available for review, on the premises, for a period of three years;

4. Maintain a record of all accidents or unusual incidents involving any child or staff member that caused, or had the potential to cause, injury or harm to any person or property within the center. Such records shall be maintained on the premises of the facility and be available to the licensing agency upon request;

5. Maintain a copy of current agreements with third party providers;

6. Maintain a copy of current agreements with each consultant contracted by the Pediatric Skilled Nursing Facility and documentation of each consultant's visit and required written, dated reports;

7. Assure the maintenance of a personnel record for each employee, which must include, at a minimum, a current copy and/or verification of the licensure status of professional discipline employed or on contract, the original employment application, references, employment history for the preceding five years, if applicable; a copy of the job description (acknowledged by employee); evidence of a completed criminal history records check (as referenced in these regulations) and a copy of all job performance evaluations;

8. Develop and maintain a current job description for each employee;

9. Provide each employee access to written personnel policies governing conditions of employment;

10. Conduct annual written job performance reviews that note strengths and weaknesses and include plans to correct any job performance weaknesses. Performance evaluations must be reviewed with the employee;

11. Assign duties to employees that are consistent with their job descriptions and their levels of education, preparation and experience;

12. Provide necessary qualified personnel and ancillary services to ensure the health, safety, and proper care of the child;

13. Develop and implement policies and procedures for infection control and quality assurance. These policies and procedure must be included in the Pediatric Skilled Nursing Facility policy manual.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.5.6 **Organizational Responsibility**. The administrative structure of the Pediatric Skilled Nursing Facility shall include a policy and procedure manual to assure

standards for medical and nursing care are met and to assure that the requirements as set forth in licensure and certification are maintained.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.5.7 **Resources.** Each Pediatric Skilled Nursing Facility shall have the following documents on the premises and available to staff: American Academy of Pediatrics Red Book, Minimum Standards of Operation for Pediatric Skilled Nursing Facility, Policy and Procedure Manual and a Personnel Manual.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.5.8 **Personnel Policies and Procedures** shall include provisions for at least, a current personnel file, position descriptions, employee benefits, policy for attendance, overtime, compensatory time, performance evaluations, grievance procedures, and termination of employment. Personnel policies must also require that employees of the facility are current in their immunizations, and undergo a medical evaluation to rule out communicable diseases, including but not limited to, tuberculosis (TB). An annual evaluation for TB is required and documentation of said results maintained.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.5.9 **Orientation of Staff.** A formal orientation shall be required for all Pediatric Skilled Nursing Facility employees; staff development programs for all categories of personnel shall be held quarterly and documented accordingly.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.5.10 **Policies and Procedures.** Policy and procedure manuals, including but not limited to, specifications for therapeutic intervention shall be available for use by all staff involved in the care of children. Revisions of the policies and procedures are reviewed and approved quarterly during QA meetings. All forms, policies and procedures are reviewed and signed off as approved by the administrator, medical director and the director of nursing services, annually to assure that procedures conform to prevailing and acceptable treatment modalities.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.5.11 **Fingerprint Requirement.** For each employee of the Pediatric Skilled Nursing Facility (see definition of employee), the facility shall submit fingerprints to MSDH for the purpose of processing a criminal history records check. The center shall develop policies and procedures consistent with this requirement.

SOURCE: Mississippi Code Annotated §43-13-117 and § 43-11-13

Rule 3.5.12 **Criminal History Record Checks.** The covered entity shall be required to performed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on:

1. Every new employee of a covered entity who provides direct patient care or Services;

2. Except as otherwise provided in this paragraph, no employee shall be permitted to provide direct patient care until the results of the criminal history 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 patient care on a temporary basis pending the results of the criminal history record check by any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check.

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

   a. Possession or sale of drugs

   b. Murder

   c. Manslaughter

   d. Armed robbery

   e. Rape

   f. Sexual battery

   g. Sex offense listed in Section 45-33-23, Mississippi Code of 1972:

   h. Child abuse

   i. Arson

   j. Grand larceny

   k. Burglary

l. Gratification of lust

m. Aggravated assault

n. Felonious abuse and/or battery of vulnerable adult

4. 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 submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

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

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

7. Should results of an employee applicant's criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying, event provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant's suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi 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.

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

9. 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: Mississippi Code Annotated §43-13-117 and § 43-11-13

Subchapter 6 Child/Parent's Rights.

Rule 3.6.1 Each child shall be treated with consideration, respect, and full recognition of his/her dignity and individuality.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.6.2 Each child shall receive care, treatment and services which are adequate and appropriate for his/her therapeutic plan.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.6.3 Parent(s) or legal guardian(s) shall, prior to and upon admission and as needed during the period of service to his/her child, receive a written statement of the services provided by the Pediatric Skilled Nursing Facility including those offered on an "as needed" basis. They shall also receive a statement of related charges including any charges for services not covered under the Pediatric Skilled Nursing Facility's basic per diem rate.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.6.4 Each child's medical care program shall be conducted discreetly and in accordance with the parent's/guardian's need for privacy. Personal and medical records shall be treated confidentially and shall not be made public without written consent of parent(s) or legal guardian(s).

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.6.5 Each child shall be free from mental and physical abuse and also physical and

chemical restraints, unless authorized by a physician according to clear and indicated medical requirements. Justification for use, shall include but not be limited to, the risks verses benefits for use and shall be documented by the physician and maintained as part of the child's medical record.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.6.6 Each parent and/or legal guardian has a right, personally or through others, to present grievances to state and local authorities without reprisal, interference, coercion or discrimination of the child as a result of the grievance or suggestion.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 7 Admission Procedures

Rule 3.7.1 **Admission Procedures.** Each Pediatric Skilled Nursing Facility shall have policies and procedures governing the admission, transfer, and discharge of children. The admission of each child into the Pediatric Nursing Facility shall be upon the written orders of the physician and shall be under the supervision of the facility administrator or his/her designee, and shall be in accordance with the facility's child care policies and procedures.

1. Aging-in-Place- Considering the fact that an individual was admitted to a Pediatric Skilled Nursing Facility prior to his/her twenty-first (21) birth date, the facility may allow the individual to age-in-place past the twenty-first birth date, provided:

    a. The facility may allow aging-in-place for established residents, not to exceed 15% of the facility's licensed capacity;

    b. The individual continues to be ventilator or otherwise medically dependent; thus, requiring the services of the Pediatric Skilled Nursing Facility;

    c. The facility is able to provide the needed medical, psychological, and safety needs of the resident; and

    d. The resident does not present a threat for harm to himself or other children of the facility.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.7.2 **Justification for Aging-in-Place**. Should a facility chose to maintain a resident past the twenty-first birth date, the facility must submit a written justification, requesting approval, to the licensing agency. The written justification must be completed and signed by the Medical Director of the facility and must contain

documentation reflective that the resident continues to meet the medical necessity requirements for such facility, that the facility can continue to meet the resident's needs, as outlined above, and that the resident is not a danger to him/her self or others.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.7.3 **Hours of Service.** The hours of operation of a Pediatric Skilled Nursing Facility shall be 24/7 and must be clearly posted.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.7.4 **Criteria for Admission.** Infants and children considered for admission to the Pediatric Skilled Nursing Facility shall be:

1. A child who is less than twenty-one years of age and medically or technologically dependent to include, but not be limited to, conditions such seizure disorder, chronic lung disorder, malignancy, and heart disease and/or complex medical problems requiring continual care, including but not limited to, ventilator dependence, supplemental oxygen, I.V therapy, nasogastric or gastrostomy feedings, tracheotomy, etc.

2. Each child admitted to the Pediatric Skilled Nursing Facility shall be admitted under the prescription of the licensed prescribing physician and shall remain under the care of the primary care or subspecialist physician for the duration of his/her stay at the facility. Each child placed in the Pediatric Skilled Nursing Facility shall have documentation of the physician's written order placed in the child's medical record. A copy of the order shall be provided to the child's parent(s) or guardian(s).

3. Infants and children considered for admission to the Pediatric Skilled Nursing Facility shall be stable for outpatient medical services and shall not, prior to admission, present a significant risk of infection to the other children or personnel. The medical and nursing directors shall review, on a case-by-case basis, any child with a suspected infection to determine appropriateness of admission.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.7.5 **Consents**. A consent form outlining the purpose of a Pediatric Skilled Nursing Facility, family responsibilities, authorized treatments and appropriate liability release and emergency disposition plans shall be signed by the parent(s) and/or guardian(s) prior to admission to the Pediatric Skilled Nursing Facility. The parents and guardians shall be provided a copy of the consent form. Confidentiality of Pediatric Skilled Nursing Facility's records shall be maintained in accordance with HIPPA requirements.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.7.6 **Protocol of Care**. The protocol for care shall be developed under the direction of the Pediatric Skilled Nursing Facility nursing director and shall specify the treatment plan needed to accommodate the medical, nursing, psychosocial and educational needs of the child and family. Specific goals for care shall be identified. Plans for achieving the goals shall be determined and a schedule for evaluation of progress shall be established. When appropriate, the protocol shall include specific discharge criteria.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.7.7 **Protocol Authorization**. The protocol must be signed by the physician, the authorized representative(s) of the Pediatric Skilled Nursing Facility and the parent(s) or guardian(s) of the child within ten (10) days of initiation of the plan. Copies of the protocol shall be given to the parent(s), guardian(s) of the child, the child's primary physician, Pediatric Skilled Nursing Facility staff, and other agencies as appropriate.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.7.8 **Routine Communications**. Communication with the child's primary physician shall be provided by the nursing director or designee on a monthly or quarterly basis, as identified in the plan or at a minimum when there is a change in the child's clinical condition.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.7.9 **Therapies**. Prescribed therapies may be adjusted, in consultation with the child's primary care or subspecialist physician, to accommodate the child's condition.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.7.10 **Pre-admission Planning**. If a child is hospitalized at the time of referral, pre-admission planning will include the parents and guardians, relevant hospital medical, nursing, social services and developmental staff to assure that the hospital's discharge plans will be implemented following placement in the Pediatric Skilled Nursing Facility.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 8 Medical Director

Rule 3.8.1 **Qualifications of a Medical Director**. A physician, licensed in accordance with the requirements of the Mississippi Board of Medical Licensure, and certified

by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics shall serve as Medical Director of the Pediatric Skilled Nursing Facility.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.8.2 **Responsibilities of the Medical Director** shall be:

9. Periodic review of services to assure acceptable levels of quality;

10. Maintenance of a liaison role with the medical community;

11. Advisement of the development of new programs and modifications of existing programs;

12. Assurance that medical consultation will be available in the Medical Director's absence;

13. Serving on committees as defined and required by these rules and by the facility's policies;

14. Consultation with the center administrator on the health status of the facility's personnel;

15. Reviewing reports of all accidents and unusual incidents, to but not be limited to, medication errors, and identifying to the facility administrator hazards to health and safety; and

16. Ensuring the development of policies and procedures for the delivery of emergency services and the delivery of regular physician services when the child's attending physician or his designated alternate is not available.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 9 Nursing Services

Rule 3.9.1 **Qualification of the Director of Nursing.** A registered nurse shall serve full-time as the Director of Nursing. The Director of Nursing must have, at a minimum, the following qualifications:

6. Minimum of a baccalaureate degree in nursing;

7. Current unrestricted Mississippi nursing license;

8. Current certification in Cardio Pulmonary Resuscitation (CPR) or Basic Cardiac Life Support (BCLS); and

9. Current certification in Pediatric Advanced Life Support (PALS)

10. A minimum of five years of employment in a pediatric setting caring for medically and/or technologically dependent children or at least three years of experience in one of the following specialty settings: pediatric intensive care, neonatal intensive care, pediatric emergency care, Pediatric Skilled Nursing Facility or comparable pediatric unit.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.9.2 **Responsibilities.** The Director of Nursing Services shall be responsible for the day-to-day operations of the Pediatric Skilled Nursing Facility, to include but not be limited to, the development of and implementation of policies and procedures to facilitate effective and safe care and treatment modalities, scheduling of staff, coordination of employee and contracted specialized services in accordance with each child's individualized plan of care, participating in pre-admission screening along with other appropriate nursing staff, participating on the interdisciplinary team (IDT) in the development of each child's plan care, evaluation of all nursing services provided to each child; assuring that training and inservices are provided consistent with the treatments/care being provided and the identified weaknesses and/or needs of the employee.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.9.3 **Registered Nurse Qualifications**. Each registered nurse employed by the Pediatric Skilled Nursing Facility shall have a current unencumbered Mississippi nursing license, have at least two years of pediatric specialty care experience with emphasis on medically and technologically dependent children and maintain current certification in pediatric CPR, pediatric advance life support (PALS) and basic first aid.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.9.4 **Registered Nurse Responsibilities**. The registered nurse shall be responsible for at least the following:

6. The provision of nursing intervention; educational services to increase the family's confidence and competence in caring for the child with special needs; assistance to facilitate coping with the effects of chronic illness on the child and family and support effective relationships among siblings and the ill child; interventions to foster normal development and psychosocial adaptation;

7. Knowledge of the availability and access requirements to community resources;

8. Participation in the interdisciplinary teams (IDT), as necessary and in the interdisciplinary staff meetings regarding the child's progress. Fostering and maintaining collaborative relationship with the interdisciplinary teams;

9. The administration of medication, intravenous infusions, parenteral feedings and other specialized treatments; monitoring and documenting the effects of medications, therapies and progress in accordance with accepted standards of practice; and

10. Knowledge of the competence and scope of practice of other licensed and unlicensed personnel and delegation of duties to such personnel within that level of competence and scope of practice.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.9.5 **Qualifications of Licensed Practical Nurse.** Each licensed practical nurse employed by the Pediatric Skilled Nursing Facility shall have a current unencumbered Mississippi nursing license, have at least two years of pediatric specialty care experience with emphasis on medically and technologically dependent children and current certification in pediatric CPR and basic first aid.

Rule 3.9.6 **Licensed Practical Nurse Responsibilities**. The licensed practical nurse shall work under the supervision of the registered nurse and is responsible to provide, within their level of competence and scope of practice, direct care to the Pediatric Skilled Nursing Facility children.

Rule 3.9.7 **Qualifications of Direct Care Staff.** Direct care staff shall work under the supervision of the licensed nurse. If direct care staff are utilized to augment licensed nurse staffing, the direct care staff shall have a minimum of the following qualifications:

4. Two years of experience in a healthcare setting providing care to infants and children who are medically or technologically dependent;

5. References documenting skill in the care of infants and children; and

6. Current certification in pediatric CPR and basic first aid.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 10 Staffing

Rule 3.10.1 **Ratio** Total staffing for nursing services shall be, at a minimum, in the following ratios but at no time shall there be less than one (1) staff member of duty per three (3) children. If only one (1) staff member is on duty, that member must be a registered nurse.

Children	Total Staff	RN	RN or LPN	Direct Care, or Licensed Nurse (RN, LPN or Respiratory Therapist)
1	1	1		
2-6	2	1	1	1
7-9	3	1	1	1
10-12	4	2	1	1
13-15	5	3	1	1
16-18	6	3	1	2
19-21	7	4	1	2
22-24	8	4	1	3
25-27	9	4	1	4
28-30	11	5	1	5
31-33	12	5	1	6
34 -36	13	5	2	6
37- 39	14	5	3	6
40-42	15	5	3	7
43- 45	16	5	4	7

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.10.2 If a Pediatric Skilled Nursing Facility has more than 45 children, the staffing must increase by one staff for every three (3) children, alternating between a direct care staff and licensed nurse.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.10.3 **Ancillary Professional Staffing.** Although the Pediatric Skilled Nursing Facility is not required to have the following disciplines on staff, such services may be contractual, on a consultant basis, depending on the assessed need of the child.

2. Resource consultants:

c. A child development specialist available to serve as a resource for Pediatric Skilled Nursing Facility staff and parents of children served who can be available to evaluate through use of standardized and non-standardized procedures the developmental status of children;

d. A child life specialist who can assist in planning and conducting individualized child development and play programs; and who can serve as a resource to the Pediatric Skilled Nursing Facility staff and parents of children being served.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.10.4 The Pediatric Skilled Nursing Facility shall have the following staff, either by employment or on a contractual as needed basis:

2. Occupational therapy is the provision of services that addresses the developmental or functional needs of a child related to the performance of self-help adaptive skills, adaptive behaviors, and sensory, motor and postural development. Occupational therapy includes the evaluation and treatment to prevent or correct physical and emotional deficits, minimize the disabling effects of these deficits, maintain a level of function, acquire a skill set or A child life specialist who shall be responsible for at least the following:

   e. Evaluation of child following physician referral to include neuromuscular status, developmental level, perceptual motor functioning, need for adaptive equipment or appliances, self-care and play;

   f. Designing and implementing therapeutic programs to meet the needs of the individual child;

   g. Maintaining records documenting the therapy program and progress for each child as approved by the attending physician; and

   h. Participating as part of the child's IDT team if occupational therapies are a part of the child's plan and serving as a resource for Pediatric Skilled Nursing Facility staff and the parents being served.

7. Physical therapy services include the evaluation and treatment of range of motion, muscle strength, functional abilities and the use of adaptive and therapeutic equipment. The Pediatric Skilled Nursing Facility shall assure the availability of, either by employment of contract, a physical therapist who is responsible for at least the following:

   f. Evaluation of each child upon physician referral to include neuromuscular status, developmental level, gait, posture and adaptive equipment;

g. Designing and implementing therapeutic programs to meet the needs of each individual child;

h. Maintaining records documenting the therapy program and progress for each child as approved by the attending physician; and

i. Serving as a resource for Pediatric Skilled Nursing Facility staff and parents of children served.

j. If physical therapy is an active component in the treatment of the child, the physical therapist shall participate as part of the child's IDT.

8. Respiratory care services include evaluation and treatment related to pulmonary dysfunction. Examples are ventilator support, therapeutic and diagnostic use of medical gases, respiratory rehabilitation, management of life support systems and bronchopulmonary drainage, breathing exercises and chest physiotherapy. The Pediatric Skilled Nursing Facility shall assure the availability of a licensed respiratory therapist when appropriate, to:

   a. Evaluation of the respiratory function and needs of the child, make recommendations based upon that assessed need;

   b. Provide therapies, as appropriate, per physician orders,

   c. Maintain documentation of provided therapies, in accordance with physician's orders and the child's IDT plan, and the progress of the child and/or educational progress of the parents; and

   d. Serve as a resource to train staff and parents of the child on the physiology of the child's disease processor respiratory dysfunction and on the modalities necessary for care and treatment of the child.

9. Speech language involves the evaluation and treatment of speech-language disorders, to include but not be limited to, the evaluation and treatments of verbal and written language, articulation, voice, fluency, phonology, mastication, deglutition, cognition, and communications. The Pediatric Skilled Nursing Facility shall assure that a speech-language pathologist is available, either by employment or through a contractual basis on an as needed basis, for the:

   a. Evaluation of children to include: ability to swallow and feeding, respirations, language, speech, communication and play using formal and informal test and observations;

   b. Designing and implementing individualized therapeutic programs for each child, including recommendations for communication devices;

c. Speech-language encounters must be face-to-face and the speech-language pathologist must maintain, in the child's record, documentation of each evaluation, documentation of therapies and progress; and

d. Serving as a resource for the Pediatric Skilled Nursing Facility staff and parents of children being served.

e. Speech-language visits must be face-to-face encounters.

10. A social worker who is responsible for at least the following:

a. Conducting family psychosocial assessments as requested by the medical or nursing director;

b. Counseling, including emotional support and grief resolution as requested by the nursing and medical director, or family;

c. Family advocacy and coordination with community resources;

d. Maintaining records and documenting social work interventions;

e. Conducting home visits and home evaluations as requested by the medical director or nursing director; and

f. Serving as a resource for the Pediatric Skilled Nursing Facility staff and parents of children served.

11. A dietician, who is licensed in the State of Mississippi and currently registered with the American Dietetic Association, will be available, at a minimum on a consultant basis. The dietician shall:

i. Conduct a thorough evaluation of each child's nutritional status, preferences, likes and dislikes, upon admission and as needed throughout the child's stay;

ii. Develop and approve menus appropriate to the nutritional needs of the children. Assure that specialty feedings are prepared in accordance with physician's orders, meet the nutritional needs of the child and make recommendations, as appropriate;

iii. Document in the clinical record, at least quarterly, an update of the child's nutritional status to include, but not be limited to, weight, alteration in the diet, eating modalities, etc.; and

iv. Assure that dietary staff are trained and competent in the preparation and service delivery of meals/feedings related to each child's diet.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 11 Developmental Services

Rule 3.11.1 **Assessment and Plan**. Each child shall have a functional assessment and an individualized family service plan (IFSP) to include developmentally appropriate areas.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.11.2 **Developmental Plan**. The child's IFSP plan shall include specific programs and action steps to facilitate developmental progress and shall be reviewed and updated per early intervention/early step guidelines.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.11.3 **Incorporation of Plan**. Developmental and educational needs shall be incorporated into each child's protocol for care.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.11.4 **Comprehensive Developmental Program**. The Pediatric Skilled Nursing Facility shall provide evidence of a good-faith effort in assuring the development of a comprehensive developmental program for each child birth to 3 years old to meet the identified developmental needs of the child. The Pediatric Skilled Nursing Facility may enter into a contractual relation with the local early intervention provider/early steps to assure that these services are met and provided accordingly. The child's IFSP plan shall include:

5. Measurable goals in need areas and/or goals to enhance and normalize independent functioning in daily activities and to promote socialization in order to minimize difficulties in being assimilated into the home/community environment;

6. A description of the child's strengths and present performance level with respect to each goal;

7. Skills areas in priority order;

8. Anticipatory planning for specific areas identified at risk for problems even though a specific delay or problem may not be demonstrable.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.11.5 **Scheduled Meetings.** The developmentalist and/or child life specialist shall participate in regularly scheduled interdisciplinary staff meetings as needed.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.11.6 **Involvement of Parent and/or Guardian**. A program for parent(s) and/or guardian(s) shall be provided to prepare parent(s) or guardian(s) to accommodate the child's needs as needed.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.11.7 **Parent/Guardian Education.** The Pediatric Skilled Nursing Facility shall assist parent(s) and guardian(s) by including them in care-related conferences and teaching them how to perform necessary therapies and how to meet the developmental and psychosocial needs of the child at home.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.11.8 **Referrals.** Pediatric Skilled Nursing Facility staff shall make referrals to appropriate resources, facilitate access to community, social, educational and financial services, and shall provide assistance to enhance coping skills, interpersonal; relationships and family functioning.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 12 Educational Services

Rule 3.12.1 **Comprehensive Educational Program**. The Pediatric Skilled Nursing Facility shall provide evidence of a good-faith effort in assuring the development of a comprehensive educational program for each school-aged child to meet the identified educational needs of the child. The Pediatric Skilled Nursing Facility may enter into a contractual relationship with the local school system to assure that these services are met and provided accordingly.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.12.2 **Comprehensive Educational IEP Plan**. Each child, after being determined appropriate for educational services based on a comprehensive assessment, shall have a comprehensive individualized educational plan (IEP). Such plan shall be based upon the assessed needs of the child and shall be developed in coordination with Pediatric Skilled Nursing Facility staff. If a child is on an IEP, the educational teacher /instructor shall participate in the child's overall IEP and review.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.12.3 **Space/Supplies for Educational Needs.** The Pediatric Skilled Nursing Facility shall provide a dedicated room, space or adequate workspace, well lighted and equipped with general supplies such as tables, desks, chalkboard/whiteboard, etc. to be conducive to such specialized educational learning. The Pediatric Skilled Nursing Facility may request parent or the local school system participation in the purchase of books, routine schools supplies, etc., necessary for their child's day-to-day school activities.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.12.4 **Education Incorporated into Child's Overall IED Plan**. For children needing or receiving educational instruction, the educational instructor/teacher shall participate as part of the interdisciplinary team to assure coordination of the child's care and services with the scheduled educational component of activities. The Pediatric Skilled Nursing Facility will provide an area to post the calendar and school related information bulletins. The instructor shall document in the child's school record the progress of the child. A duplicate copy shall be maintained on the Pediatric Skilled Nursing Facility premises at all times.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 13 Nutrition Services

Rule 3.13.1 **Nutritional Services.** A registered dietician shall be available, either full time, part time or on a consultant basis, to evaluate the child's nutritional needs and to assure that meal planning and dietary services are provided so as to meet the nutritional and dietary needs of each child.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.13.2 **Food Service on Location.** If the Pediatric Skilled Nursing Facility serves food to the children:

a) A Certified Food Service Manager who works under the consulting Registered Dietitian shall be available and responsible for overseeing dietary services.

b) Menus shall be nutritionally adequate and consistent with the Dietary Guidelines for Americans. Foods shall be provided in quantities and meal patterns that balance energy and nutrients with the children's ages, appetites, activity levels, special needs, and cultural and ethnic differences in food habits. All physician-prescribed meals, snacks, special diets and dietary supplements shall meet the daily nutritional requirements of the child as ordered. Substitution of foods/snacks, of the same nutritional value, shall be made available should a child dislike or refuse a food item.

c) Parents, when possible, shall be involved in the nutritional components of their child's meal. Menus must be prepared for a minimum of one week in advance and shall be posted so that parents/child is aware of foods/snacks served. Food items, texture and consistency should be age and/or needs appropriate. Substitutions shall be offered if a child has a dislike of foods prepared. Menus shall be maintained on-site for a period of one (1) year.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.13.3 **Documentation of Allergies.** If a child has a specific allergy to foods or is on a special diet, Pediatric Skilled Nursing Facility staff shall be notified and such allergies notated as part of the child's medical record.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.13.4 **Timing of Meals.** For infants and toddlers, feedings and/or meals shall be in accordance with physician's orders and/or the routine of the child (if orders related to timing are not available). At a minimum, for each twenty-four hour day, three meals and three snacks must be offered.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.13.5 **Furniture/Utensils**. Furniture and Utensils shall be age-appropriate and developmentally suitable to encourage children to accept and enjoy mealtime.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.13.6 **Dining Experience**. The facility shall design the dining area so as to create a home-like environment for dining. Caregivers shall encourage positive experiences with food and eating. Caregivers are encouraged to eat with the children; however, shall not eat foods outside of the foods served in the facility in front of the children.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.13.7 **Refrigerated Individual Foods.** Prepared foods shall be kept under refrigeration with identifying dates and the child's name.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 14 Transportation Services

Rule 3.14.1 **Transportation Services**. If transportation services are provided by a Pediatric Skilled Nursing Facility and prescribed by the primary care or subspecialist physician, a procedure delineating personnel and equipment to accompany the child shall be included in the Pediatric Skilled Nursing Facility procedure manual.

The Pediatric Skilled Nursing Facility policy and procedure shall clearly state, regardless of the transportation provision, if the child is to be under the care of the Pediatric Skilled Nursing Facility, the Pediatric Skilled Nursing Facility is responsible for the safety of the children.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.14.2 **Restraint During Transport**. All children shall be properly restrained whenever they are being transported in a motor vehicle.

3. Every person transporting a child under the age of four (4) in a passenger motor vehicle and operated on a public roadway, street or highway, shall provide for the protection of the child by properly using a child passenger restraint device or system meeting applicable federal motor vehicle safety standards, i.e., child safety seat.

4. Every person transporting a child in a passenger motor vehicle operated on a public roadway, street or highway, shall provide for the protection of the child by using a belt positioned booster seat system meeting applicable federal motor vehicle safety standards if the child is at least four (4) years of age, but less than seven (7) years of age and measures less than four (4) feet nine (9) inches in height or weighs less than sixty-five pounds.

5. An individual seat restraint must be used for each child, regardless of age, height or weight and appropriate for the child's condition. The use of an individual seat restraint for two or more children is not allowed.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.14.3 **Contract Transportation**. Should the Pediatric Skilled Nursing Facility provide or contract for transportation, it is incumbent upon the center to assure that:

8. All drivers are appropriately licensed;

9. All vehicles used for the transportation of the Pediatric Skilled Nursing Facility children have current safety inspection stickers, licenses (vehicle tag) and registration;

10. Insurance adequately covers the transportation of children;

11. A daily sign-in sheet or log is maintained of the children being transported and include the to/from location;

12. A trained medical escort will accompany all children during transport. An additional medical escort shall be required for every six children. The driver of the bus/vehicle cannot serve as a medical escort;

13. Children board and leave from the curbside of the street and/or safely accompanied to the destinations;

14. Upon arrival via transportation to the child's final destination care of child is relinquished to either a parent/guardian or designated caregiver as authorized by the parent or guardian.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 15 Inservice Training for Staff and Parents and Guardians

Rule 3.15.1 **Inservice Training**. Each Pediatric Skilled Nursing Facility shall develop staff and parent/guardian orientation and training programs. These programs include but are limited to the following:

6. Quarterly staff development / inservice programs appropriate to the category of personnel will be conducted to maintain quality patient care; All staff development programs will be documented; to include date/time, trainer, listing of attendees and a summary of the program content/training. This documentation shall be maintained for a period of three years, unless pertinent to a specific child's care; then reference to the training shall be maintained as part of the child's record as long as the child receives the service of the facility..

7. Annual pediatric cardiopulmonary resuscitation review and update;

8. New hire orientation to acquaint the employee with the philosophy, organization, program, practices and goals of the Pediatric Skilled Nursing Facility;

9. Parent orientation to acquaint the parent/guardian to the Pediatric Skilled Nursing Facility, including philosophy of the center, goals, expectations, not only of staff/caregivers but also of parents (such as expectation that parent and/or guardian participate in the IEP) and services that can be offered and/or expected;

10. Parent/guardian trainings shall be documented in the child's medical record.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 16 Medical Record

Rule 3.16.1 **Medical Records.** A medical record shall be maintained for each child. The medical record shall contain at least the following:

3. All details of the referral, admission, correspondence and papers concerning the child;

4. Entries in the medical record shall be in ink, shall be signed by the authorized personnel, to include name and title/discipline, and shall include at least the following:

   k. Physician's orders;

   l. Flow charts of medications and treatments administered;

   m. Concise accurate information and initialed case notes reflecting progress toward protocol of care goals achievement or reasons for lack of progress;

   n. Documentation of nutritional management and special diets, as appropriate;

   o. Documentation of nursing, physical, occupational, speech, respiratory and social service assessments, goals, treatment plans, documentation of each treatment, to include date, time and therapy/treatments provided and progress of the child;

   p. An individualized protocol of care developed within ten (10) working days of admission and revised, as necessary, to include recommended changes in the therapeutic plan. The disposition to be followed in the event of emergency situations shall be specified in the plan of care;

   q. Medical history to include allergies and special precautions;

   r. Immunization record;

   s. Quarterly reviews of the protocol of care to update the plan in consultation with other professionals involved in the child's care;

   t. A discharge order, written by the primary care or subspecialist physician, shall be documented and entered in the child's record. A discharge summary, which includes the reason for discharge, shall also be included.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 17 Infection Control

Rule 3.17.1 **Infection Control Procedures.** Each Pediatric Skilled Nursing Facility shall have written infection control procedures to include at least the following:

6. The Pediatric Skilled Nursing Facility shall contain an isolation room with one large glass area for observation of the child. Isolation procedures shall be used to prevent cross-contamination. The room shall be equipped with emergency outlets and equipment as necessary to provide care to the child. A bathroom accessible to the isolation room but separate from the other Pediatric Skilled Nursing Facility's rooms is required. Procedures must address that all equipment must be thoroughly cleaned and sanitized when brought into the isolation room and upon removal from the room;

7. All cribs and beds shall be labeled with the individual child's name. Linens are to be maintained clean and in good repair and shall be removed for laundering whenever soiled or needed; however, laundering of all linens shall occur, at a minimum, on a weekly basis;

8. Antibacterial soap and disposable paper towels shall be maintained at each sink and lavatory. Policy shall address that staff shall wash their hands between each treatment and care interaction with a child for which the hands may become contaminated/soiled;

9. Children suspected of having a communicable disease, which may be contacted through casual contact, as determined by the facility's medical director, shall be isolated; the parent(s) shall be notified of the condition; and the child shall be removed from the Pediatric Skilled Nursing Facility as soon as possible. When the communicable disease is no longer present; as evidenced by a written physician's statement, the child may return to the Pediatric Skilled Nursing Facility; and

10. Pediatric Skilled Nursing Facility staff suspected of having a communicable disease shall not return to the Pediatric Skilled Nursing Facility until all signs and symptoms which relate to the communicable disease are no longer evident, as evidenced by a written physician's statement.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 18 Quality Assurance

Rule 3.18.1 **Quality Assurance Program.** The Pediatric Skilled Nursing Facility shall have:

1. A quality assurance program and will conduct quarterly reviews of The Pediatric Skilled Nursing Facility's medical records for at least one-half (1/2) of the children served by The Pediatric Skilled Nursing Facility at the time of the quality assurance review.

2. The quality assurance review will be conducted by, at a minimum, two members of the quality assurance committee. The quality assurance

responsibilities shall rotate among the quality assurance committee at least on an annual basis.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.18.2 **Quality Assurance Review.** Each quarterly quality assurance review shall include:

7. A review of the protocols in each child's Protocol of Care to assure that it clearly reflects the assessed needs of the child, to include but not be limited to, the evaluation, goals/expectation, treatment modalities and care provided, by each professional discipline serving the child;

8. A review of the steps, process, and success in achieving the goals;

9. Identification of goals not being achieved as expected, reasons for lack of achievement and plans to promote goal achievement;

10. When a child's clinical status changes, either improvement or decline, that the protocol of care is revised to accommodate the child's change in status as evidence by revised professional assessments and re-formulation of goals;

11. Within ten days of the review, the quality assurance committee will meet, discuss and ratify the report. Within fifteen days of the review, the quality assurance committee shall furnish copies of its report to the Pediatric Skilled Nursing Facility medical and nursing directors.

12. The Pediatric Skilled Nursing Facility shall develop a corrective action plan for each area in which the facility failed to meet the established expectations and goals and shall assure implementation of measures, as appropriate, for correction of any deficient area. Pediatric Skilled Nursing Facility management, to include the medical director and the director of nursing, shall sign the quality assurance report indicating awareness of the deficient findings and shall insure that measures are put into place to correct any deficient practice and/or to prevent the reoccurrence of any such practice.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 19 Equipment

Rule 3.19.1 **Equipment**. Each Pediatric Skilled Nursing Facility shall maintain:

1. An age and developmentally appropriate environment including but not limited to furnishings, equipment, adaptive devices and indoor/outdoor therapeutic play/educational equipment and supplies, etc.;

2. Each Pediatric Skilled Nursing Facility shall provide safety, medical and emergency equipment as described below. All equipment shall be maintained in a safe, usable and sanitary condition.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.19.2 **Crib Standards.** Each full size infant crib shall meet the construction standards as established in Federal Regulations 16 CFR 1219 or its successor regulation. Each non-full size infant crib shall meet the construction standards as established in Federal Regulations 16 CFR 1220 or its successor regulations. Pediatric hospital beds with rails, age appropriate elevated cots or toddler beds are permissible in the Pediatric Skilled Nursing Facility. The Pediatric Skilled Nursing Facility shall have documentation/specifications that cribs, beds and cots used in the facility meets the stated federal construction and/or child safety standards as applicable. The use of stackable cribs are prohibited.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.19.3 **Safety equipment**. The following items of safety equipment shall be available on the premises:

2. Fire Code Items: extinguishers, alarms, smoke detectors as required by "Life Safety Code" (NFPA 2000 Edition, at a minimum) which references, but is not limited to:

   g. Circuit interrupters;

   h. Flush door openers;

   i. Child proof latches on all closets, cabinets;

   j. Straps on all highchairs, swings, infant seats;

   k. Locks on storage cabinets housing hazardous/poisonous materials;

   l. Integral child proof safety outlets or electrical outlet covers.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.19.4 **Medical Equipment/Supplies.** The following items at a minimum, shall be available on the premises:

12. Suction machines-one per child requiring daily suctioning plus one suctioning machine for emergency use;

13. Double lockable narcotic cabinet;

14. Mechanical percussors and hand percussors, as prescribed;

15. Oxygen-in two portable tanks in storage carts (one with low flow, one with high flow regulator), two Oxygen concentrators (one with low flow, one with high flow regulator) or piped in with the appropriate tubing, neonate/infant, pediatric and adult manual resuscitation devices with masks to accommodate faces and tracheotomies;

16. Ventilator with provisions for mixing of gases to prescribed oxygen concentration as specifically prescribed shall be available per child requiring mechanical ventilation in the Pediatric Skilled Nursing Facility;

17. Pulse oximeter with supplies;

18. Electronic Blood Pressure machine (Dinamap);

19. First Aid supply kit;

20. Thermometers-excluding glass thermometers, manual sphygmomanometers, stethoscopes, otoscopes, and ophthalmoscopes;

21. Apnea monitoring supplies-belts, leads to apply to monitors brought from home; and

22. Disposable supplies, to include but not be limited to, gloves, scissors, and other disposable equipment needed by the child or by staff in the care of the child, shall be on hand at the Pediatric Skilled Nursing Facility, as needed.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.19.5 **Emergency Equipment and Supplies.** At least the following items of emergency equipment and supplies shall be available on the premises:

3. An emergency generating system with adequate generating power to maintain medical equipment and adequate HVAC to operate the Pediatric Skilled Nursing Facility in the case of power failure;

4. Basic emergency equipment, including but not limit to:

   q. Airways - in a range of sizes appropriate for the children served;

   r. Suction catheters-in a range of sizes as necessary to meet the needs of each child served;

s. Pediatric manual resuscitators - self-inflating, with preemie, infant and pediatric mask (and adult resuscitators/mask available, if older, more developed children are accepted);

t. Pediatric AED device;

u. Child oxygen mask;

v. Infant oxygen mask;

w. Oxygen regulator with mist bottle and heating element;

x. Flashlight with extra batteries;

y. Stethoscope;

z. Feeding tubes – in a range of appropriate sizes for the children being served;

aa. Disposable syringes, needles with size needles appropriate for the pediatric population and other children being served;

bb. Intravenous catheters, angio-catheters and scalp vein needles in a range of appropriate pediatric sizes (sizes as appropriate for each child being served);

cc. Tourniquets; armboards for preemie, infant and children being served, IV starting supplies, various sizes of adhesive tape;

dd. Two-way stopcocks;

ee. Two electrical outlet adapters for three-prong outlets;

ff. Betadine preps and alcohol supplies.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.19.6 **Fluids/Medications.** Basic drugs and solutions shall be on-site, available and accessible to medical/nursing staff, at all times:

1. Epinephrine ampule - 2 each of 1:1000 and 1:10,000;

2. Dextrose- 1 each of a) 25% solutions and b) 50% solutions

3. Activated Charcoal (1)

4. Sterile Water- 2 vials

5. Normal Saline- 2 vials

6. Intravenous fluids of Dextrose 5% and 10% in water, Dextrose 5% in Lactated Ringers, Normal Saline---500 cc/bag (2 each)

7. Heparin 10 units – 2 vials, Heparin 100unit – 2vials

8. Diphenhydramine (Benadryl 50mg/ml) – 1vial

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 20 Physical Environment

Rule 3.20.1 **General.** Every facility/institution subject to these minimum standards shall be housed in a safe building which contains all the facility required to render the services contemplated on the application for license.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.2 **Codes.** The term "safe", in Rule 2.20.1 above, shall be interpreted to mean in compliance with the requirements of the codes, standards, and guidelines recognized by this agency at the time of construction, and are incorporated by reference to be part of these minimum standards.

1. For any existing construction, as of the date of this standard, shall meet, at a minimum, NFPA, Life Safety Code, 2000 Edition. In the event of the construction of a new Pediatric Skilled Nursing Facility or substantial modification of an existing facility, any subsequent edition of NFPA, Life Safety Code may be used, provided the licensing agency approve the use of such edition and that all construction and/or modifications meet the requirements of the approved edition.

2. Additional Codes. Regulations, Standards and Guidelines as required by the local authority having jurisdiction; should multiple documents have the same criterion, the most stringent will apply.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.3 **Site / Environment.** For new construction, the proposed site of a facility must be approved by the licensing agency. Factors to be considered in approving a site, in addition to the above, may be convenience to medical and hospital services, approved water supply and sewage disposal, public transportation, community services, and the services of an organized fire department.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.4 **Location.** All facilities established or constructed after the adoption of these regulations shall be located so that they are free of undue noise, smoke, dust, foul odors, etc.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.5 **Occupancy**. No part of the facility may be leased, rented, or used for any other purpose not related to the operation of the Pediatric Skilled Nursing Facility.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.6 **Zoning Restrictions**. The locations of a center shall comply with all local zoning ordinances.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.7 **Access**. Institutions located in rural areas shall be served by good roads which can be kept passable at all times.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.8 **Building Classification**. A Pediatric Skilled Nursing Facility building shall be constructed in accordance with NFPA 220, Standard on Types of Building Construction.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.9 **Structural Soundness and Repair**. The building shall be structurally sound, free of leaks and excessive moisture, in good repair, and painted at sufficient intervals to be reasonable attractive, inside and out.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.10 **Floors.** All floors shall be smooth and free from defects such as cracks and be finished so that they can be easily cleaned.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.11 **Floor Levels.** All differences in floor levels within the building shall be accomplished by stairs of not less than three (3) risers, ramps, or inclines, and shall be equipped with handrails on both sides.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.12 **Ramps and Inclines**. Ramps and inclines, 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: Mississippi Code Annotated §43-13-117

Rule 3.20.13 **Walls.** All walls shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls should be painted a light color.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.14 **Handrails**. Handrails shall be installed on both sides of the corridors and hallways used by residents, and shall be installed per current edition of the DOJ's ADA Standards for Accessible Design.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.15 **Ceilings**.

1. All ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the ceilings should be painted a light color.

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

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.16 **Windows.** All areas where children are taught or play shall have outside exposure by windows, clerestories, or skylights providing:

1. natural daylight;

2. a view of the exterior environment; and

3. shall not have any portion located below grade.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.17 **Fire Safety/Supervised Automatic Sprinkler System/Fire Alarm**. All ediatric Skilled Nursing Facility shall be protected throughout by a supervised automatic Sprinkler system installed in accordance with the current edition of NFPA 13, Installation of Sprinkler Systems and a fire alarm system in accordance with the

current edition of NFPA 72.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.18 **Fire Extinguishers.** All Pediatric Skilled Nursing Facility shall be equipped with fire extinguishers in accordance with NFPA 10.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.19 **Smoke Detectors.** All Pediatric Skilled Nursing Facility shall be equipped with and approved smoke detection system.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.20 **Water Supply, Plumbing and Sewerage.** The water supply and sewerage disposal shall be approved by the local county health department and/or the Division of Environmental, 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: Mississippi Code Annotated §43-13-117

Rule 3.20.21 **Water Supply**.

1. All water shall be obtained from a public water supply.

2. Water under pressure sufficient to operate fixtures at the highest point during maximum demand periods shall be provided. Water under pressure of at least fifteen (15) pounds per square inch shall be piped to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water.

3. It is recommended that the water supply into the facility be obtained from two (2) separate water lines, if possible.

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

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.22 **Supply Piping**. Piping within the institution shall be in accordance with adopted local codes. Use of any device or installation configuration which

could cause contamination of the supply through back siphonage or cross connections is strictly prohibited.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.23 **Sewerage Disposal**.

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

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

3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed of through trapped drains into sewerage disposal system approved by the local county health department and/or the Mississippi State Department of Health.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.24 **Plumbing Fixtures.** For toddler toilet rooms, the fixtures shall be toddler-sized units;

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.25 **Emergency Electrical Supply**. The Pediatric Skilled Nursing Facility shall have a Level I EES (Essential Electrical System) in accordance with NFPA, Standard for Emergency and Standby Power Systems. The facility shall maintain an emergency electrical generator, of sufficient size and caliber, to make life-sustaining equipment operable in case of power failure and to support the daily function of the facility, to include but not be limited to, lighting, heating and air conditioning. Emergency outlets shall be made available in all rooms/areas, as appropriate, to assure uninterrupted operation of each child's specialized equipment. The facility shall conduct and document operational testing of the equipment monthly. Documentation of such testing/maintenance shall be maintained on-site for a period of three years.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.26 **Emergency Lighting.** Emergency Illumination Levels Shall Be Per Section 7.9 of NFPA 101, Life Safety Code.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.27 **Thermal Comfort/Temperature.** A draft free seasonally appropriate temperature of 65 degrees Fahrenheit to 78 degrees Fahrenheit shall be maintained.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.28 **Telephone Communications.** There shall be not less than one telephone in the Pediatric Skilled Nursing Facility and such additional telephones as necessary to summon help in the event of fire or other emergency. The telephone shall be listed under the official name of the facility.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.29 **Programmatic Design**. The Pediatric Skilled Nursing Facility, at a minimum, shall include the following programmatic design elements:

1. Quiet rooms;
2. Nutritional and food prep area;
3. Age appropriate toileting facilities;
4. Indoor and outdoor recreational exercise play areas;
5. Treatment room(s)with adequate storage for needed supplies and a medication prep area;
6. Isolation room (s);
7. Clean and dirty storage areas;
8. Janitorial closet(s);
9. Biohazard closet;
10. Therapy/education/activity learning lab area;
11. Laundry area, to include but not be limited to, a separate areas for clean and dirty laundry and adequate space for folding of clothes;
12. Staff area;
13. Reception area;
14. Administrative office(s);

15. Separate guest and child entrances;

16. Secured medication room / storage area;

17. A fully functional commercial-grade kitchen, dining room area; and

18. A designated secured area /room designated for medical records storage.

Rule 3.20.30 **Required Areas / Rooms.** As a minimum, the Pediatric Skilled Nursing Facility shall include the following programmatic design areas sized as required to accommodate the Pediatric Skilled Nursing Facility census and all applicable codes/regulations, but in no instance shall they be less than indicated below:

1. Bedrooms. Facilities shall make efforts to design and decorate the bedrooms so as to create a home-like environment. Bedrooms of children shall be grouped in accordance with the child's age group. Each child shall have a private room, unless such instances as siblings; whereas they wish to share a room. For single bedrooms, there shall be a minimum of 80 square feet and furniture shall be age-appropriate. In the case of a shared bedroom, as referenced herein, there shall be a minimum of 100 square feet. Each bedroom shall, at a minimum, contain a bed, (crib if appropriate), dresser, mirror, table and a chair. In the case of a shared room, privacy curtains or a mechanism to assure privacy must be provided;

2. The Pediatric Skilled Nursing Facility shall have age-appropriate toileting facilities with separate facilities for toddler and school-age children, as well as a shared tub (as a minimum);

3. The Pediatric Skilled Nursing Facility shall provide an indoor recreational/exercise/play area at the rate of 50 square feet minimum per licensed child;

4. The Pediatric Skilled Nursing Facility shall provide an outdoor Recreational / exercise / play area, directly adjoining the facility, that encompassing, at a minimum, 450 square feet, enclosed with a 6 foot privacy fence and that has a gate opening onto a non-hazardous exterior area. Playground play surface and equipment shall meet the standards and guidelines of the most current edition of the Public Playground Safety Handbook published by the U.S. Consumer Product Safety Commission.

5. Kitchen. The facility shall provide a commercial-grade kitchen that meets the standards of NFPA 96, with a food preparation area of not less than of not less than ten square feet per bed (for a 60 bed facility) that is designed to permit orderly and sanitary handling and processing of food; that avoids overcrowding and congestion of operations, provides at least three feet between work areas, and has a height of at least eight (8) feet. Commercial

and/or institutional ranges, freezers units, dishwashers, ice machines, mixers, and other equipment as may be needed shall be present, as well as adequate numbers of pots, pans, silverware, glassware and dishes. Hand washing lavatories shall be conveniently located throughout the department, be equipped with hot and cold water, soap dispenser, a supply of soap, and disposable towels. The use of a common towel is prohibited. Hands shall not be washed in sinks where food is prepared or where utensils are cleaned.

a. Commercial of institutional dishwashing equipment shall be used. The dishwashing area shall be separated from the food preparation area. If sanitation is to be accomplished with hot water, a minimum temperature of one hundred eighty (180) degrees Fahrenheit shall be maintained during the rinse cycle. An alternate method of use of chemicals may be provided if sanitizing standards of the Mississippi State Department of Food Code Regulations are observed.

b. Adequate counter space for stacking soiled dishes shall be provided in the dishwashing area at the most convenient place of entry from the dining room, followed by a disposal with can storage under the counter. There shall be a pre-rinse sink, then the dishwasher and finally a counter or drain for clean dishes.

1. Commercial Laundry. The facility shall have laundry facilities unless commercial laundries are used. Laundry equipment shall be the type to adequately perform the laundry needs of the facility. Provisions shall be made for proper mechanical ventilation of the laundry. Provisions shall be made to prevent the recirculation of air through the heating and air conditioning systems. Adequate lint traps shall be provided for driers. When laundry chutes are provided, they shall be a minimum of two (2) feet, and they shall be installed with flushing ring, vent, and drain.

2. Janitor closets. The facility shall provide janitor closets sufficient to meet the needs of the facility. Each shall contain a mop-cleaning sink and be large enough to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area. Each shall be kept clean and orderly.

3. Toilet Rooms. Adequate toileting facilities shall be provided to accommodate the needs of the residents and staff. Floors, ceilings, walls and fixtures of all toilet rooms shall be kept clean, in good repair and free of objectionable odors. The room shall be kept free of an accumulation of rubbish, cleaning supplies, toilet articles, etc.

4. Refrigeration Facilities. Adequate refrigeration facilities, automatic in operation, for the storage of perishable foods shall be provided. Where separate refrigeration can be provided, the recommended temperatures for

storing perishable foods (32) to forty (40) degrees Fahrenheit for meat and dairy products, and forty (40) to forty-five (45) degrees Fahrenheit for fruit and vegetables. If it is impractical to provide separate refrigeration, the temperature shall be maintained at forty-one (41) degrees Fahrenheit. All refrigerators shall be provided with a thermometer. Facilities with more than twenty-four (24) beds shall have commercial or institutional type refrigeration.

5. Employee Toilet Facilities. Toilet facilities with lockers shall be provided for employees. Toilet rooms shall not open directly into any room in which food is prepared, stored, displayed or served, or into any room in which utensils are washed or stored. Toilet rooms shall be well lighted and ventilated. Each lavatory shall be equipped with hot and cold water, soap dispensers, a supply of soap, and disposable towels. The use of a common towel is prohibited.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.20.31 **Fire Safety.** No facility shall be licensed until it conforms to the safety regulations providing minimum standards for prevention and protection of fire, as well as, for protection of life and property against fire.

Source: Mississippi Code Annotated § 43-13-117

Subchapter 21 Construction References
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Rule 3.21.1 **Mandatory References**. The Pediatric Skilled Nursing Facility shall comply with the requirements and guidelines of the following references:

1. Mississippi Code of 1972, Chapter 13 of Title 43 Public Health;

2. NFPA 101, Life Safety Code; National Fire Protection Association, Chapter 1 through 10 (General), AND Chapter 20, (New Ambulatory Health Care Occupancy), including all referenced standards and publications;

3. NFPA 220, Standard on types of Building Construction, National Fire Protection Association;

4. NFPA 241, Standard for Safeguarding Construction, Alteration, and Demolition Operations; National Fire Protection Association;

5. NFPA 72, National Fire Alarm and Signaling Code; National Fire Protection Association;

6. NFPA 70, National Electric Code, National Fire Protection Association;

7. NFPA 13, Standard for the Installation of Sprinkler Systems, National Fire Protection Association;

8. NFPA 10, Standards for Portable Fire Extinguishers; National Fire Protection Association;

9. NFPA 96, Standards for Ventilation, Control and Fire Protection of Commercial Cooking Operations, National Fire Protection Association;

10. ANSI/ASHRAE/ASHE Standard 170, Ventilation of Health Care Facilities, and its addenda; American National Standards Institute/American Society of Heating, Refrigeration and Air Conditioning Engineers/American Society for Healthcare Engineering; and the

11. ANSI A117.1, Accessible and Usable Buildings and Facilities; American National Standards Institute/American Society of Mechanical Engineers.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 22 Submission of Construction Plans and Specifications

Rule 3.22.1 **Submission of Plans and Specifications.** Construction shall not be started for any institution subject to these standards (whether new or remodeling/renovations or additions to an existing licensed hospital) until the plans and specifications for such construction or remodeling have been submitted to the Licensing Agency in writing and its approval of the changes given in writing. Any contract modifications which affects or changes the function, design or purpose of the facility shall be submitted to and approved by the licensing agency prior to the beginning of work set forth in any contract modification.

1. **Exception**: Foundation changes made necessary by unanticipated conditions, or any conditions which present a hazard to life or property if not immediately corrected.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.22.2 **Plan Submissions.** Plans and specifications for any substantial construction or remodeling should be prepared by competent architects and engineers licensed to practice in the state and who assume responsibility for supervising the construction. The following plans shall be submitted to the Licensing Agency for review:

1. Preliminary Plans - To include schematics of buildings, plot plans showing size and shape of entire site, existing structures, if any, streets and location and characteristics of all needed utilities, floor plans of every floor dimensioned and with proposed use of each room or area shown. If for

additions or remodeling, provide plan or of existing building showing all proposed alterations, outline specifications to include a general description of the construction, type of finishes, and type of heating, ventilating, plumbing and electrical systems proposed.

2. Final Working Drawings and Specifications - Complete and in sufficient detail to be the basis for the award of construction contracts.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.22.3 **Governing Board Approval for Plans Submission**. All plans submitted for review must be accompanied in their first submission by an order of the governing board indicating the type and scope of license to be applied for.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.22.4 **Time Limit of Plan Approval.** Plans receiving approval of the Licensing Agency upon which construction has not begun within six (6) months following such approval must be resubmitted for approval.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.22.5 **Approval for Waste Water/Sewer Connectivity**. In addition to submission to the licensing agency, plans must be submitted to other regulatory entities, such as the County Health Department, etc., for approval of proper water/sewer connectivity/facilities prior to starting construction.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.22.6 **Approval for Occupancy.** Upon completion of construction, an inspection shall be made by the Licensing Agency and approval given prior to occupying the building or any part thereof. The state and county health departments shall have access to the job site during regular business hours and shall conduct construction progress inspections as deemed necessary by the agency.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.22.7 **Construction Close-Out Documents.** At the time of the final inspection, the following documentation shall be provided to the State Agency:

1. A Letter from the Architect of Record attesting that he/she supervised or directed the supervision of all phases of the construction and that all work was performed in compliance with approved plans;

2. A copy of the Certificate of Occupancy or statement of approval from the local building official permitting occupancy of the facility for its intended use.

In the absence of a local building authority, approval of a local fire authority having jurisdiction shall be provided. If the facility is owned by the State of Mississippi and subject to the State Bureau of Buildings Grounds and Real Estate Management, approval of occupancy shall be coordinated between the state agencies involved;

3. The Pediatric Skilled Nursing Facility, providing in-house dietary services shall provide a current copy of the Certificate or other Installer authority issued by the manufacture of the engineered automatic range exhaust hood and duct fire suppression system installed. The installer must verify, in writing, that the staff have been trained in its use or that such training will be provided, and that operation and service manuals have been provided to the owner;

4. A copy of the fire alarm systems operational test prepared by the installer/vendor. This test must be documented and equivalent to the acceptance test required by NFPA 72, the National Fire Alarm Code, Chapter 7, "Initial Acceptance Testing". When the emergency forces notification requirement is provided by a private central station, a current copy of the provider's listing (i.e. UL, FM, etc.) must be attached;

5. A copy of the automatic fire sprinkler installer's Contractor's Materials and Test Certificate, for part A (above ground piping) and/or Part U (underground piping);

6. Provide verification that all backflow prevention devices, required by local authority, serving sprinkled buildings are equipped with valve supervision (tamper switches) electronically interconnected to the fire alarm system;

7. Evidence that an installation acceptance test was performed on the emergency generator by qualified technicians in accordance with NPFA 110, Standards for Emergency and Standby Power Systems, Section 5-13, "Installation Acceptance";

8. Evidence that the electrical grounding system and the power system performs within the limits described in NFPA 99, Health Care Facilities, Section 3-3-3, "Performance Criteria and Testing";

9. Certification of the fire alarm equipment and installation to be in accordance with applicable section of NFPA 70, The National Electric Code, and NFPA 72, The National Fire Alarm Code; and

10. Test certificates for all interior combustible wall and ceiling finishes based on the test method described in NFPA 255, Standard Method of Testing Surface Burning Characteristics of Building Materials.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 23 Elevators and Heating/ Air Conditioning Systems

Rule 3.23.1 **Elevators**. One power driven elevator is required in all facilities having children's rooms, playrooms or classrooms above the first floor. Minimum cab dimensions required for elevators transporting children is 76" x 50" inside clear measurements; hatchway and cab doors 3'8" wide, minimum.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.23.2 **Heating and Ventilation.** Heating and air conditioning units/systems shall be provided to maintain comfortable temperatures throughout the facility. A draft free seasonally appropriate temperature of 65 degrees Fahrenheit to 78 degrees Fahrenheit shall be maintained.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 24 Medical Waste

Rule 3.24.1 **Medical Waste.** The facility shall have and abide by a medical waste management plan consistent with the "Adopted Standards for the Regulation of Medical Waste" in Health Care Facilities Licensed by the Mississippi State Department of Health. These standards can be located under Licensure and Regulations at www.msdh.state.ms.us.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 25 Emergency Operations Plan

Rule 3.25.1 **Emergency Operations Plan.** The Pediatric Skilled Nursing Facility 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 flowed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geological 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 designees, 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 evaluate or to sustain in place. Additional plan criteria or a specific ECP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six critical areas of consideration are:

7. **Communications** Facility status report shall be submitted in a format and a frequency as required by the Office of EOP;

8. Resources and Assets;

9. Safety and Security;

10. Staffing;

11. Utilities;

12. Clinical Activities.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.25.2 **Emergency Operations Plans.** 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.

SOURCE: Mississippi Code Annotated §43-13-117

Subchapter 26 Facility Fire Preparedness

Rule 3.26.1 **Fire Drills.** Fire drills shall be conducted one (1) per shift per quarter. Employees shall participate in a fire drill at least four time per year.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.26.2 **Written Records.** Written records of all fire drills shall be maintained, indicating content of and attendance at each drill.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 3.26.3 **Evacuation Plan**. A fire evacuation plan shall be posted in each facility in a conspicuous place and kept current.

SOURCE: Mississippi Code Annotated §43-13-117

CHAPTER 5 MISSISSIPPI POISON CONTROL CENTER ACCREDITATION STANDARDS

Subchapter 1 AUTHORITY

Rule 5.1.1 **Adoption of Regulation and Standards.** By virtue of authority vested in it by the Mississippi Code Annotated Section 41-3-15(5)(a), or as otherwise amended, the Mississippi State Department of Health does hereby adopt and

promulgate the following standards and regulations governing accreditation of Mississippi Poison Control Center(s).

Source: Miss. Code Ann. §41-3-15

Subchapter 2 DEFINITIONS

Rule 5.2.1 **Poison Control Centers**. The poison control center is a specialized unit providing information on poisoning, in principle to the whole community. The primary functions of a poison control center are 1) to enhance the health of the lay public by assessing exposures and providing timely information, including referral to health care facilities when indicated; 2) to enhance the care of poisoned patients by providing timely information on diagnosis and treatment to health care professionals and 3) to provide information on potential poisons and chemical hazards to citizens and governmental agencies. In fulfilling its function, poison control centers provide the provision of toxicological information and advice, management of poisoning cases, information on the provision of laboratory analytical services, toxicovigilance activities, research, and education and training in the prevention and treatment of poisoning. As part of its role in toxicovigilance, the center advises on and is actively involved in the development, implementation, and evaluation of measures for the prevention of poisoning. In association with other responsible bodies, it also plays an important role in developing contingency plans for, and responding to, chemical disasters, in monitoring the adverse effects of drugs, and in handling problems of substance abuse. In fulfilling its role and functions, the Mississippi Poison Control Center needs to cooperate not only with similar organizations, but also with other institutions concerned with prevention of and response to poisons center is a specialized unit that advises on, and assists with, the prevention, diagnosis and management of poisoning. A poison center answers inquiries about exposure to chemical agents, including products, pharmaceuticals, natural toxins, pesticides and industrial chemicals. It provides an assessment of whether a particular exposure is hazardous, and information on the need for treatment and the kind of treatment that should be given. The goal of the poison control center for the State of Mississippi is to promote evidence-based, cost-effective management of poisoning and to ensure that unnecessary or ineffective treatment is minimized.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.2 **Accreditation.** The process by which an organization is deemed to meet certain standards, as designated appropriate by the Legislature or a governing body.

Rule 5.2.3 **American Association of Poison Control Centers (AAPCC)** The national organization for poison control centers and for certification of Specialist in Poison Information.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.4 **Bureau** means the Bureau of Health Facilities Licensure and Certification within the Mississippi State Department of Health.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.5 **Agency** means Mississippi State Department of Health.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.6 **Certified Specialist in Poison Control.** Specialist in Poison Control who has passed the AAPCC Certified Poison Control exam.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.7 **Clinical Toxicologist.** Diplomats of the American Board of Applied Toxicology (DABAT) or individual with appropriate training as referenced in Rule 5.10.6 that has been approved by the Medical Director to function in this role.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.8 **Electronic Linkage.** Real-time technology that enables medical record system accessibility by another poison center when needed to provide coverage for a call region. Also applies to real-time technology to enable medical record accessibility for personnel or consultants utilizing remote access.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.9 **Health Care Provider Education.** Professional education to healthcare providers in a poison center service area for the purpose of improving the quality, effectiveness, and efficiency of medical treatment provided to poisoned patients and enhancing awareness of poison control center services.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.10 **Functional Linkage.** A cooperative working relationship with another poison center to ensure services are provided in a seamless manner to the designated population. Coordinated patient care guidelines, databases, and other reference material must be available to enable remote agents to provide a single standard of information and care across the designated region.

Rule 5.2.11 **Medical Director.** The Medical Director is a doctor of medicine or osteopathy currently licensed in the appropriate state(s). The Medical Director is board certified in medical toxicology through the American Board of Medical Specialties. A physician who is not board certified as listed above may submit evidence of equivalent expertise demonstrated by training and certification:

1. Board-eligible physicians trained in a fellowship in medical toxicology approved by the Accreditation Council for Graduate Medical Education (AGCME) must become board certified within two consecutive examination cycles.

2. Doctors of osteopathy who have completed an Accreditation Council Graduate Medical Education approved fellowship and who have passed the American Osteopathic Board of Emergency Medicine examination for Certification of Added Qualification in Medical Toxicology will be considered qualified.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.12 **Medical Toxicologist** Physicians who are board certified in medical toxicology through the American Board of Medical Specialties or physicians who have completed an accredited fellowship in medical toxicology and in the process of taking the certification examination.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.13 **National Poison Data System (NPD**S). Refers to a national database utilized by poison control centers for entry of all human exposure data.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.14 **Partnership.** Any organized group where poison center education staff is in regular attendance or plays a significant role. Examples include committees, subcommittees, taskforces, workgroups, coalitions, and councils.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.15 **Poison Information Provider (PIP)**. An individual who answers calls for a poison control center and does not meet the eligibility criteria for the CSPI examination or has failed the CSPI examination two or more consecutive times. Individuals in professional training programs on educational rotations in a poison control center are not considered PIPs. The title and availability of the "PIP" position may differ at poison control center host institutions.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.16 **Public Education.** Public information shall be provided that raises awareness of poisoning, poison prevention, and poison control center services based on regional and community needs. Educational programs, materials, and messages are under the direction of the poison control center staff or through collaborative partnerships such as public health organizations, poison prevention education centers, state and local agencies, schools, and other community organizations.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.17 **Quality Management.** A quality management and improvement program is an ongoing systematic, coordinated, and continuous approach to assessing and improving the delivery, quality, efficiency, and outcome of poison control center services. This is accomplished through ongoing quality improvement and quality assurance activities.The quality management program must include tools for chart review (ensuring accurate information and documentation), measuring customer and employee satisfaction, monitoring work flow and output, and improving the overall quality of services. Thisincludes ongoing collection, monitoring, and analysis of data and the conduct of quality improvement initiatives while taking action where indicated for the purpose of reducing errors and improve performance.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.18 **Specialist in Poison Control.** A specialist in poison information (SPI) is a licensed registered nurse, pharmacist, physician, or physician assistant (PA), current or previously certified specialist in poison information as defined by AAPCC Certified Specialist in Poison Control Exam Criteria for Specialists in Poison Information or an individual who has completed job training as directed by the medical director.

Source: Miss. Code Ann. §41-3-15

Rule 5.2.19 **Teleworking.** Refers to any arrangement in which a poison control center employee is working at an off-site environment on a regular, recurring, or occasional basis or as an element of a disaster plan.

Source: Miss. Code Ann. §41-3-15

Subchapter 3 **ACCREDITATION**

Rule 5.3.1 **Accreditation.** An entity shall not operate a poison control center within the State of Mississippi without first obtaining accreditation from the Mississippi State Department of Health. Substantial compliance with all requirements, as outlined in this Chapter, must be achieved in order for a Poison Control Center to become accredited.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.2 **Application for Accreditation.** Upon request for accreditation, the entity shall submit an application and required documentation, on Forms and in a manner as prescribed by Mississippi State Department of Health.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.3 **Fees**. Accreditation and re-accreditation renewal fees shall be established by the Mississippi Board of Health. The applicant shall bear the expense of all compliance reviews and inspection, to include but not be limited to, the cost of contracted services, transportation, lodging, and related per- diem expenses for specialist, as necessary, to conduct the initial certification compliance review and annual recertification reviews, plus the cost of administrative review, and monitoring.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.4 **Name of Institution.** The institutional name will be specific to the institution but shall contain the words "poison control center".

Source: Miss. Code Ann. §41-3-15

Rule 5.3.5 **Foundation for Services.** The Mississippi Poison Control Center shall operate under the auspices of a tertiary care center that is associated with a medical and pharmacy school. The Medical Director of the poison control center shall assume overall responsibility to assure compliance with the regulations, for setting policy, appointing medical and other persons to carry out such policies and for monitoring the poison control center's total operation. Collaboration of services with a medical center/school is important due to expertise and resources of that entity in the management of poisonings and its function as an educational institution for medical and other health related professions.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.6 **Operational Requirements.** In order for a poison control center to be considered operational, the center must:

1. Have telecommunications and data resources to assure accessibility 24/7/365;

2. Utilize the national PCC hotline number of 1-800-222- 1222;

3. Have availability of medical and assistive staff to meet the needs of the call volume, educational and training productions and related services;

4. Routinely upload exposure data into the National Poison Control Database.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.7 **Accreditation Renewal Cycle.** The accreditation issued for the operation of a poison control program, unless sooner suspended or revoked, shall expire automatically on June 30 of each third calendar year. Should initial accreditation occur prior to the June 30 date, the initial accreditation period shall run from the date of determination of compliance with all rules and regulations through June 30 of the following year post June 30. For example, if compliance is determined and initial accreditation is granted on February 28, 2015, the initial licensure period shall run from February 28, 2015 thru June 30, 2018. June 30, 2016, then shall be established on an every three calendar year cycle.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.8 **Accreditation Renewal Process.** The poison control center seeking renewal of its accreditation shall:

1. Request a renewal packet from the Bureau if one is not received within 45 days prior to the expiration of the accreditation date;

2. Complete all forms and return to the Bureau within 30 days prior to the expiration of the renewal;

3. Submit the required accreditation renewal fees with the packet. A renewal packet is not considered complete until the completed packet and all pertinent fees are submitted.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.9 **Notification of Changes.** Mississippi State Department of Health shall be notified, in writing, of any of the following within 5 business days following the occurrence:

1. Address/Location

2. Phone Number (or change in national hotline number)

3. Hours of Operation/24 hour Contact Procedure

4. Medical Director

5. Poison Control Manager

6. Cessation of Business

Source: Miss. Code Ann. §41-3-15

Rule 5.3.10 **Posting of Accreditation Status.** The accreditation notice shall be displayed in a prominent place within the office of the poison control command center.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.11 **Inspections.** Observation and inspection of the poison control center, to include but not be limited to, review of staffing, procedures, processes, cases, logs, reports, quality assurance/improvement reviews shall be available at all reasonable hours to properly identified representatives of the Department.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.12 Denial, Suspension or Revocation of Accreditation. Under the Agency's authority to promote and protect public health, the accrediting Agency will hold authority to deny, suspend or revocate the accreditation of an accredited poison control center. Any of the following actions may be grounds for action by the Agency:

1. Noncompliance with provisions of the accreditation regulations as written in this chapter;

2. Failure to assure qualified medical oversight and adequately qualified trained staff;

3. Failure to maintain telecommunications on a 24 hour basis;

4. Addiction to narcotics by any member of the medical or management staff of the center;

5. Conviction of a felony by any member of the medical or management staff of the center;

6. Publicly misrepresenting the poison control center or its services;

7. Permitting, aiding or abetting the commission of an unlawful act;

8. Misappropriating monies or properties of the center;

9. Failure to promptly notify the appropriate authorities upon receipt of a call or information indicative of imminent danger to the calling party, their family or others.

Source: Miss. Code Ann. §41-3-15

Rule 5.3.13 **Termination of Operation.** Thirty days prior to discontinuation or determination of operation, management within the poison control center shall notify, in writing, the Governor and Lieutenant Governor of the State of Mississippi, Legislative Speakers of the House, both Senate and House of Representatives, the State Health Officer, and all other individuals, as deemed appropriate. The poison control center shall take steps, as necessary, to assure notification of the citizens of the State of Mississippi.

Source: Miss. Code Ann. §41-3-15

Subchapter 4 CALL CENTER COMMUNICATIONS AND INFRASTRUCTURE

Rule 5.4.1 **Communications and Infrastructure**. The poison control center maintains the infrastructure and resources necessary to respond to calls from its designated service region 24 hours per day, 365 days a year. The center demonstrates its commitment to high standards of patient care and safety by providing sufficient human, physical, and financial resources to support its mission. All activities of the poison control center are conducted at all times with sound ethical principles and in compliance with applicable federal and state laws.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.2 **Access.** The poison control call center shall maintain a communications infrastructure to ensure timely and uninterrupted access to call center staff 24 hours a day, 7 days a week, and 365 days a year.

1. The poison control center shall maintain a communications infrastructure that ensures timely and unrestricted access to its trained staff without interruption.

2. The poison control center shall ensure a communications infrastructure sufficient to respond to demands for services within its designated region, the State of Mississippi.

3. The poison center shall monitor to ensure that all counties within its designated region, the State of Mississippi are served.

4. The poison control center shall use and promote the nationwide toll-free number, 1-800-222-1222.

5. The poison control center shall not impose a direct fee to individual members of the lay public (either by direct billing or pay-forcall services) for poison exposure emergency calls received from the public within its region.

6. The poison control center shall respond to inquiries in languages other than English as appropriate to the region, using language translation services, interpreters, and/or bilingual staff.

7. The poison control center shall provide access for hearing- impaired individuals.

8. The poison control center shall document and upload to the National Poison Data System (NPDS) all human exposure and information cases received by any communication method (e.g., email, text, chat).

Source: Miss. Code Ann. §41-3-15

Rule 5.4.3 **Service Coverage.** The poison control center shall have systems in place to monitor and assure that poison control education and services are available and provided to all parts of the State of Mississippi. The center shall use NPDS data to monitor county utilization annually and will utilize quality improvement measures to improve utilization in underserved areas.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.4 **Policies and Procedures**. The poison control center must establish and comply with policies and procedures that ensure poisoning exposures and/or situations threatening human health are responded to and handled appropriately.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.5 **Additional Information Services.** The poison control center may provide additional information services for public health, private industry, or other entities but must ensure adequate staffing is provided for poison-related calls.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.6 **Reference Materials.** The poison control center shall establish patient care guidelines, databases, and other reference materials that ensure a single standard of information and care across the state.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.7 **Triage of Calls.** The poison control center provides effective triage of emergent calls.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.8 **Diversion of Calls.** If the poison control center routinely diverts calls, it must have the technology in place to allow real-time computer-networked access through a shared or replicated database to patient records with the capability to retrieve records for patient care and to have charting entries made in real time, following the standard practices for the poison center. This excludes brief periods such as coverage for staff meetings, telephony updates and disaster situations.

The poison control center may divert calls only to an accredited poison control center. Both centers must ensure that continuity of clinical care is achieved when diverting calls or sharing call responsibilities. Medical direction shall be maintained at all times during the process. A system must be put into place to replicate records into the home poison control database in a timely manner.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.9 **Internal Emergency Operations Plan.** The poison control center shall have a written internal emergency operations plan designed to coordinate its communications, resources, staff responsibilities, and clinical and support activities during an internal emergency, to ensure that services can be provided continuously to its designated service region.

1. The poison control center shall develop response and contingency plans for natural and technological disasters that may affect its facility, operations, and/or staff.

2. The poison control center shall develop a policy for business continuity in the event of a communications failure.

Source: Miss. Code Ann. §41-3-15

Rule 5.4.10 **External Emergency Operations Plan.** The poison control center must have a written external emergency operations plan for assisting local, state, and federal authorities respond to emergencies occurring within its designated service region.

1. The poison control center shall assists in local, regional, and/or national emergency preparedness planning activities.

2. The poison control center shall develop and maintain a plan for capacity to respond to mass poisoning exposures or public health events. The written plan must cover surge capacity to respond to mass poisoning exposure or public health events.

3. The poison control center shall develop response and contingency plans for natural and technological disasters that may affect its facility, operations, and/or staff.

4. The poison control center shall develop a policy for business continuity in the event of a communications failure.

Source: Miss. Code Ann. §41-3-15

Subchapter 5 Call Center Staffing

Rule 5.5.1 **Qualified Staff.** The poison control center's telephone consultation personnel possess the appropriate combination of educational credential(s), specialized training and/or certification, work experience, and demonstrated skills to qualify them for the tasks they are performing.

1. Telephone consultation staff members must be qualified, experienced, trained, and competent to deliver quality patient care.

2. Telephone consultation staff shall receive ongoing continuing education related to toxicology.

Source: Miss. Code Ann. §41-3-15

Rule 5.5.2 **Staffing for PCC.** The poison control center must ensure that telephone consultation staff members are adequately qualified. The center shall be staffed with medical toxicologist, clinical toxicologist, certified poison information specialist (CSPI), specialist in poison information (SPI), poison information providers (PIP), and other personnel, as needed, based on the volume of calls.

1. A Specialist in Poison Information (SPI) or a Certified Specialist in Poison Information (CSPI) may work part time or full time in the poison

control center, but when scheduled to work on the poison center hotline, 100% of his or her time must be dedicated to poison control center activities.

2. A Certified Specialist in Poison Information (CSPI) may work as a sole individual providing service in handling human exposure calls if the medical director and the Poison Control Manager (if a clinical toxicologist) have evaluated the CSPI's performance and have deemed the CSPI appropriate to work alone with access to clinical supervision at all times.

3. A non-certified Specialist in Poison Information (SPI) may work as a sole individual providing service in handling human exposure calls if the SPI is in the process of meeting the Certified Specialist in Poison Information (CSPI) examination eligibility requirements, has handled a minimum of 2,000 human exposure cases, and the medical director and poison control manager have evaluated the SPIs performance and have deemed the SPI appropriate to work alone with access to clinical supervision at all times.

4. Specialist in Poison Information (SPI) who are not Clinical Toxicologists (see Rule 5.2.7) or Medical Toxicologists (see Rule 5.2.12) shall be certified by the American Association of Poison Control Centers within three consecutive certification examinations. Initial eligibility for certification is met when the candidate meets criteria for call volume and hours worked and poison control center leadership has verified the candidate's eligibility.

5. A Certified Specialist in Poison Information (CSPI) who fails the re-certification exam or does not retake it before the expiration date of the certification reverts to a Specialist in Poison Information (SPI) but remains eligible to retake the examination. This SPI must recertify within three consecutive administrations of the certification exam.

6. A Specialist in Poison Information (SPI) or Certified Specialist in Poison Information (CSPI) who has failed the examination three times may not work independently and must follow the scheduling and supervision requirements of a Poison Information Provider (PIP) (refer to items 8-10, as listed below) but remains eligible to retake the certification examination. Any change in employment status must follow host institution policy.

7. A Poison Information Provider may work part time or full time in the poison control center, but when scheduled to work on the poison center hotline, 100% of his or her time must be dedicated to poison control center activities.

8. Poison Information Providers may not be the sole individual scheduled to work on the poison center hotline.

9. At all times, Poison Information Providers must be under the oversight/direction of a certified Specialist in Poison Control, a qualified person providing medical direction, or a Clinical Toxicologist and/or Medical Toxicologist.

10. Qualified individuals – (an individual as defined in Rule 5.5.2(2) The center must provide 1:2 (supervisor to PIP) oversight of PIPs who manage exposure calls.

11. Supervising individuals, as listed in Rule 5.5.2 (2) shall provide the following types of oversight to a Poison Information Provider: direct oversight, on-site oversight, or general oversight. Direct oversight means the individual is within technologically unassisted audible and visible reach of the Poison Information Provider. On-site oversight means the individual must be in the Poison Control Center and quickly available to the Poison Information Provider. General oversight means accepting responsibility for and overseeing the services of a Poison Information Provider by telephone, by videoconferencing, or in person as frequently as necessary considering the location, nature of practice, and experience of the Poison Information Provider.

Source: Miss. Code Ann. §41-3-15

Rule 5.5.3 **Staff Experience/Expertise.** The poison control center must ensure that telephone consultation staff have the appropriate experience and level of expertise to achieve and maintain a high standard of practice.

1. To maintain experience, expertise, and quality, call center personnel at a poison control center must handle, on average, at least 2,000 and not more than 5,500 human exposures per Certified Specialist in Poison Control/Specialist in Poison Control/ Poison Information Provider full-time equivalent (FTE) per year.

2. The Mississippi Poison Control Center will strive to maintain 100% of Specialist in Poison Control's FTEs by certified specialist in poison control; however, in times of high turnover, the Mississippi Poison Control Center will make every effort to assure that at least 50% of the specialists functioning in the poison control center will be certified specialist in poison control. Should the number of certified specialist in poison control information drop below the 50% , the Mississippi Poison Control Unit will notify the accrediting agency and provide to the accrediting agency a detailed action plan for assuring adequate coverage of the center with qualified staff during this period and which shall

address recruitment and training efforts. The minimum number of Certified Specialist in Poison Information (CSPI) for certification shall be no less than 40%.

3. Specialists in Poison Control (SPI) not currently certified by AAPCC must spend a minimum of 800 hours per year (15 hours/week average) and manage 1,000 human exposure cases per year working as a SPI.

4. Certified Specialists in Poison Information (CSPIs) must spend a minimum of 400 hours per year (8 hours/week average) and manage 500 human exposure cases per year or equivalent of an equal number of hours in providing professional education, clinical, or case management activities.

Source: Miss. Code Ann. §41-3-15

Rule 5.5.4 **Training and Orientation.** The poison control center must demonstrate that telephone consultation staff are trained appropriately and assessed on an ongoing basis to maintain competency.

1. The Medical Director is responsible for content oversight of staff toxicology education and training.

2. The poison control center must have an orientation/training program for new staff providing toxicologic information, including training manuals, written learning objectives, regular evaluation of progress, and competency evaluation.

3. The poison control center must have an ongoing education program in place to update and increase the knowledge base and competency of staff.

4. A regular evaluation process must be in place for telephone consultation staff, involving review of both communication skills and case management.

   a. All telephone personnel must complete the Poison Control Center Collaborative Communications Training Module on an annual basis.

Source: Miss. Code Ann. §41-3-15

Rule 5.5.5 **Resources**. The poison control center must ensure that medical toxicologists, clinical toxicologists, and telephone consultation staff have access to resources needed to ensure learning and the delivery of competent care.

1. Comprehensive product information resources shall be immediately available to the clinical staff at all times.

2. Clinical staff members shall be timely informed of current toxicology matters and trends (e.g., current drug trends, recalls).

Source: Miss. Code Ann. §41-3-15

Rule 5.5.6 **Teleworking.** If the poison control center's leadership determines that teleworking is an appropriate alternative work arrangement to meet the needs of the populations it serves, the center must ensure that its services provided by teleworkers meet all requisite standards.

1. Employee eligibility for teleworking is determined at the sole discretion of the poison control center clinical/medical director leadership.

2. At least one Specialist in Poison Information (SPI) must be onsite for each shift during business and peak call volume hours, unless there is a disaster that requires closure of the facility.

3. The poison control center has a teleworking agreement or policy to establish eligibility guidelines, usage policies, work hours, employee availability, IT support processes, and data security, demonstrating a clear understanding of the expectations of teleworkers.

4. The poison control center has a well-defined emergency service continuity plan, including a policy for business continuity in the event of a telecommunication failure at the remote site (refer to Emergency Operations Plan).

5. Teleworkers must have immediate access to a clinical or medical toxicologist at all times commensurate with on-site staff designated to answer poison control center calls.

6. Teleworkers must have access to key information resources at all times commensurate with onsite staff designated to answer poison control center calls.

7. The poison control center ensures proper review of patient management by teleworkers. This includes immediate access to teleworker case and voice recordings for review by medical director and/or clinical supervisor.

8. The poison control center has a plan to provide and document staff development activities for teleworkers.

Source: Miss. Code Ann. §41-3-15

Rule 5.5.6 (9) The poison control center may utilize teleworking to support call delivery. In addition, the poison control center may enter into an agreement with another poison control center to provide call management services via teleworking during low volume times in which it is not financially feasible to maintain a full-time SPI at the home poison control center.

a. The poison control center supplying the teleworking services must be accredited.

b. Teleworking calls will be answered as "Thank you for calling the Mississippi Poison Control Center".

c. The home poison control center will supply medical direction and medical toxicologists from the home poison control center and will communicate with physicians requiring assistance during these hours.

d. All teleworking SPIs must meet the minimum eligibility requirements of the home poison center.

e. This will be a Functional linkage as defined under 5.2.10. Coordinated patient care guidelines, databases, and other reference material must be available to enable remote agents to provide a single standard of information and care across the Mississippi. This process is not call diversion.

f. All call records will be routinely uploaded to the NPDS at a frequency equal to or shorter than that used by the home poison control center. These call records must be identified as Mississippi calls and the home center must be listed as the primary center. The teleworking poison control center will provide full electronic copies of all cases to the home poison control center. A written procedure will be followed for full electronic call records of teleworking calls to be replicated in the home poison control center database within 10 hours of the call.

g. The home poison control center will have immediate access to a shared/replicated database maintained by the teleworking poison control center.

h. A written plan will be maintained and followed for the home poison control center to resume call management in the case of a disaster at the teleworking poison control center.

Source: Miss. Code Ann. §41-3-15

Subchapter 6

Rule 5.6.1 **Patient Management.** Poison control centers shall provide information to the public and to health care providers regarding human exposures, including assessment of the type and severity of poisoning, suggestions for on-site management when appropriate, reassurance to the caller, and referral to a health care facility when necessary.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.2 **Systems for Care**. The poison control center shall have systems in place to provide safe and appropriate exposure management recommendations and to help the public and care providers avoid unnecessary utilization of health care resources. When referral to a health care facility is necessary, the facility will be notified of information regarding the case and the relevant toxicology of the poison involved.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.3 **Informational Source.** The poison control center will provide health care providers with information on treatment, differential diagnosis, and interpretation of clinical signs and laboratory values and facilitate access to specialized toxicology services and follow- up.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.4 **Availability of Medical Consultation.** Clinical or medical toxicologists shall be available at all times for consultation. The poison control center medical director or designee shall be available for medical back-up at all times. Consultations to healthcare facilities shall be conducted by the Medical Toxicologist or his/her designee.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.5 **Patient Management Guidelines.** The poison control center must utilize patient management guidelines for the assessment, triage, management, and follow-up of poisoning exposures. Those guidelines must clearly define parameters for patients managed on- site and health care facility (HCF) management and appropriate follow-up.

1. The poison control center provides clinical guidelines that include but are not limited to the evaluation and follow-up of potentially toxic exposures and appropriate criteria for patient disposition.

2. The poison control center regularly uses a process for the establishment of guidelines, including time lines for review and update.

3. The poison control center ensures that guidelines are available to all staff at all times.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.6 **Follow-up of Cases.** The poison control center shall provide timely and appropriate follow-up (internally defined). Follow-up calls from the poison control center are used to ascertain patient status, symptom resolution, compliance with or modification of recommended therapy, and, when appropriate, status after discharge.

1. At least 75% of human exposure cases managed at a Health Care Facility (HCF) (already in or en route to HCF) are followed to a known outcome (excluding not followed, judged as nontoxic; lost to follow-up/left AMA, refused referral/did not arrive at HCF).

Source: Miss. Code Ann. §41-3-15

Rule 5.6.7 **External Resources.** The poison control center must identify and have access to pertinent external resources at all times to assist with unique poisonings encountered in the region.

Source: Miss. Code Ann. §41-3-15

Rule 5.6.8 **Antidotes.** The poison control center must maintain a process to locate critical antidotes and assist with the transfer of the patient or the antidote when necessary.

Source: Miss. Code Ann. §41-3-15

Subchapter 7 Quality Assurance

Rule 5.7.1 **Quality Assurance Program.** The poison control center shall develop and utilize an on-going quality management and improvement program. This quality management and improvement program and activities shall be the framework within which the poison control center improves the quality of information and service delivery to callers.

1. The quality management program must include tools for chart review (ensuring accurate information and documentation), measuring customer and employee satisfaction, monitoring work flow and output, and improving the overall quality of services.

2. The poison control center shall demonstrate the use of a comprehensive, written, quality management program that describes the center's methods of conducting quality improvement and quality assurance.

3. The poison control center shall apply the results of quality management to update its policies and procedures, reduce errors, and improve performance.

4. The quality assurance and quality improvement program shall be managed by the medical or clinical toxicologist or designee and overseen by the Medical Director. These activities are conducted in accordance with the policies and procedures of the poison control center, reviewed by the Medical Director and action taken as appropriate. Documentation of the quality assurance processes, findings, outcome and all corrective actions taken shall be documented and maintained as evidence of the poison control center's quality assurance/improvement process.

5. The poison control center shall conduct at least one unique quality management initiative every 12 months, at a minimum, exclusive of regular audits.

6. The poison control center shall incorporate an internal or external benchmarking into its quality management program. Proposed Outcomes include:
   a. Improve quality of patient care and information services;
   b. Organizational efficiency and performance;
   c. Therapeutic and coding error reduction;
   d. Optimization of caller satisfaction;
   e. Optimization of employee satisfaction; and
   f. Fulfillment of the center's mission.

Source: Miss. Code Ann. §41-3-15

Rule 5.7.2 **Case Review.** The poison control center shall regularly review its medical records for, at a minimum, the quality of poison information provided and the quality of documentation, including accuracy and completeness.

1. The Medical Director shall be responsible for the accuracy of toxicologic recommendations made by clinical staff, including specialists in poison information, poison information providers, students, residents, and fellows. A program for the review of medical records shall be in place for improved management and documentation of cases.

2. A selection of high-risk or problem-prone cases and those managed in a health care facility shall be reviewed internally on an ongoing basis under the direction of a medical or clinical toxicologist.

3. A selection of cases managed on-site (non-health care facility) shall be reviewed internally on an ongoing basis by a medical or clinical toxicologist or individual designated by the medical or clinical toxicologist.

Source: Miss. Code Ann. §41-3-15

Rule 5.7.3 **Policy/Procedural Reviews.** The poison control center shall, on a regular basis, examine all of its guidelines, policies, and procedures to ensure that they drive optimal performance.

1. The poison control center shall regularly examine the compliance of its employees in adhering to its clinical guidelines, policies, and procedures.

2. The Medical Director shall review and approve all clinical guidelines at least every 24 months and ensure that the number and content of the center's policies are adequate to direct the provision of state-of-the-art toxicologic advice.

Source: Miss. Code Ann. §41-3-15

Rule 5.7.4 **Customer Satisfaction.** The poison control center shall measure the satisfaction of its customers (general public and health care providers) on an ongoing basis (minimum of once per year).

Source: Miss. Code Ann. §41-3-15

Rule 5.7.5 **Medical/Case Records.** The poison control center shall keep records of all cases for which it was consulted or provided information in a format that is acceptable as a medical record.

1. The medical/case record shall be used to facilitate communication among poison control center staff members to ensure a clear, consistent, and cohesive set of recommendations regarding diagnosis, treatment, and other clinical advice.

2. The medical record of the poison control center shall contain data elements and sufficient narrative to allow peer review and medical audit.

3. The poison control center shall follow applicable institutional, state, and federal laws and regulations regarding patient confidentiality. Its medical record system shall be indexed for easy retrieval, either hardcopy or electronic and maintained in a secure location.

4. The poison control center shall develop, in writing, and abide by a record retention policy.

Source: Miss. Code Ann. §41-3-15

Subchapter 8 Public Education

Rule 5.8.1 **Public Education Program.** The control center will provide or participate in poisoning prevention, awareness, and education throughout its designated region, the state of Mississippi. Public education will incorporate a combination of public health strategies, including but not limited to direct outreach, marketing, public relations, collaborative relationships with community groups and other agencies, and mass media, to increase awareness of poisoning, poison prevention, and poison center services, tailored to regional community needs and the population served. Effective public education is based on a solid understanding of the impact of poisonings, the groups at risk, and the use of appropriate educational strategies. Public education efforts provided through collaborative partnerships shall be vetted by the poison control center to meet the identified needs of the designated populations.

1. The poison control center shall utilize internal or external individual(s) or organization(s) that are qualified/ trained to plan, design, and implement coordinated public education activities throughout the designated region.

2. The poison control center will provide poison prevention and awareness education. Collaboration and partnerships may enhance the ability to provide effective public education and awareness programs.

3. The educator(s) with oversight of content and quality of public education activities at the poison control center must be a health professional or have a degree in health education, public health, or an education-related discipline or relevant work-related experience.

4. The educator(s) must demonstrate ongoing efforts in continuing education related to his or her current job function and accreditation standards.

5. The poison control center will periodically assess community needs for public education. Target populations throughout Mississippi will be identified.

6. The poison center shall ensure planning and implementation of a comprehensive public education program to reach the target populations. The poison center adapts or develops public education strategies that are

appropriate for the intended target populations.

7. The public education programs conducted by the poison control center shall include ongoing evaluations and apply the results to improve and advance public education programs.

Source: Miss. Code Ann. §41-3-15

Rule 5.8.2 **Healthcare Provider Education Program. T**he poison control center provides education to health care providers (HCPs) in their designated region for the purpose of improving awareness of poison center services and the quality, effectiveness, and efficiency of medical treatment for the poisoned patient.

1. The poison control center must employ or utilize individual(s) that are qualified/trained to plan, design, and implement coordinated health care provider education activities at the poison control center and throughout the designated region. Content oversight will be provided by the Medical Director or a clinical or medical toxicologist as his designee.

2. New and important advances in poisoning management will be provided to health care providers throughout the designated service region.

3. The accredited poison control center may offer educational activities for students in health care disciplines and residents in training.

4. The curricula and program formats shall be developed around learning objectives consistent with the interests and level of expertise of the targeted professional audience. The poison center will apply evaluation results to improve the provider education program.

Source: Miss. Code Ann. §41-3-15

Rule 5.8.3 **Educational Information.** The poison control center shall provide public education information and materials (developed internally or externally) that are clinically accurate and designed for the specific target population.

1. All information and materials shall be easy to read, simple to understand by the targeted population, and developed applying health literacy principles.

2. Public education program materials developed by the poison control center or by an American Association for Poison Prevention Center must be reviewed for clinical accuracy by the Clinical and/ or Medical Toxicologist of the poison control center.

Source: Miss. Code Ann. §41-3-15

Rule 5.8.3 **Collaborative Relationships.** The poison control center shall develop collaborative relationships with entities such as public health organizations, other poison prevention centers, state and local agencies, private-sector businesses, schools, and community organizations in support of poison prevention efforts and poison center services.

1. The poison control center shall maintain documentation of said activities.

Source: Miss. Code Ann. §41-3-15

Subchapter 9 Data and Surveillance

Rule 5.9.1 **Data and Surveillance.** The poison control center shall collaborate with local, state, and federal public health entities for the surveillance of poisonings.

1. Surveillance data shall be used for:

   a. The detection and monitoring of, and response to, public health and environmental emergencies involving toxic exposures, pandemics, as well as the contamination of the air, water, pharmaceutical or food supply;

   b. Implementing and evaluating prevention and control measures;

   c. Planning and managing resources and establishing priorities; and

   d. Identifying emerging trends and/or public health threats.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.2 **Record/Case Retention.** The poison control center shall generate and keep a permanent confidential record of each exposure case handled by the center in a form generally accepted as a medical record for a period of time consistent with institutional, state, and federal regulations on the retention of general medical records.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.3 **Record Documentation.** The poison control center shall facilitate communication among staff to ensure clear, consistent, and cohesive documentation using the medical record.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.4 **Retrieval of Records.** The poison control center's medical records (paper or electronic) shall be stored appropriately and easily retrievable.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.5 **System for Disaster Recovery.** The poison control center maintains a disaster recovery system for patient records.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.6 **Submissions to National Poison Data System (NPDS).** The poison control center shall submit all of its human exposure data to the NPDS in the format and time-frame, as prescribed by the NPDS.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.7 **NPDS Entries.** The poison control center shall have an ongoing process to ensure that consistent, complete, and accurate data are entered and submitted to the National Poison Data System.

1. The poison control center shall have a process in place to minimize data coding errors.

Source: Miss. Code Ann. §41-3-15

Rule 5.9.8 **Public Health Monitoring**. The poison control center will monitor for the emergence of poisoning hazards and take specific actions to eliminate them. Those actions include, but are not limited to, notification of the appropriate public health officials regarding hazards, public and professional education efforts, press releases, and poison prevention efforts.

1. The poison control center has a process for sharing information to meet the needs of local, state, and federal public health entities.

2. The poison control center has a process of communicating hazards to local, state, and federal authorities and other agencies in real time and maintains communication with those entities as needed.

Source: Miss. Code Ann. §41-3-15

Subchapter 10 Leadership and Management

Rule 5.10.1 **Leadership and Management**. The poison control center shall employ individuals who collectively provide expertise in clinical toxicology. The poison control center shall also employ or utilize leaders and managers to

perform the functions necessary to support the expert staff, including experts in human resource management, budgetary and financial management, education, regulatory compliance, emergency preparedness and response, facilities management, and information technology.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.2 **Qualified Leadership.** The poison control center shall be staffed by leadership personnel who are qualified to perform their designated duties.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.3 **Functions of Leadership.** The poison center's leaders shall have the following duties and responsibilities:

1. Ensure that information provided to the public and health care professionals is of the highest possible quality;

2. Optimize the poison control center's stability through astute financial management;

3. Hire, train, mentor, and manage a team of experts in toxicology, using policies and procedures designed to facilitate optimal output (timely flow of quality information);

4. Oversee the quality of information collected and recorded for descriptive epidemiology purposes;

5. Ensure that the center has planned for continued provision of poison control center services during emergencies;

6. Establish and maintain partnerships with public health and other stakeholders; and

7. Ensure that meaningful surveillance links exist to transmit poison control center hazard observations to appropriate public health officials.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.4 **Medical Leadership.** The individual or individuals providing medical direction shall individually or collectively devote a minimum of 20 hours per week to the center to conduct the required Medical Director duties. Additional medical direction may be desirable and may be necessary.

1. One or more individuals may function as administrative director(s) and shall be accountable for all operations of the poison control center.

2. These individuals are accountable for all operations of the poison control center shall ensure that all other staff members meet qualifications for their designated duties.

3. An individual may be qualified to perform more than one leadership function.

4. Poisoning information and treatment advice shall be provided by staff under the direction of adequately qualified clinical toxicologists, at least one of which must be a qualified medical toxicologist designated to serve as the Medical Director.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.5 **Credentials and Qualifications**. The poison control center shall employ or use toxicologists who are appropriately qualified and approved by the Medical Director to perform clinical supervision. Qualified toxicologists may be either Clinical Toxicologists or Medical Toxicologists.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.6 **Credentials of Clinical Toxicologist**. The poison control center may employ or use Clinical Toxicologists, defined as follows:

1. Clinical Toxicologists may be diplomats of the American Board of Applied Toxicology (DABAT).

2. Health care providers without ABAT certification will be considered qualified to provide clinical supervision for the purpose of determining compliance with current criteria if:

   a. The healthcare provider has met the following criteria:

      i. A minimum of a baccalaureate degree in nursing, pharmaceutical services, or a doctorate in medicine; and

      ii. A minimum of a baccalaureate degree in toxicology related field, such as toxicology, chemistry, biochemistry, or environmental science; and

      iii. A certification by a national toxicology board such as the American Board of Applied Toxicology, the American

Association of Poison Control Centers, or the American Board of Toxicology; and

iv. Post graduate education/certificate in clinical toxicology.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.7 **Qualifications of Medical Toxicologist.** The poison control center shall employ or use one or more medical toxicologists who meet the following:

1. Medical toxicologists associated with the poison control center shall be physicians (MD, DO) who are board-eligible or board-certified in medical toxicology through the American Board of Medical Specialties or the American Board of Osteopathic Medicine;

2. Have a current and unrestricted license from the Mississippi State Board of Medical Licensure; and

3. Participate in consultations with the poison control center staff and perform consultations with other health care providers.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.8 **Medical Director Qualifications**. One or more medical toxicologists may share the duties of the Medical Director, provided that all meet the qualifications.

1. If more than one individual performs the duties of a Medical Director, one individual shall serve as the designated Medical Director for the center.

2. The Medical Director shall be a doctor of medicine or osteopathy with a current and unrestricted license from the Mississippi State Board of Medical Licensure.

3. The Medical Director shall be board certified in medical toxicology through the American Board of Medical Specialties subspecialty examination in Medical Toxicology (after 1994). A physician who is not board certified as listed above may submit evidence of equivalent expertise demonstrated by training and certification:

   a. Board-eligible physicians trained in a fellowship in medical toxicology approved by the Accreditation Council for Graduate Medical Education (AGCME) must become board certified within two consecutive examination cycles.

b. Doctors of Osteopathy who have completed an ACGME-approved fellowship and who have passed the American Osteopathic Board of Emergency Medicine examination for Certification of Added Qualification in Medical Toxicology will be considered qualified.

4. The Medical Director and all other individuals designated as providers of medical direction must have active staff appointments at an inpatient treatment facility and must be involved in the bedside clinical management of poisoned patients.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.9 **Readily Available Evidence of Qualifications.** The poison control center shall maintain and have readily accessible for review an individual file for each employee which shall contain, but not be limited to the following:

1. Signed acknowledgement of the duties and responsibilities of their job description, to include a copy of said job description;

2. A biographical sketch for each physician and/or toxicologists (clinical and medical);

3. Documentation of the Medical Director's approval of all toxicologists operating within the poison control center;

4. Verification of current medical, nursing and/or other professional licensure, as applicable;

5. Documented evidence that the Medical Director and all other individuals designated as providers of medical direction have active medical staff privileges at an inpatient treatment facility (e.g., letters of appointment).

6. Verification of clinical and/or medical toxicology board certification (or alternative proof of qualification).

Source: Miss. Code Ann. §41-3-15

Rule 5.10.10 **Required Expertise**. In an effort to assure quality poison control services, the poison control center shall assure **c**linical and medical toxicology expertise for all Medical and Clinical Toxicologist working as part of or in conjunction with the center.

1. A poison control center shall provide full-time toxicological supervision.

This must include at least one full-time equivalent on-site toxicologic supervision provided by a qualified Clinical or Medical Toxicologist (or a combination) and appropriate qualified back-up.

2. The Medical Director may designate other toxicologists (e.g., clinical toxicologist, fellows in training) to provide immediate consultation, (either within the center or by taking call) to the clinical staff as long as a qualified medical toxicologist is immediately available 24/7.

3. The Medical Director shall be responsible for information and recommendations related to patient care.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.11 **Appropriate Medical Direction.** The poison control center shall have appropriate medical direction. The following shall represent the minimum time commitment for medical direction. Additional medical direction is highly desirable and may be necessary.

1. The Medical Director must spend a minimum of 20 hours per week dedicated to the poison control center. At least 15 hours must be on-site. Five (5) hours a week may be off-site if directed to activities of the poison control center.

2. If the call volume for human exposures for the state of Mississippi exceeds 24,999/year, the following schedule will be used to determine the required Medical Director hours per week.

Human exposures per year	Off-site* hours/week	On-site hours/week	PCC total hours/week
0–24,999	5	15	20
25,000–37,499	10	15	25
37,500–49,999	10	20	30
50,000–74,999	10	30	40
75,000–99,999	10	40	50

3. For poison control centers in transition with medical direction or other special circumstances (e.g., loss of Medical Director or other circumstances deemed appropriate by the certifying Agency, up to 50% of Medical Director on-site time may be accomplished through direct continuous video conferencing with poison control center clinical staff. Availability by phone or beeper alone is not sufficient.

4. Time applied to medical direction must be 100% engaged in poison control center activities.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.12 **Support Systems.** The poison control center shall have access to or supports additional functions, including human resources, budgetary and financial management, employee education, training and staff development, information technology, external relations, and other administrative functions. These roles may be fulfilled by the certified poison control center director or other designated individual(s).

1. The person(s) responsible for human resources shall ensure that all managerial and staff actions considered to be human resource functions are carried out according to the poison center's policies and in accordance with applicable local, state, and federal laws.

2. The person(s) responsible for the budgetary and financial management shall develop, balance, and reconcile budgets; identify, manage, and generate revenue streams; ensures the appropriate accounting procedures are used, manages grants and contracts; procures equipment, supplies, software, hardware, and licenses; and oversees business and financial development.

3. The person(s) responsible for compliance with accreditation of this poison control center shall assure the development of internal processes for monitoring said poison control center's compliance with the requirements as addressed in the Regulations Governing Accreditation of Poison Control Centers in Mississippi and ensures adherence to federal, state, and local laws; regulations, and institutional policies.

4. The person(s) responsible for employee education, training, and staff development shall train and maintain documentation of said training for new employees, provide updated new information in a clear and consistent manner, and encourage and participate in the professional development of the center's employees.

5. The person(s) responsible for information technology shall provide information technology support, including maintaining the center's hardware and software, information transmission to the National Poison Data System, maintenance of confidentiality, and emergency backup.

6. The person(s) responsible for the operations and infrastructure of the poison control center shall be available, or have an assigned designee who has decision making authority available, at all times to ensure the continuous provision of accredited poison control center services.

Source: Miss. Code Ann. §41-3-15

Rule 5.10.13 **Documentation of Compliance.** The poison control center shall document ongoing compliance with the requirement for assuring medical direction and services. Documentation to reflect compliance shall be submitted as outlined in the Mississippi Poison Control Center Accreditation Standards, Appendix A and Appendix B.

Source: Miss. Code Ann. §41-3-15

Mississippi Poison Control Center Accreditation Standards
Appendix A
Documentation of Compliance

Source: Miss. Code Ann. §41-3-15

1. Call center communications and infrastructure

   a. Describe the poison control center's designated service region.

   b. Provide written documentation of state designation of the poison control center by the state public health authority and clearly delineate the region served.

   c. Submit Table1, Appendix B of the call volume and population by county.

   c.1. Provide documentation that adequately explains the reasons for an unusually low county utilization rate (counties with more than 2 standard deviation rates below the state mean for the most recent available year). Submit a documented improvement plan that describes timelines, goals, and objectives for improving utilization of PCC services in underserved counties or equivalent regions.

   d. Provide a map of the designated service region.

   e. Describe current methods by which the center can be accessed by the public and health care professionals including, but not limited to, telephone, videoconferencing, and web access.

   e.1. Describe access for hearing-impaired individuals.

   e.2. Describe the poison control center's capabilities to respond to inquiries in languages other than English.

   e.3. Describe how the poison control center interfaces with 911 and other emergency operators.

   f. Submit call center metrics for 3 recent consecutive months for any/all local and national phone lines used to respond to poison control calls.

   f.1. Total number of inbound calls.

   f.2. Rate (%) of calls abandoned. This is defined as the number of abandoned calls divided by total incoming calls. Exclude calls with abandoned times of less than or equal to 12 seconds.

   f.3. Average abandonment time. This is defined as the average time calls were waiting in queue before abandonment.

   f.4. Average time to answer a call. This is defined as the average time a call was

waiting in queue before being answered by an agent.

f.5. Submit a detailed explanation for metrics that exceed defined acceptable service levels by the approved benchmark. If necessary, submit a documented improvement plan that describes timelines, goals, and objectives to maintain metrics within acceptable range.

g. Describe how the poison control center uses and promotes the nationwide toll-free number, 1-800-222-1222.

h. Provide the following documentation for all communications modalities:

h.1. all applicable triage and communication policies and procedures that were developed specifically for each communication modality;

h.2. a detailed description of the process for training and monitoring the quality and effectiveness of communication modalities.

i. Describe the telephone system (e.g. call flow, interactive voice response [IVR], call routing, priority queue, remote locations).

j. List and describe all types of communications methods, such as telephone, chat, and text, and information services (e.g., on topics such as flu or rabies offered by the center, including the annual volume of calls for each service and the presence or absence of separate staffing for each service).

k. Provide policies and procedures that ensure poisoning calls threatening human health are responded to and handled appropriately.

l. If call diversion is used, describe the process for call diversion and ensuring access to case information.

m. If call diversion is used, provide evidence of coordinated patient care guidelines, databases and other reference material that ensures a single standard of care.

n. If call diversion is used, describe how continuity of clinical care is achieved when routinely diverting calls to another poison control center.

o. Provide response plan for natural and technological disasters to ensure business continuity in the event of a communications failure.

p. Provide a plan for surge capacity to respond to mass poisoning exposures or public health events.

2. Call center staffing

a. Submit a listing (Table 2, Appendix B) of SPIs/CSPIs, their background and their work effort.

a.1. Provide a copy of the job description for a SPI/CSPI.

a.2. Submit the total number of candidates who have taken the CSPI examination over the past 7 years and note the pass/fail status.

a.3. Submit an explanation for any instance where a SPI has worked alone and has not met criteria as mentioned above. For any instance where a SPI has worked alone and has not met the criteria, a time-limited waiver may be granted upon the provision of an explanation, a time line for correction, and explanation of the methodology used by the medical director and managing director in assessing and verifying the competency of the specialist working alone. Submit the explanation/verification required for waiver.

b. Submit (Table 3, Appendix B), a listing of PIPs, their background and their work effort. (Do not include rotating residents, students or fellows.)

b.b.1. Provide a copy of the job description for a PIP.

b.2. Provide internal policy statements or other documents which guarantee that, while answering exposure calls, PIPs are always under the oversight of a CSPI, medical director or clinical toxicologist.

b.3. Submit Table 4, Appendix B, summarizing all poison information staff. Provide a copy of the SPI staffing schedule for the most recent 3 months.

c. c.1. Identify each entry as per job function.

c.2. Designate every shift that is completely or partially covered by one staff member alone and teleworking staff.

c.3. For non-certified SPIs working alone, submit documentation verifying that the individual is in process of meeting CSPI examination eligibility requirement and has handled 2,000 human exposure cases.

d. Document total call volume and human exposure calls per SPI FTE (calls documented in database).

d.1. Provide an explanation for any discrepancy between call volume that drops below 2,000 human exposures or exceeds 5,500 human exposure for CSPI/SPI/PIP.

e. Describe supervisor or case management activities for certified SPIs not working 400 hours per year and managing 500 human exposure cases per year.

f. Describe the poison control center's programs for initial orientation training, continuing education, and team efforts to increase the knowledge base and skill of the clinical staff.

g. Provide a list of activities and sample of training materials for SPIs/PIPs.

h. Describe evidence of staff competency assessment.

i. Describe the toxicology references, including website links and list of online resources that are most often utilized by the staff.

j. Describe the method of access for staff, including remote agents, if applicable.

k. Describe the method of keeping staff aware of current trends and toxicology matters.

l. Provide a copy of currently teleworking policy and procedures.

m. Describe the technology of teleworkers for communication with the main site and record continuity.

n. Provide staffing patterns for teleworkers (clearly mark teleworking staff on 3 month schedule), include provisions for the training of students or residents rotating through the poison control center if all SPIs are off-site.

o. Describe the specific procedure to be implemented if technical difficulties impede the flow of work at the remote site.

p. Describe how the teleworker is able to access the information resources deemed necessary for case management.

q. Demonstrate that clinical supervision and quality management of remote staff are equivalent to those for on-site staff (this includes communication with the clinical and/or medical toxicologist, chart review, voice recording, evaluation of staff performance, and staff productivity).

r. Describe the special circumstances justifying individual SPIs teleworking over 50% and describe how they participate in staff development activities.

3. Patient management

a. Provide a list, signed and dated by the Medical Director, of all clinical guidelines.

b. Describe the process for establishing and reviewing patient management guidelines including guidelines as to when to consult clinical and/or medical toxicologist and guidelines for life threatening exposures.

c. Provide explanation if less than 75% of human exposure cases with symptoms managed at a HCF are followed to a known outcome.

d. Describe the procedure that is followed if external resources/experts are required.

e. Describe the process for locating critical antidotes and assisting with their acquisition throughout the designated service region.

4. Quality assurance

a. Submit and describe the quality management and improvement program. Describe the quality management initiatives since the center's last successful accreditation.

b. Describe the procedure for internal chart audits performed.

c. Submit a list of all clinical guidelines, including review dates and describe the process of review.

d. Submit the center's satisfaction survey tool and recent caller satisfaction survey results.

e. Describe how the center uses customer complaints to drive its quality initiatives.

f. Describe the center's record retention policy.

5. Public education

a. Describe how public education is accomplished. Include goals and objectives, programs and activities for target populations.

b. Describe how the public education is accomplished including a biographical sketch of the individual(s) involved and a job description and any continuing education.

c. Describe efforts for identifying target populations.

c.1. Provide a description of the region and populations, including the geographic and age distributions.

c.2. Describe data-gathering methods used to assess gaps (deficiencies/discrepancies) in the designated service region. This needs assessment may include primary data sources, such as surveys, focus group findings, or key informant interviews, or secondary data sources, such as NPDS data, community health assessments, or census data.

c.3. Summarize your priority populations and why they were selected.

d. Submit a list of public education materials and provide a summary of mass media activities.

e. Provide a list of collaborations with other agencies or poison control centers.

f. Submit a list of Collaborative Partnerships.

g. Describe how education programs are impacting your service area. Examples may include:

g.1. Describe and provide examples of indicators used to measure increased awareness (e.g., change in call volume, survey results, increased website traffic, measured behavior changes).

g.2. Describe and provide examples of an evaluation tool(s) or method(s) used to assess the impact and effectiveness of your education program(s).

g.3. Describe and provide examples of process evaluations used to identify potential or actual improvements or modifications in project/program/product improvement.

6. Healthcare provider education

a. The individual providing the healthcare provider education must be approved by the Medical Director.

b. Provide a biographical sketch of the healthcare provider education staff.

c. Describe the healthcare provider education program methods and activities.

d. Describe the evaluation process and how the results are used to improve programs.

7. Data and surveillance

a. Describe communication mechanisms used to ensure up-to-date and consistent documentation.

b. Describe the computerized data collection/medical record program and verify it is the most current version.

c. Described the manner in which patient case records are stored and retrieved.

d. Summarize the disaster recovery/back-up procedure for poison center records.

e. If the center withholds industry-derived human exposure data, indicate the number of industry-derived human exposures that were withheld during the most recent year.

f. Submit an annual report or the following NPDS reports:
f.1. Call type distribution
f.2 Distribution of reasons
f.3. Distribution of outcomes
f.4. Management site by referral patterns

g. Submit NPDS Fatality Status Report(s).

h. Describe efforts to ensure that consistent, complete, and accurate data are entered and submitted to the NPDS.

i. Describe how your center shares information to meet the needs of local, state, and federal public health entities.

j. Describe how the center routinely monitors the emergence of poisoning hazards and takes specific action to address them. Cite examples.

k. Describe collaboration with local, state, and federal public health entities.

8. Leadership and management

a. Submit a current PCC organization chart.

b. Provide a description of the leadership and administrative structure of the center.

c. Provide job description of all toxicologists (clinical and medical) providing toxicology services.

d. Provide biographical sketch of all toxicologists (clinical and medical).

e. Provide Medical Director's approval of all toxicologists operating within the PCC.

f. Provide verification of current medical licensure.

g. Provide evidence that the Medical Director and all other individuals designated as providers of medical direction have active medical staff privileges at an inpatient facility.

h. Provide verification of clinical and/or medical toxicology board certification for the medical director and any of his/her designee(s).

i. Provide evidence that medical toxicologist(s) or other health care provider(s) are (a) involved in the treatment of poisoned patients and (b) regularly consult with specialists in poison information.

j. Describe how the roles and activities are divided between medical toxicologists and clinical toxicologists.

k. Provide copies of the toxicologist(s) on-call schedule for the most recent 3 months, indicating all persons taking call and designating their qualifications.

l. Provide a copy of the time the medical toxicologist(s) and clinical toxicologist(s) provide clinical supervision at the PCC.

m. Provide a copy of the poison control center's policy regarding conditions under which clinical staff should contact the toxicologist on call to seek assistance with a case or to provide notification of a particular situation or patient, and submit a log of time spent for medical direction (on-site and off-site).

n. Submit log(s) of time spent meeting required hours for medical direction (on-site and off-site).

o. Describe the purpose of a transition plan and/or special circumstances justifying video conferencing or other remote electronic means and demonstrate how the Medical Director interacts and participates in clinic staff activities.

p. Describe the role of individual(s) performing the duties and fulfilling those responsibilities of human resources, budgetary and financial management, accreditation and compliance, employee education, training and staff development, information technology, external relations and other administrative functions.

Source: Miss. Code Ann. §41-3-15

Appendix B attached and authorized under:
Source: Miss. Code Ann. §41-3-15

Appendix B
Table 1 Call Center County Data

Table 1

POISON CONTROL CENTER UTILIZATION IN DESIGNATED SERVICE REGION

CENTER NAME:

EFFECTIVE DATE:

County	Human Exposures	Total Call Volume	Population*	Utilization**
Unknown				
TOTAL				

*Indicate source and year of census data

**Utilization = Number of human exposures x 1000 / population of area served

Table 2

DESCRIPTION OF SPECIALISTS IN POISON INFORMATION

CENTER NAME:

EFFECTIVE DATE:

Specialist's Name	Degree or Licensure (ex. RN, DABAT, PharmD	AAPCC Certified SPI* (Y or N)	Year of most recent certification or recertification	Initial date of employment at this PCC	FTE **	Email Address

* If not certified but eligible, enter the date of initial eligibility for CSPI examination.

** FTE = Full-time equivalent of work effort. 1.0 FTE = 40 hours/week if an hourly wage employee. If on annual salary, 1 FTE = 1 full time person. Enter only the hours worked answering poison-related telephone calls. The work effort and time of qualified public educators or board-certified health professionals qualified and working as SPIs (e.g. fellows) must be included. The three-month staffing schedule should be the basis of or consistent with the FTE data in this table.

Source: Miss. Code Ann. §41-3-15

Table 3

DESCRIPTION OF POISON INFORMATION PROVIDERS

CENTER NAME:

EFFECTIVE DATE:

Provider's Name	Degree, Program, or Licensure	Initial Date of Employment at This PCC	FTE*

*FTE = full-time equivalent of work effort. 1.0 FTE = 40 hours/week if an hourly wage employee. If on annual salary; 1 FTE = 1 full-time person. Enter only the hours worked answering poison-related telephone calls. The work effort and time of any individual meeting the qualifications of a PIP (e.g., students) must be included. The 3-month staffing schedule should be the basis of or consistent with the FTE data in this table.

Table 4

SUMMARY OF SPECIALISTS AND PROVIDERS OF POISON INFORMATION

CENTER NAME:

EFFECTIVE DATE:

Specialists in Poison Information

Center Name	Total Number of FTE as AAPCC-Certified Specialists in Poison Information	Total Number of FTE as Certified and Noncertified Specialists in Poison Information	Percent of Specialists in Poison Information Who are Certified*

* Divide the total number of FTEs for SPIs (CSPI + ABAT) in column 2 by the total number of FTEs for SPIs in column 3 and multiply by 100 to provide the percent of SPIs who are certified (column 4).

Poison Information Providers

Center Name	Total Number of FTE as Poison Information Providers	Total Number of FTE as Certified and Noncertified Specialists in Poison Information and Poison Information Providers	Percent of Poison Information Staff who are Poison Information Providers*

* Divide the total number of FTEs for poison information providers (column 2) by the total FTEs for oison information staff (column 3) and multiply by 100 to provide the percent of poison information staff who are poison information providers (column 4).

Source: Miss. Code Ann. §41-3-15

CHAPTER 40 MINIMUM STANDARDS OF OPERATION FOR PSYCHIATRIC HOSPITALS

Subchapter 1 LEGISLATIVE AUTHORITY

Rule 40.1.1 Mississippi State Department of Health Law of 1979, Mississippi Code Annotated, 43-11-1 through 43-11-27 (Supplemented 1986) The Mississippi Health Care Commission adopted additional regulations for Psychiatric Hospitals on November 17, 1983. The regulations became effective December 22, 1983. The Mississippi State Department of Health took over the licensing duties of the Mississippi Health Care Commission on July 1, 1986.

1. Psychiatric Hospitals are free-standing facilities established to offer facilities, beds and services over a continuous period exceeding 24 hours to individuals requiring diagnosis and intensive and continued clinical therapy for mental illness. Distinct parts of General Acute Hospitals may be designated as Psychiatric. This unit is organized, staffed and equipped to render psychiatric services.

2. These standards are to be applied in conjunction with the Minimum Standards of Operation for Mississippi Hospitals where applicable.

3. These standards are written so that they closely parallel the Standards for Accreditation of Psychiatric Facilities established by the Joint Commission on Accreditation of Hospitals. By basing these standards on the Joint Commission's standards, we have developed standards which have the input of a national panel of knowledgeable experts and skilled people on psychiatric treatment.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 2 FACILITY MANAGEMENT GOVERNING BODY

Rule 40.2.1 Every facility shall have a governing body that has overall responsibility for the operation of the facility.

1. A public facility shall have a written description of the administrative organization of the government agency within which it operates.

2. A public facility shall also have a written description of how the lines of authority within the government agency relate to the governing body of the facility.

3. A private facility shall have a charter, constitution or bylaws.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.2 The names and addresses of all owners or controlling parties of the facility (whether they are individuals; partnerships; corporate bodies; or subdivisions of other bodies, such as public agencies or religious, fraternal or other charitable organizations) shall be fully disclosed. In case of corporations, the names and addresses of all officers, directors and principal stockholders either beneficial, or of record, shall be disclosed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.3 The governing body shall meet at least quarterly.

1. Minutes of these meetings shall be kept and shall include at least the following:

   a. The date of the meeting;

   b. The names of members who attended;

   c. The topics discussed;

   d. The decisions reached and actions taken;

   e. The dates for implementation of recommendations; and

   f. The reports of the Chief Executive Officer and others.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.4 The governing body shall establish a committee structure to fulfill its responsibilities and to assess the results of the facility's activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.5 The governing body, through the Chief Executive Officer, shall have a written statement of the facility's goals and objectives, as well as, written procedures for implementing these goals and objectives.

1. There shall be documentation that the statement and procedures are based upon a planning process, and that the facility's goals and objectives are approved by the governing body.

2. The governing body, through the Chief Executive Officer, shall have a written plan for obtaining financial resources that are consonant with the facility's goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.6 When a categorical program (for example, a child, adolescent, or adult psychiatric program) is a component of a larger facility, the staff of the categorical program, subject to the overall responsibility of the governing body, shall be given the

authority necessary to plan, organize and operate the program. The categorical program shall hire and assign its own staff. The categorical program shall employ a sufficient number of qualified and appropriately trained staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.7 The governing body, through its Chief Executive Officer, shall develop policies and shall make sufficient resources available (for example, funds, staff, equipment, supplies and facilities) to assure that the program is capable of providing appropriate and adequate services to patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.8 The facility's physical and financial resources shall be adequately insured.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.9 The governing body shall establish bylaws, rules and regulations, and a table of organization to guide relationships between itself and the responsible administration and professional staffs and the community.

1. The governing body may establish one set of bylaws, rules and regulations that clearly delineates the responsibilities and authority of the governing body and the administrative and professional staff.

2. Administrative and professional staffs may establish separate bylaws, rules and regulations that are consistent with policies established by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.10 All bylaws, rules and regulations shall comply with legal requirements, be designed to encourage high quality patient care, and be consistent with the facility's community responsibility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.11 Such bylaws, rules and regulations shall describe the powers and duties of the governing body and its officers and committees; or the authority and responsibilities of any person legally designed to function as the governing body, as well as, the authority and responsibility delegated to the responsible administrative and professional staffs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.12 Such bylaws, rules and regulations shall state the eligibility criteria for governing body membership; the types of membership and the method of selecting members; frequency of governing body meetings; the number of members necessary for a quorum and other attendance requirements for governing body

meetings; the requirement that meetings be documented in the form of written minutes and the duration of appointment or election for governing body members, officers and committed chairpersons.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.13 Such bylaws, rules and regulations shall describe the qualifications, authority and responsibilities of the Chief Executive Officer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.14 Such bylaws, rules and regulations shall specify the method for appointing the Chief Executive Officer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.15 Such bylaws, rules and regulations shall provide the administrative and professional staffs with the authority and freedom necessary to carry out their responsibilities within the organizational framework of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.16 Such bylaws, rules and regulations shall provide the professional staff with the authority necessary to encourage high quality patient care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.17 Such bylaws, rules and regulations shall state the procedures under which the administrative and professional staff cooperatively function.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.18 Such bylaws, rules and regulations shall require the establishment of controls designed to encourage each member of the professional staff to observe the standards of the profession and assume and carry out functions in accordance with local, state and federal laws and rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.19 Such bylaws, rules and regulations shall require the professional staff bylaws, rules and regulations to be subject to governing body approval.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.20 Such bylaws, rules and regulations shall specify procedures for selecting professional staff officers, directors and department or service chiefs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.21 Such bylaws, rules and regulations shall require that physicians with appropriate qualifications, licenses and clinical privileges evaluate and authenticate medical histories and physical examinations and prescribe medications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.22 Such bylaws, rules and regulations may also allow dentists with appropriate qualifications, licenses and clinical privileges to prescribe medications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.23 Such bylaws, rules and regulations shall describe the procedure for conferring clinical privileges on all professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.24 Such bylaws, rules and regulations shall define the responsibilities of physicians in relation to non-physician members of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.25 Such bylaws, rules and regulations shall provide a mechanism through which the administrative and professional staffs report to the governing body.

Such bylaws, rules and regulations shall define the means by which the administrative and professional staffs participate in the development of facility and program policies concerning program management and patient care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.26 Such bylaws, rules and regulations shall require an orientation program for new governing body members and a continuing education program for all members of the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.2.27 Such bylaws, rules and regulations shall require that the bylaws, rules and regulations be reviewed at least every two years, revised as necessary, and signed and dated to indicate the time of last review.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 3 CHIEF EXECUTIVE OFFICER

Rule 40.3.1 The governing body shall appoint a Chief Executive Officer who shall be employed on a full-time basis.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.2 The qualifications, authority and duties of the Chief Executive Officer shall be stated in the governing body's bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.3 The Chief Executive Officer shall be a health professional with appropriate professional qualifications and experience, including previous administrative responsibility in a health facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.4 The Chief Executive Officer shall have a medical degree or at least a master's degree in administration, psychology, social work, education or nursing; and, when required, should have appropriate licenses. Experience may be substituted for a professional degree when it is carefully evaluated, justified and documented by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.5 In facilities primarily serving children or adolescents, the Chief Executive Officer shall have appropriate professional qualifications and experience, including previous administrative responsibility in a facility for children or adolescents.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.6 In accordance with the facility's bylaws, rules and regulations, the Chief Executive Officer shall be responsible to the governing body for the overall operation of the facility, including the control, utilization and conservation of its physical and financial assets and the recruitment and direction of staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.7 The Chief Executive Officer shall assist the governing body in formulating policy by preparing the following items and presenting them to and reviewing them with the governing body:

1. Long-term and short-term plans of the facility.
2. Reports on the nature and extent of funding and other available resources.
3. Reports describing the facility's operations.
4. Reports evaluating the efficiency and effectiveness of facility or program activity; and
5. Budgets and financial statements.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.8 The Chief Executive Officer shall be responsible for the preparation of a written manual that defines the facility policies and procedures and that is regularly revised and updated.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.3.9 There shall be documentation that the Chief Executive Officer attends and participates in continuing education programs.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 4 PROFESSIONAL STAFF ORGANIZATION

Rule 40.4.1 There shall be a single organized professional staff that has the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as, for accounting therefore to the governing body. The manner in which the professional staff is organized shall be consistent with the facility's documented staff organization and bylaws, rules and regulations, and pertain to the setting where the facility is located. The professional staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that a qualified physician be responsible for diagnosis and all care and treatment. The organization of the professional staff and its bylaws, rules and regulations, shall be approved by the facility's governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.4.2 There professional staff shall strive to assure that each member is qualified for membership and shall encourage the optimal level of professional performance of its members through the appointment/reappointment procedure, the specific delineation of clinical privileges, and the periodic reappraisal of each staff member according to the provisions.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 5 QUALIFICATIONS

Rule 40.5.1 The appointment and reappointment of professional staff member shall be based upon well defined, written criteria that are related to the goals and objectives of the facility as stated in the bylaws, rules and regulations of the professional staff and of the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.5.2 Upon application or appointment to the professional staff, each individual must sign a statement to the effect that he or she has read and agrees to be bound by the professional staff and governing body bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.5.3 The initial appointment and continued professional staff membership shall be dependent upon professional competence and ethical practice in keeping with the qualifications, standards and requirements set forth in the professional staff and governing body bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.5.4 Unless otherwise provided by law, only those practitioners who are licensed, certified, or registered, or who have demonstrated competence and experience, shall be eligible for professional staff membership.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 6 METHOD OF SELECTION

Rule 40.6.1 Each facility is responsible for developing a process of appointment to the professional staff whereby it can satisfactorily determine that the person is appropriately licensed, certified, registered, or experienced, and qualified for the privileges and responsibilities he or she seeks.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 7 PRIVILEGE DELINEATION

Rule 40.7.1 Privileges shall be delineated for each member of the professional staff, regardless of the type and size of the facility and the age and disability group served.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.7.2 The delineation of privileges shall be based on all verified information available in the applicant's or staff member's credentials file.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.7.3 Clinical privileges shall be facility-specific.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.7.4 The professional staff shall delineate in its bylaws, rules and regulations the qualifications, status, clinical duties, and responsibilities of clinical practitioners who are not members of the professional staff but whose services require that they be processed through the usual professional staff channels.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.7.5 The training, experience and demonstrated competence of individuals in such categories shall be sufficient to permit their performing their assigned functions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.7.6 There shall be provisions for individuals in such categories to receive professional supervision, when indicated, from their professional counterparts.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 8 REAPPOINTMENT

Rule 40.8.1 The facility's professional staff bylaws, rules and regulations shall provide for review and reappointment of each professional staff member at least once every two years.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.8.2 The reappointment process should include a review of the individual's status by a designated professional staff committee, such as the credentials committee.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.8.3 When indicated, the credentials committee shall require the individual to submit evidence of his or her current health status that verifies the individual's ability to discharge his or her responsibilities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.8.4 The committee's review of the clinical privileges of a staff member for reappointment should include the individual's past and current professional performance, as well as, his or her adherence to the governing body and professional staff bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.8.5 The professional staff bylaws, rules and regulations shall limit the time within which the professional staff reappointment and privilege delineation processes must be completed.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 9 ORGANIZATION

Rule 40.9.1 The professional staff shall be organized to accomplish its required functions. The professional staff organization must provide a framework in which the staff can carry out its duties and functions effectively. The complexity of the organization shall be consonant with the size of the facility and the scope of its activities. (Although not all members of professional health care disciplines need to be members of the professional staff, membership may include active staff,

consulting staff, affiliate staff, associate staff and others according to the needs of the facility.)

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.9.2 The professional staff bylaws, rules and regulations shall provide for the selection of officers for an executive committee, and, when appropriate, for other organizational components of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.9.3 The professional staff bylaws, rules and regulations should specify the organization needed to provide effective governance of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 10 EXECUTIVE COMMITTEE

Rule 40.10.1 The executive committee shall be empowered to act for the professional staff in the intervals between the staff meetings.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.10.2 The committee shall serve as a liaison mechanism between the professional staff and the administration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.10.3 There shall be a mechanism that assures medical participation in the deliberations of the executive committee.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.10.4 The professional staff bylaws, rules and regulations shall define the size, composition, method of selecting members and frequency of meetings of the executive committee.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.10.5 The executive committee shall maintain a permanent record of its proceedings and actions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.10.6 The functions and responsibilities of the executive committee shall include at least the following:

1. Receiving and acting upon reports and recommendations from a professional staff committees, departments and services.

2. Implementing the approved policies of the professional staff.

3. Recommending to the governing body all matters relating to appointments and reappointments, staff categorization and assignments, clinical privileges, and except when such is a function of the professional staff or one of its committees, corrective action.

4. Fulfilling the professional staff's accountability to the governing body for the quality of the overall clinical care rendered to the patients in the facility; and

5. Initiating and pursuing corrective action when warranted, in accordance with the provisions of the professional staff bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 11 PROFESSIONAL STAFF BYLAWS

Rule 40.11.1 The professional staff shall develop and adopt bylaws, rules and regulations to establish a framework of self-government and a means of accountability to the governing body.

1. The bylaws, rules and regulations shall be subject to the approval of the governing body.

2. The professional staff shall regulate itself by its bylaws, rules and regulations.

3. The professional staff bylaws, rules and regulations shall reflect current staff practices, shall be enforced and shall be periodically reviewed and revised as necessary.

4. The professional staff bylaws, rules and regulations shall include a requirement for an ethical pledge from each practitioner.

5. The professional staff bylaws, rules and regulations shall describe the specific role of each discipline represented on the professional staff or exercising clinical privileges in the care of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.11.2 The professional staff bylaws, rules and regulations shall include the following patient record requirements:

1. Symbols and abbreviations shall be used only when they have been approved by the professional staff and when there is an explanatory legend;

2. The categories of personnel who are qualified to accept and transcribe verbal orders, regardless of the mode of transmission of the orders, shall be specifically identified;

3. The period of time following admission to the facility within which a history and physical examination must be entered in the patient record shall be specified;

4. The time period in which patient records must be completed following discharge shall be specified and shall not exceed fourteen (14) days; and

5. The entries in patient records that must be dated and authenticated by the responsible practitioner shall be specified.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.11.3 The professional staff bylaws, rules and regulations shall specify mechanisms for the regular review, evaluation and monitoring of professional staff practices.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.11.4 The professional staff bylaws, rules and regulations shall provide a procedure relative to denial of staff appointments and reappointments, as well as, for denial, curtailment, suspension, or revocation of clinical privileges. When appropriate, this procedure shall provide for a practitioner to be heard, upon request, at some stage of the process.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 12 WRITTEN PLAN FOR PROFESSIONAL SERVICES

Rule 40.12.1 The facility shall formulate and specify in a written plan for professional services its goals, objectives, policies and programs so that its performance can be measured.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.2 The plan shall describe the services offered by the facility so that a frame of reference for judging the various aspects of the facility's operation is available.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.3 The written plan for professional services shall describe the following:

1. The population served, including age groups and other relevant characteristics of the patient population;

2. The hours and days the facility operates;

3. The methods used to carry out initial screening and/or triage;

4. The intake or admission process; including how the initial contact is made with the patient and the family or significant others;

5. The assessment and evaluation procedures provided by the facility;

6. The methods used to deliver services to meet the identified clinical needs of patients served;

7. The basic therapeutic programs offered by the facility;

8. The treatment planning process and the periodic review of therapy;

9. The discharge and post-therapy planning processes;

10. The organizational relationships of each of the facility's therapeutic programs, including channels of staff communication, responsibility and authority, as well as, supervisory relationships; and

11. The means by which the facility provides, or makes arrangements for the provision of the following:

    a. Other medical, special assessments and therapeutic services;

    b. Patient education services, whether provided from within or outside the facility;

    c. Emergency services and crisis intervention; and

    d. Discharge and aftercare, including post-therapy planning and follow-up evaluation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.4 When the facility is organized by departments or services, the written plan for professional services shall describe how each department or service relates to the goals and other programs of the facility, specify lines of responsibility within each department of service and define the roles of department or service personnel and the methods for interdisciplinary collaboration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.5 When a facility is organized on a team or unit basis, either totally or in part, the written plan for professional services shall delineate the roles and responsibilities of team members in meeting the identified clinical needs of patients and in relation to the goals and programs of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.6 The written plan for professional services shall be made known and available to all professional personnel and to the Chief Executive Officer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.7 The plan shall be reviewed at least annually, and revised as necessary, in relation to the changing needs of the patients, the community, and the overall objectives and goals of the facility, and it shall be signed and dated by the reviewers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.8 Within the scope of its activities, the facility shall have enough appropriately qualified health care professional, administrative and support staff available to adequately assess and address the identified clinical needs of patients. Appropriately qualified professional staff may include qualified psychiatrists and other physicians, clinical psychologists, social workers, psychiatric nurses and other health care professionals in numbers and variety appropriate to the services offered by the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.9 When appropriate qualified professional staff members are not available or needed on a full-time basis, arrangements shall be made to obtain sufficient services on an attending continuing consultation, or part-time basis.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.10 Facilities providing child and adolescent psychiatric services shall have available appropriately qualified mental health professionals and paraprofessionals including, but not limited to, the following:

1. Child psychiatrists;
2. Child psychologists;
3. Social workers;
4. Psychiatric nurses;
5. Child care workers;
6. Educators;
7. Speech, hearing and language specialists;
8. Activity and recreation specialists; and
9. Vocational counselors.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.11 The staff shall be assigned full-time to the child/adolescent program and not shared with other programs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.12 The staff shall be specially trained to meet the needs of adolescents and children.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.12.13 There shall be documentation to verify that health care professional staff meets all federal, state and local requirements for licensing, registration or certification.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 13 STAFF COMPOSITION: PSYCHIATRIC SERVICES

Rule 40.13.1 Psychiatric services are under the supervision of a clinical director, service chief or equivalent, who is qualified to provide the leadership required for an intensive treatment program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.13.2 The director shall be certified by the American Board of Psychiatry and Neurology, or meet the training and experience requirements for examination by the Board (Board eligible). In the even the psychiatrist in charge of the clinical program is Board eligible, there is evidence of consultation given to the clinical program on a continuing basis from a psychiatrist certified by the American Board of Psychiatry and neurology.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.13.3 The number of psychiatrists is commensurate with the size and scope of the treatment program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.13.4 All psychiatrists shall be licensed by the State of Mississippi.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 14 MEDICAL SERVICES

Rule 40.14.1 Physicians shall be available at all times to provide necessary medical and surgical diagnostic and treatment services, including specialized services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.14.2 If medical and surgical diagnosis and treatment services are not available within the institution, qualified consultants or attending physicians are immediately available or arrangements are made to transfer patients to a general hospital.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 15 NURSING SERVICES

Rule 40.15.1 Nursing services shall be under the direct supervision of a registered nurse who has had at least two (2) years of experience in psychiatric or mental health nursing and at least one (1) year of experience in a supervisory position.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.15.2 The number of registered professional nurses, licensed practical nurses, and other nursing personnel shall be adequate to formulate and carry out the nursing components of the individual treatment plan for each patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.15.3 There shall be a registered professional nurse on duty 24 hours a day, seven days a week, to plan, assign, supervise and evaluate nursing care and to provide for the delivery of nursing care to patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 16 PSYCHOLOGICAL SERVICES

Rule 40.16.1 Patients shall be provided psychological services, in accordance with their needs by a qualified psychologist.

1. Services to patients include evaluations, consultations, therapy and program development.

2. A qualified psychologist is an individual by the State Board of Psychological Examiners with a specialty area in Clinical or Counseling Psychology (refer to Mississippi Code of 1972, annotated and amended. Section 73-31-10).

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 17 SOCIAL SERVICES

Rule 40.17.1 Social work services are under the supervision of a qualified social worker. The director of the service or department shall have a master's degree from an accredited school of social work, or have been certified by the Academy of Certified Social Workers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.17.2 Social work staff is qualified and numerically adequate to provide the following services:

1. Psychosocial data for diagnosis and treatment planning.

2. Direct therapeutic services to individual patients, patient groups or families.

3. Develop community resources.

4. Participate in interdisciplinary conferences and meetings concerning treatment planning, including identification and utilization of other facilities and alternative forms of care and treatment.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 18 REHABILITATIVE SERVICES

Rule 40.18.1 Qualified therapists, consultants, assistants or aides are sufficient in number to provide comprehensive therapeutic activities, including at least occupational, recreational and physical therapy as needed to assure that appropriate treatment is rendered for each patient and to establish a therapeutic milieu.

1. Occupational therapy services are prescribed by a physician and provided to a patient by or under the direction of a qualified occupational therapist.

2. A qualified occupational therapist is an individual who is registered by the American Occupational Therapy Association; or is a graduate of a program in occupational therapy approved by the Council on medical Education of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association.

3. Physical therapy services are prescribed by a physician and provided to a patient by or under the direction of a qualified therapist.

4. A qualified physical therapist is an individual who is a graduate of a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Physical Therapy Association; and who is licensed by the State.

5. Recreation services shall be supervised by a qualified recreation therapist. The qualified recreation therapist shall meet one of the following definitions:

   a. A qualified therapeutic recreation specialist; or

   b. A bachelor's degree in recreation and one (1) year of recreational experience in a health care setting; or

   c. An associate degree in recreation or in a specialty area such as art or music plus completion of comprehensive in-service training in recreation.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 19 PERSONNEL POLICIES AND PROCEDURES

Rule 40.19.1 Personnel policies and procedures shall be developed in writing, adopted and maintained to promote the objectives of the facility and to provide for an adequate number of qualified personnel during all hours of operation to support the functions of the facility and the provision of high quality care.

1. All personnel policies shall be reviewed and approved on an annual basis by the governing body.

2. There shall be documentation to verify that the written personnel policies and procedures are explained and made available to each employee.

3. The policies and procedures shall include a mechanism for determining that all personnel are medically and emotionally capable of performing assigned tasks and are free of communicable and infectious diseases.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.19.2 There shall be written policies and procedures for handling cases of patient neglect and abuse.

The policies and procedures on patient neglect or abuse shall be given to all personnel. Any alleged violations of these policies and procedures shall be investigated, and the results of such investigation shall be reviewed and approved by the director and reported to the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.19.3 A personnel record shall be kept on each staff member and shall contain the following items, as appropriate:

1. Application for employment;

2. Written references and a record of verbal references;

3. Verification of all training and experience, licensure, certification, registration and/or renewals.

4. Wage and salary information;

5. Performance appraisals;

6. Initial and subsequent health clearances;

7. Disciplinary and counseling actions;

8. Commendations;

9. Employee incident reports;

10. Record of orientation to the facility, its policies and procedures and the employee's position.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.19.4 For each position in the facility, there shall be a written job description that specifies the duties and responsibilities of the position and the minimum level of education, training and/or related work experience required or needed to fulfill it.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 20 STAFF DEVELOPMENT

Rule 40.20.1 The facility shall have a written plan of evidence of implementation of a program of staff development and in-service training that is consonant with the basic goals and objectives of the program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.2 Staff development shall be under the supervision and direction of a committee or qualified person.

This person or committee may delegate responsibility for any part of the program to appropriately qualified individuals.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.3 The staff development plan shall include plans for orientation of new employees and shall specify subject areas to be covered in the orientation process.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.4 Staff development program shall reflect all administrative and service changes in the facility and shall prepare personnel for promotions and responsibilities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.5 A continuous professional education program shall be provided to keep the professional staff informed of significant clinical and administrative developments and skills.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.6 The facility shall provide continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality, privacy, patients' rights, infection control, fire prevention, disaster preparedness, accident prevention and patient safety.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.7 Specialized training shall be provided for staff working with children and adolescents.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.20.8 The facility shall have documentation of the staff development, in-service training and orientation activities of all employees.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 21 PATIENT RIGHTS

Rule 40.21.1 The facility shall support and protect the fundamental human, civil, constitutional and statutory rights of each patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.2 The facility shall have written policies and procedures that describe the rights of patients and the means by which these rights are protected and exercised. These rights shall include the following:

1. Each patient shall have impartial access to treatment, regardless of race, religion, sex, ethnicity, age or disabilities.

2. Each patient's personal dignity shall be recognized and respected in the provision of all care and treatment.

3. Each patient shall receive individualized treatment, which shall include at least the following:

   a. The provision of adequate and human services regardless of source(s) of financial support;

   b. The provision of services within the least restrictive environment possible;

   c. The provision of an individual treatment plan;

   d. The periodic review of the patient's treatment plan;

   e. The active participation of patients over twelve (12) years of age and their responsible parent, relative, or guardian in planning for treatment; and

   f. The provision of an adequate number of competent, qualified and experienced professional clinical staff to supervise and implement the treatment plan.

4. Each patient's personal privacy shall be assured and protected within the constraints of the individual treatment plan.

a. The patient's family and significant others, regardless of their age, shall be allowed to visit the patient, unless such visits are clinically contraindicated.

b. Suitable areas shall be provided for patients to visit in private, unless such privacy is contraindicated by the patient's treatment plan.

c. Patients shall be allowed to send and receive mail without hindrance.

d. Patients shall be allowed to conduct private telephone conversations with family and friends, unless clinically contraindicated.

e. If therapeutic indications necessitate restrictions on visitors, telephone calls, or other communications, those restrictions shall be evaluated for therapeutic effectiveness by the clinically responsible staff at least every seven days.

f. If limitations on visitors, telephone calls or other communications are indicated for practical reasons (for example, expense of travel or phone calls) such limitations shall be determined with the participation of the patient and the patient's family. All such restrictions shall be fully explained to the patient and the patient's family.

5. Each patient has the right to request the opinion of a consultant at his or her expense or to request an in-house review of the individual treatment plan, as provided in specific procedures of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.3 Each patient shall be informed of his or her rights in a language the patient understands.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.4 Each patient shall receive a written statement of patient rights and a copy of this statement shall be posted in various areas of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.5 As appropriate, the patient, the patient's family or the patient's legal guardian shall be fully informed about the following items:

1. The rights of patients;

2. The professional staff members responsible for his or her care, their professional status and their staff relationship;

3. The nature of the care, procedures and treatment that he or she will receive;

4. The current and future use and disposition of products of special observation and audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies or photographs;

5. The risks, side effects and benefits of all medications and treatment procedures used, especially those that are unusual or experimental;

6. The alternate treatment procedures that are available;

7. The right to refuse to participate in any research project without compromising his or her access to facility services;

8. The right to the extent permitted by law, to refuse specific medications or treatment procedures;

9. The responsibility of the facility when the patient refuse treatment, to seek appropriate legal alternatives or orders of involuntary treatment, or, in accordance with professional standards, to terminate the relationship with the patient upon reasonable notice;

10. As appropriate, the cost, itemized when possible, of services rendered;

11. The source of the facility's reimbursement and any limitations placed on duration of services;

12. The reasons for any proposed change in the professional staff responsible for the patient, or for any transfer of the patient either within or outside of the facility.

13. The rules and regulations of the facility applicable to his or her conduct;

14. The right to initiate a complaint or grievance procedure and the appropriate means of requesting a hearing or review of the complaint;

15. The discharge plans; and

16. The plans for meeting continuing mental and physical health requirements following discharge.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.6 In accordance with the requirements of any applicable law or any other applicable standard in this manual, a written, dated and signed informed consent form shall be obtained from the patient, the patient's family or the patient's legal guardian, as appropriate, for participation in any research project and for use or performance of the following:

1. Surgical procedures;

2. Electroconvulsive therapy;

3. Unusual medications;

4. Hazardous assessment procedures;

5. Audiovisual equipment; and

6. Other procedures where consent is required by law.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.7 The maintenance of confidentiality of communications between patients and staff and of all information recorded in patient records shall be the responsibility of all staff. (Refer to the patient records section of this manual.) The facility shall provide continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality and privacy.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.21.8 The patient shall be allowed to work for the service provider only under the following conditions:

1. The work is part of the individual treatment plan;

2. The work is performed voluntarily;

3. The patient receives wages commensurate with the economic value of the work; and

4. The work project complies with local, state and federal laws and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 22 SPECIAL TREATMENT PROCEDURES

Rule 40.22.1 Treatment procedures that require special justification shall include, but not necessarily be limited to the following:

1. The use of restraint;

2. The use of seclusion;

3. The use of electroconvulsive therapy and other forms of convulsive therapy;

4. The performance of psychosurgery of other surgical procedures for the intervention in, or alteration of, a mental, emotional or behavioral disorder;

5. The use of behavior modification procedures that use painful stimuli;

6. The use of unusual medications and investigational and experimental drugs;

7. The prescribing and administering of drugs for maintenance use that have abuse potential (usually considered to be Schedule II drugs), and drugs that are known to involve substantial risk or to be associated with undesirable side effects; and

8. The use of research projects that involve inconvenience or risk to the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.2 The rationale for using special treatment procedures shall be clearly stated in the patient's record.

1. When appropriate, there shall be evidence in the patient's record that proposed special treatment procedures have been reviewed before implementation by the head of the professional staff and/or his or her designee.

2. The plan for using special treatment procedures shall be consistent with the patient's rights and the facility's policies governing the use of such procedures.

3. The clinical indications for the use of special treatment procedures shall be documented in the patient's record.

4. The clinical indications for the use of special treatment procedures shall outweigh the known contraindications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.3 The facility shall have written policies and procedures that govern the use of restraint or seclusion.

1. The use of restraint or seclusion shall require clinical justification and shall be employed only to prevent a patient from injuring himself or others, or to prevent serious disruption of the therapeutic environment. Restraint or seclusion shall not be employed as punishment or for the convenience of staff.

2. The rationale for the use of restraint or seclusion shall address the inadequacy of less restrictive intervention techniques.

3. To ascertain that the procedure is justified, a physician shall conduct a clinical assessment of the patient before writing an order for the use of restraint or seclusion.

4. A written order from a physician shall be required for the use of restraint.

5. A written order from a physician shall be required for the use of seclusion for longer than one (1) hour.

6. Written orders for the use of restraint or seclusion shall be time-limited.

7. The written approval of the head of the professional staff and/or his or her designee shall be required when restraint or seclusion is utilized for longer than 24 hours.

8. PRN orders shall not be used to authorize the use of restraint or seclusion.

9. All uses of restraint or seclusion shall be reported daily to the head of the professional staff and/or his or her designee.

10. The head of the professional staff and/or his or her designee shall review daily all uses of restraint or seclusion and investigate unusual or possibly unwarranted patterns of utilization.

11. Staff, who implement written orders for restraint and seclusion, shall have documented training in the proper use of the procedure for which the order was written.

12. Restraint or seclusion shall not be used in a manner that causes undue physical discomfort, harm or pain to the patient.

13. Appropriate attention shall be paid every 15 minutes to a patient in restraint or seclusion, especially in regard to regular meals, bathing and use of the toilet.

14. There shall be documentation in the patient's record that such attention was given to the patient.

15. Under the following conditions, restraint or seclusion may be employed in an emergency without a written order from a physician:

    a. the written order for restraint or seclusion is given by a member of the professional staff who is qualified by experience and training in the proper use of the procedure for which the order is written;

    b. the professional staff member writing the order has observed and assessed the patient before writing the order; and

    c. the written order of the physician who is responsible for the patient's medical care is obtained within not more than eight (8) hours after initial employment of the restraint or seclusion.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.4 The facility shall have written policies and procedures that govern the use of electroconvulsive therapy and other forms of convulsive therapy.

1. The written informed consent of the patient for the use of electroconvulsive therapy or other forms of convulsive therapy shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.

2. When required, the written informed consent of the family and/or legal guardian for the use of electroconvulsive therapy or other forms of convulsive therapy shall be obtained and made part of the patient's record. The family and/or guardian may withdraw consent at any time.

3. In cases dealing with children or adolescents, the responsible parent(s), relative or guardian, and, when appropriate, the patient shall give written, dated and signed informed consent for the use of electroconvulsive therapy or other forms of convulsive therapy. The family and/or guardian and, when appropriate, the child or adolescent patient may withdraw consent at any time.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.5 Electroconvulsive therapy or other forms of convulsive therapy shall not be administered to children or adolescents unless, prior to the initiation of treatment, two (2) qualified psychiatrists who have training or experience in the treatment of children and adolescents and who are not affiliated with the treating program have examined the patient, have consulted with the responsible psychiatrist, and have written and signed reports in the patient's record that concur with the decision to administer such therapy. The record of patients under the age of thirteen (13) shall contain documentation that such examinations and consultations were carried out by qualified child psychiatrists.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.6 The facility shall have written policies and procedures that govern the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of, a mental, emotional or behavioral disorder in an adult patient.

1. Psychosurgery shall not be performed on any adult patient unless, prior to the initiation of such treatment, a qualified psychiatrist and a neurosurgeon who are not affiliated with the treating program have examined the patient, have consulted with the responsible psychiatrist and have written and signed reports in the patient's record that concur with the decision to perform psychosurgery.

2. The patient's record shall contain documentation of such examinations and consultations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.7 The written informed consent of the adult patient for the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of, a mental, emotional, or behavioral disorder shall be obtained and made part of the patient's record. The patient may withdraw consent at any time. When required, the written informed consent of the family and/or legal guardian for the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of, a mental, emotional or behavioral disorder in an adult patient

shall be obtained and made part of the patient's record. The family and/or guardian may withdraw consent at any time.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.8 The facility shall have policies that prohibit the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of a mental, emotional or behavioral disorder in children or adolescents.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.9 Behavior modification procedures that use painful stimuli shall be documented in the patient's record.Such documentation shall include the rationale or justification for the use of the procedure, the required authorization, a description of the procedures employed to protect the patient's safety and rights, and a description of the behavior modification procedures to be used.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.10 The written informed consent of the patient for the use of behavior modification procedures that use painful stimuli shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.

1. When required, the written informed consent of the family and/or legal guardian shall be obtained and made part of the patient's record. The family and/or guardian may withdraw consent at any time.

2. In cases dealing with children or adolescents, the responsible parent(s), relative or guardian and, when appropriate, the patient shall given written, dated and signed informed consent. The family and/or guardian and, when appropriate, the child or adolescent patient may withdraw consent at any time.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.11 The facility shall have written policies and procedures that govern the use of unusual medications and investigational and experimental drugs.

1. Unusual or experimental drugs shall be reviewed before use by the research review committee, the patient rights' review committee, or another appropriate peer review committee.

2. Investigational drugs shall be used only under the direct supervision of the principal investigator and with the approval of the physician members of the professional staff or an appropriate committee of the professional staff, the research review committee and appropriate federal, state and local agencies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.12 A central unit shall be established to maintain essential information on investigational drugs, such as drug dosage form, dosage range, storage requirements, adverse reactions, usage and contraindications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.13 Investigational drugs shall be properly labeled.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.14 Nurses may administer investigational drugs only after receiving basic pharmacologic information about the drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.15 The written informed consent of the patient for the use of unusual medications or investigational or experimental drugs shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.

1. When required, the written informed consent of the family and/or legal guardian for the use of unusual medication or investigational or experimental drugs shall be obtained and made part of the patient record. The family and/or guardian may withdraw consent at any time.

2. In cases dealing with children and adolescents, the responsible parent(s), relative, or guardian and, when appropriate, the patient shall give written, dated and signed informed consent, unless prohibited by law. The family an/or guardian and, when appropriate, the child or adolescent patient may withdraw consent at any time.

3. The denial of consent to take unusual medications of investigational or experimental drugs shall not be cause for denying or altering services indicated for the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.16 The facility shall have written policies and procedures that govern the prescribing and administering of drugs for maintenance use that have abuse potential (usually considered to be Schedule II drugs), and drugs that are known to involve a substantial risk or be associated with undesirable side effects.

1. Drugs that have abuse potential shall be prescribed and administered for maintenance use only when the following criteria are met:

   a. A physician member of the professional staff has reviewed the patient's record and has recorded the reasons for prescribing the drug(s) in the patient's record;

   b. The prescribed drug is listed in the facility's formulary; and

c. Prior to the administration of the drug, the patient and, when required by law, the patient's parent(s) or guardian are informed orally and in writing, and, if possible, in the patient's native language, of the benefits and hazards of the drug.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.22.17 The facility shall have written policies and procedures that protect the rights of patients involved in research projects that involve inconvenience or risk to the patient. The policies and procedures shall require a statement of the rationale for a patient's participation in any research project that involves inconvenience to risk to the patient.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 23 PATIENT RECORDS

Rule 40.23.1 A patient record shall be maintained, in accordance with accepted professional principles, for each patient admitted for care in the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.2 Such records shall be kept confidential and only authorized personnel shall have access to the record. Staff members and other persons having access to patient records shall be required to abide by the written policies confidentiality of patient records and disclosure of information in the record, as well as, all applicable federal, state and local laws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.3 The facility shall have written policies and procedures that protect the confidentiality of patient records and govern the disclosure of information in the records. The policies and procedures shall specify the conditions under which information on applicants or patients may be disclosed and the procedures for releasing such information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.4 A patient or his or her authorized representative may consent to the release of information provided that written consent is given on a form containing the following information:

1. Name of patient;

2. Name of program;

3. The name of the person, agency or organization to which the information is to be disclosed;

4. The specific information to be disclosed;

5. The purpose for the disclosure;

6. The date the consent was signed and the signature of the individual witnessing the consent;

7. The signature of the patient, parent, guardian or authorized representative; and

8. A notice that the consent is valid only for a specified period of time.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.5 The written consent of a patient, or his or her authorized representative, to the disclosure of information shall be considered valid only if the following conditions have been met:

1. The patient or the representative shall be informed, in a manner calculated to assure his or her understanding, of the specific type of information that has been requested and, if known, the benefits and disadvantages of releasing the information;

2. The patient or the representative shall give consent voluntarily;

3. The patient or the representative shall be informed that the provision of services is not contingent upon his or her decision concerning the release of information; and

4. The patient's consent shall be acquired in accordance with all applicable federal, state and local laws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.6 Every consent for release of information, the actual date the information was released, the specific information released, and the signature of the staff member who released the information shall be made a part of the patient record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.7 In a life-threatening situation or when an individual's condition or situation precludes the possibility of obtaining written consent, the facility may release pertinent medical information to the medical personnel responsible for the individual's care without the individual's consent and without the authorization of the Chief Executive Officer or a designee, if obtaining such authorization would cause an excessive delay in delivering treatment to the individual.

1. When information has been released under emergency conditions, the staff member responsible for the release of information shall enter all pertinent details of the transaction into the individual's record including at least the following items:

   a. The date the information was released;

b. The person to whom the information was released;

c. The reason the information was released;

d. The reason written consent could not be obtained; and

e. The specific information released.

2. The patient or applicant shall be informed that the information was released as soon as possible after the release of information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.23.8 Patient records shall not be removed from the facility except upon subpoena and court order.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 24 PRESERVATION AND STORAGE

Rule 40.24.1 Records shall be preserved, either in the original or by microfilm, for a period of time not less than that determined by the statute of limitations in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.24.2 Written policies and procedures shall govern the compilation, storage, dissemination and accessibility of patient records. The policies and procedures shall be designed to assure that the facility fulfills its responsibility to safeguard and protect the patient record against loss, unauthorized alteration, or disclosure of information; to assure that each patient record contains all required information; to uniformity in the format and forms in use in patient records; to require entries in patient records to be dated and signed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.24.3 The facility shall provide facilities for the storage, processing and handling of patient records, including suitably locked and secured rooms and files. When a facility stores patient data on magnetic tape, computer files, or other types of automated information systems, adequate security measures shall prevent inadvertent or unauthorized access to such data. A written policy shall govern the disposal of patient records. Methods of disposal shall be designed to assure the confidentiality of information in the records.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 25 PERSONNEL

Rule 40.25.1 The patient records department shall maintain, control and supervise the patient records, and shall be responsible for maintaining the quality.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.25.2 A qualified medical record individual who is employed on at least a part-time basis, consistent with the needs of the facility and the professional staff, shall be responsible for the patient records department. This individual shall be a registered record administrator or an accredited record technician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.25.3 When it can be demonstrated that the size, location or needs of the facility do not justify employment of a qualified individual, the facility must secure the consultative assistance of a registered record administrator at least twice a year to assure that the patient record department is adequate to meet the needs of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 26 CENTRALIZATION OF REPORTS

Rule 40.26.1 All clinical information pertaining to a patient's stay shall be centralized in the patient's record.

1. The original or all reports originating in the facility shall be filed in the medical record.

2. Appropriate patient records shall be kept on the unit where the patient is being treated and shall be directly accessible to the clinician caring for the patient.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 27 CONTENT OF RECORDS

Rule 40.27.1 The medical record shall contain sufficient information to justify the diagnosis and warrant the treatment and end results. The patient record shall describe the patient's health status at the time of admission, the services provided and the patient's progress in the facility, and the patient's health status at the time of discharge. The patient record shall provide information for the review and evaluation of the treatment provided to the patient. When appropriate, data in the patient record shall be used in training, research, evaluation and quality assurance programs. When indicated, the patient record shall contain documentation that the rights of the patient and of the patient's family are protected. The patient record shall contain documentation of the patient's and, as appropriate, family members' involvement in the patient's treatment program. When appropriate, a separate record may need to be maintained on each family member involved in the patient's treatment program. The patient record shall contain identifying data that

is recorded on standardized forms. This identifying data shall include the following:

1. Full name;
2. Home address;
3. Home telephone number;
4. Date of birth;
5. Sex;
6. Race or ethnic origin;
7. Next of kin;
8. Education;
9. Marital status;
10. Type and place of employment;
11. Date of initial contact or admission to the facility;
12. Legal status, including relevant legal documents;
13. Other identifying data as indicated;
14. Date the information was gathered; and
15. Signature of the staff member gathering the information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.2 The patient record shall contain information on any unusual occurrences such as the following:

1. Treatment complications;
2. Accidents or injuries to the patient;
3. Morbidity;
4. Death of a patient; and
5. Procedures that place the patient at risk or that cause unusual pain.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.3 As necessary, the patient record shall contain documentation of the consent of the patient, appropriate family members or guardians for admission, treatment, evaluation, aftercare or research.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.4 The patient record shall contain both physical and psychiatric diagnoses that have been made using a recognized diagnostic system.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.5 The patient record shall contain reports of laboratory, roentgenographic, or other diagnostic procedures and reports of medical/surgical services when performed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.6 The patient record shall contain correspondence concerning the patient's treatment, and signed and dated notations of telephone calls concerning the patient's treatment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.7 A discharge summary shall be entered in the patient's record within a reasonable period of time (not to exceed 14 days) following discharge as determined by the professional staff bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.8 The patient record shall contain a plan for aftercare.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.9 All entries in the patient record shall be signed and dated. Symbols and abbreviations shall be used only if they have been approved by the professional staff, and only when there is an explanatory legend. Symbols and abbreviations shall not be used in the recording of diagnoses.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.27.10 When a patient dies, a summation statement shall be entered in the record in the form of a discharge summary. The summation statement shall include the circumstances leading to death and shall be signed by a physician. An autopsy shall be performed whenever possible. When an autopsy is performed, a provisional anatomic diagnosis shall be recorded in the patient's record within 72 hours. The complete protocol shall be made part of the record within three (3) months.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 28 PROMPTNESS OF RECORD COMPLETION

Rule 40.28.1 Current records shall be completed promptly upon admission. Records of patients discharged shall be completed within 14 days following discharge. The staff regulations of the facility shall provide for the suspension or termination of staff privileges of physicians who are persistently delinquent in completing records.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 29 IDENTIFICATION, FILING AND INDEXING

Rule 40.29.1 A system of identification and filing to ensure the prompt location of a patient's medical record shall be maintained.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.29.2 The patient index cards shall bear at least the full name of the patient, the address, the birth date and the medical record number.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.29.3 Records shall be indexed according to disease and physician, and shall be kept up to date. For indexing, any recognized system may be used.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.29.4 Indexing shall be current within six (6) months following discharge of the patient.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 30 FACILITY AND PROGRAM EVALUATION

Rule 40.30.1 Program evaluation is a management tool primarily utilized by the facility's administration to assess and monitoring, on a priority bases, a variety of facility, service and programmatic activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.2 The facility shall have a written statement of goals and objectives.

1. The goals and objectives shall result from a planning process.

2. The goals and objectives shall be related to the needs of the population served.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.3 The written statement of the goals and objectives of the facility service and programmatic activities shall be provided to the governing body and facility administration and shall be made available to staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.4 The facility shall have a written plan for evaluating its progress in attaining its goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.5 The written plan shall specify the information to be collected and the methods to be used in retrieving and analyzing this information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.6 The written plan shall specify methods for assessing the utilization of staff and other resources to meet facility goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.7 The written plan shall specify when evaluations shall be conducted.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.8 The written plan shall specify the criteria to be used in assessing the facility's progress in attaining its goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.9 The written plan shall require an explanation of any failure to achieve facility goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.10 There shall be documentation that the goals and objectives of facility, service and programmatic activities shall be evaluated at least annually and revised as necessary.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.11 There shall be documentation that the results of the evaluation shall be provided to the governing body and facility administration and shall be made available to staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.30.12 There shall be documentation that the findings of the evaluation have influenced facility and program planning.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 31 FISCAL MANAGEMENT

Rule 40.31.1 The facility shall annually prepare a formal, written budget of expected revenues and expenses.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.2 The budget shall categorize revenues for the facility by source.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.3 The budget shall categorize expenses by the types of services of programs provided.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.4 The budget shall be reviewed and approved by the governing body prior to the beginning of the fiscal year.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.5 Revisions made in the budget during the fiscal year shall be reviewed and approved by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.6 The fiscal management system shall include a fee schedule.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.7 The facility shall maintain current, written schedules of rate and charge policies that have been approved by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.31.8 The fee schedule shall be accessible to personnel and to individuals served by the facility.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 32 UTILIZATION REVIEW

Rule 40.32.1 The facility shall demonstrate appropriate allocation of its resources by conducting a utilization review program. The program shall address underutilization, over-utilization and inefficient scheduling of the facility's resources.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.2 The facility shall implement a written plan that describes the utilization review program and governs its operations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.3 The written plan shall include at least the following:

1. a delineation of the responsibilities and authority of those involved in utilization review activities, including members of the professional staff, the utilization review committees, the administration, and when applicable, any qualified outside organization contracted to perform review activities;

2. a conflict of interest policy applicable to everyone involved in utilization review activities;

3. a confidentiality policy applicable to all utilization review activities and to resultant findings and recommendations;

4. a description of the method(s) used to identify utilization-related problems;

5. the procedures for conducting concurrent review; and

6. a mechanism for initiating discharge planning.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.4 The written plan shall be approved by the professional staff, the administration, and the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.5 The methods for identifying utilization-related problems shall include analysis of the appropriateness and clinical necessity of admission, continued stays, and supportive services; analysis of delays in the provision of supportive services; and examination of the findings of related quality assurance activities and other current relevant documentation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.6 Such documentation may include, but is not limited to, profile analyses; the results of patient care evaluation studies, medication usage reviews, and infection control activities; and reimbursement agency utilization reports that are program/service-specific.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.7 To identify problems and document the impact of corrective actions taken, retrospective monitoring of the facility's utilization of resources shall be ongoing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.8 The procedures for conducting concurrent review shall specify the time period following admission within which the review is to be initiated and the length-of-stay norms and percentiles to be used in assigning continued stay review dates.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.9 Sources of payment shall not be the sole basis for determining which patients are to be reviewed concurrently.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.10 Written measurable criteria and length-of-stay norms that have been approved by the professional staff shall be utilized in performing concurrent review and shall be included in, or appended to, the facility's utilization review plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.11 Length-of-stay norms must be specific to diagnoses, problems, or procedures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.12 To facilitate discharge when care is no longer required, discharge planning shall be initiated as soon as the need for it can be determined.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.13 Criteria for initiating discharge planning may be developed to identify those patients whose diagnoses, problems or psychosocial circumstances usually require discharge planning.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.14 Discharge planning shall not be limited to placement in long term facilities, but shall also include provision for, or referral to, services that the patient may require to improve or maintain his or her mental health status.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.15 The facility's utilization review program, including the written plan, criteria, and length-of-stay norms, shall be reviewed and evaluated at least annually and revised as necessary to reflect the findings of the program's activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.16 A record shall be maintained or reviews of, and revisions to, the utilization review program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.32.17 The findings of such reviews shall be reported to the appropriate committee of the professional staff and to the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 33 INDIVIDUALIZED COMPREHENSIVE TREATMENT PLANNING: INTAKES

Rule 40.33.1 Written policies and procedures governing the intake process shall specify the following: a. the information to be obtained on all applicants or referrals for admission; b. the records to be kept on all applicants; c. the statistical data to be kept on the intake process; and d. the procedures to be followed when an applicant or a referral is found ineligible for admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.2 Criteria for determining the eligibility of individuals for admission shall be clearly stated in writing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.3 The intake procedure shall include an initial assessment of the patient.

1. The intake assessment shall be done by professional staff. The results of the intake assessment shall be clearly explained to the patient.

2. The results of the intake assessment shall be clearly explained to the patient's family when appropriate.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.4 Acceptance of a patient for treatment shall be based on an intake procedure that results in the following conclusions: a. the treatment required by the patient is appropriate to the intensity and restrictions of care provided by the facility or program component; and/or b. the treatment required can be appropriately provided by the facility or program component; and c. the alternatives for less intensive and restrictive treatment are not available. The patient record shall contain the source of any referral.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.5 During the intake process, every effort shall be made to assure that applicants understand the following: a. the nature and goals of the treatment program; b. the treatment costs to be borne by the patient, if any; and c. the rights and responsibilities of patients, including the rules governing patient conduct and the types of infractions that can result in disciplinary action or discharge from the facility or program component.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.6 Facilities shall have policies and procedures that adequately address the following items for each patient: a. responsibility for medical and dental care, including consents for medical or surgical care and treatment; b. when appropriate, arrangements for family participation in the treatment program; c. arrangements for clothing, allowances, and gifts; d. arrangements regarding the patient's departure from the facility or program; and e. arrangements regarding the patient's departure from the facility or program against clinical advice.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.7 When a patient is admitted on court order, the rights and responsibilities of the patient and the patient's family shall be explained to them.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.8 This explanation of the rights and responsibilities of the patient and the patient's family shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.9 Sufficient information shall be collected during the intake process to develop a preliminary treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.33.10 Staff members who will be working with the patient but who did not participate in the initial assessment shall be informed about the patient prior to meeting him or her.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 34 ASSESSMENTS

Rule 40.34.1 Within 72 hours of admission, the staff shall conduct a complete assessment of each patient's needs. The assessment shall include, but shall not necessarily be limited to physical, emotional, behavioral, social, recreational, nutritional, and when appropriate, legal and vocational.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.2 A licensed physician shall be responsible for assessing each patient's physical health. The health assessment shall include a medical history; a physical examination; and neurological examination when indicated and a laboratory workup. The physical examination shall be completed within 24 hours after admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.3 In facilities serving children and adolescents, each patient's physical health assessment shall also include evaluations of the following: motor development and functioning; sensorimotor functioning; speech, hearing, and language functioning, visual functioning; and immunization status. Facilities serving children and adolescents shall have all necessary diagnostic tools and personnel available to perform physical health assessments.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.4 A registered nurse shall be responsible for obtaining a nursing history and assessment at the time of admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.5 A psychiatric evaluation of each patient shall be completed and entered in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.6 The evaluation shall include, but not be limited to, the following items: a. a history of previous emotional, behavioral, and psychiatric problems and treatment; b. the patient's current emotional and behavioral functioning; c. when indicated, psychological assessments, including intellectual and personality testing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.7 A social assessment of each patient shall be completed by the qualified social worker and entered in the patient's record. The assessment shall include information relating to the following areas, as necessary:

1. environment and home
2. religion
3. childhood history
4. military service history
5. financial status
6. the social, peer-group, and environmental setting from which the patient comes; and g. the patient's family circumstances, including the constellation of the family group, the current living situation, and social, ethnic, cultural, emotional, and health factors.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.8 A recreational assessment of each patient shall be completed by the qualified recreational director and shall include information relating to the individual's current skills, talents, aptitudes, and interests.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.9 A nutritional assessment shall be conducted by the food service supervisor or registered dietitian and shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.10 When appropriate, a vocational assessment of the patient shall be undertaken and shall include, but not be limited to, the following areas: a. vocational therapy b. educational history, including academic and vocational training, and c. a preliminary discussion between the individual and the staff member doing the assessment concerning the individual's past experiences with, and attitudes toward work, present motivations or areas of interest, and possibilities for future education, training, and employment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.34.11 When appropriate, a legal assessment of the patient shall be undertaken and shall include, but not be limited to, the following areas:

1. A legal history; and

2. A preliminary discussion to determine the extent to which the individual's legal situation will influence his or her progress in treatment and the urgency of the legal situation.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 35 TREATMENT PLANS

Rule 40.35.1 Each patient shall have a written individual treatment plan that is based on assessments of his or her clinical needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.2 Overall development and implementation of the treatment plan shall be assigned to an appropriate member of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.3 The treatment plan shall be developed as soon as possible after the patient's admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.4 Appropriate therapeutic efforts may begin before a fully developed treatment plan is finalized.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.5 Upon admission, a preliminary treatment plan shall be formulated on the basis of the intake assessment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.6 Within 72 hours following admission a designated member of the treatment team shall develop an initial treatment plan that is based on at least an assessment of the patient's presenting problems, physical health, emotional status, and behavioral status. This initial treatment plan shall be utilized to implement immediate treatment objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.7 If a patient's stay in a facility is ten days or less, only a discharge summary will be required in addition to the initial treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.8 If a patient's stay in a facility exceeds ten days, the interdisciplinary team shall develop a master treatment plan that is based on a comprehensive assessment of the patient's needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.9 The master treatment plan shall contain objectives and methods for achieving them.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.10 The treatment plan shall reflect the facility's philosophy of treatment and the participation of staff from appropriate disciplines.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.11 The treatment plan shall reflect consideration of the patient's clinical needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.12 The treatment plan shall specify the services necessary to meet the patient's needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.13 The treatment plan shall include referrals for needed services that are not provided directly by the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.14 The treatment plan shall contain specific goals that the patient must achieve to attain, maintain, and/or reestablish emotional and/or physical health as well as maximum growth and adaptive capabilities. These goals shall be based on assessments of the patient and, as appropriate, the patient's family.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.15 The treatment plan shall contain specific objectives that relate to the goals, are written in measurable terms, and include expected achievement dates.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.16 The treatment plan shall describe the services, activities, and programs planned for the patient, and shall specify the staff members assigned to work with the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.17 The treatment plan shall specify the frequency of treatment procedures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.18 The treatment plan shall delineate the specific criteria to be met for termination of treatment. Such criteria shall be a part of the initial treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.19 When appropriate, the patient shall participate in the development of his or her treatment plan, and such participation shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.35.20 A specific plan for involving the family or significant others shall be included in the treatment plan when indicated.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 36 PROGRESS NOTES

Rule 40.36.1 Progress notes shall be recorded by the physician, nurse, social worker and, when appropriate, others significantly involved in treatment. The frequency of progress notes is determined by the condition of the patient but should be recorded at least weekly for the first two (2) months and at least monthly thereafter.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.36.2 Progress notes shall be entered in the patient's record and shall include the following: a. documentation of implementation of the treatment plan b. documentation of all treatment rendered to the patient c. description of change in the patient's condition; and d. descriptions of the response of the patient to treatment, the outcome of treatment, and the response of significant others to important intercurrent events.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.36.3 Progress notes shall be dated and signed by the individual making the entry.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.36.4 All entries involving subjective interpretation of the patient's progress should be supplemented with a description of the actual behavior observed.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 37 TREATMENT PLAN REVIEW

Rule 40.37.1 Interdisciplinary case conferences shall be regularly conducted to review and evaluate each patient's treatment plan and his or her progress in attaining the stated treatment goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.37.2 Interdisciplinary case conferences shall be documented, and the results of the review and evaluation shall be recorded in the patient's record. The review and update shall be completed no later than thirty (30) days following the first 10 days of treatment and at least every 60 days thereafter.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 38 DISCHARGE PLANNING/AFTERCARE

Rule 40.38.1 The facility maintains a centralized coordinated program to ensure that each patient has a planned program of continuing care which meets his post-discharge needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.2 Each patient shall have an individualized discharge plan which reflects input from all disciplines involved in his care. The patient, patient's family, and/or significant others shall be involved in the discharge planning process.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.3 Discharge planning data shall be collected at the time of admission or within seven (7) days thereafter.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.4 The Chief Executive Officer shall delegate the responsibility for discharge planning, in writing, to one or more staff members.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.5 The facility shall maintain written discharge planning policies and procedures which describe:

1. How the discharge coordinator will function, and his authority and relationships with the facility's staff;

2. The time period in which each patient's need for discharge planning is determined (within seven days after admission).

3. The maximum time period after which re-evaluation of each patient's discharge plan is made.

4. Local resources available to the facility and the patient to assist in developing and implementing individual discharge plan; and e. Provisions for periodic review and re-evaluation of the facility's discharge planning program (at least annually).

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.6 An interdisciplinary case conference shall be held prior to the patient's discharge. The discharge/aftercare plan shall be reviewed with the patient, patient's family and/or significant others.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.38.7 The facility shall have documentation that the aftercare plan has been implemented and shall have documentation of follow-ups to assure referrals to appropriate community agencies.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 39 DISCHARGE SUMMARY

Rule 40.39.1 A discharge summary shall be entered in the patient's record within fourteen (14) days following discharge. The discharge summary shall include but not be limited to: a. reason for admission b. brief summary of treatment c. reason for discharge d. assessment of treatment plan goals and objectives. Recommendations and arrangements for further treatment, including prescribed medications and aftercare.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 40 SUPPORT SERVICES: PHARMACY

Rule 40.40.1 **Direction and Supervision:** The hospital shall have a pharmacy directed by a registered pharmacist, who has had, by education or experience, training in the specialized area of hospital pharmacy. The pharmacy or drug room shall be administered in accordance with accepted professional principles. The pharmacist shall be assisted, as needed, by additional qualified pharmacists and ancillary personnel.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.40.2 Pharmacy assistants shall work under the supervision of a pharmacist and shall not be assigned duties that are required to be performed only by registered pharmacists.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.40.3 Provision shall be made for emergency pharmaceutical services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.40.4 If the hospital has 50 beds or less, and if no full-time pharmacists are employed by the hospital; and if medications administered to patients in the hospital are dispensed by pharmacist(s) elsewhere (i.e. outside the hospital)...then the hospital must have arrangements with a consultant pharmacist who shall supervise all matters pertaining to medication handling in the hospital. The hospital must have a written agreement with the consultant pharmacist to provide services on a routine basis to the hospital. The consultant pharmacist must make regular visits to the hospital to ensure the proper procurement, storage, recordkeeping, administration, and disposal of medications within the hospital. The consultant pharmacist must submit a written report, at least monthly, to the administrator upon the status of the performance of nursing personnel in the areas of drug handling as mentioned above. The report shall include any discrepancies in recordkeeping the consultant pharmacist finds during his/her inspection of the hospital. The consultant pharmacist shall meet all other requirements for Pharmacist as outlined under the other Subchapters 40 through 50.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 41 RECORDS

Rule 40.41.1 Records shall be kept of the transactions of the pharmacy (or drug room) and correlated with other hospital records where indicated. Such special records shall be kept as required by law.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.41.2 The pharmacy shall establish and maintain a satisfactory system of records and accountability in accordance with the policies of the hospital for maintaining

adequate control over the requisitioning and dispensing of all drugs and pharmaceutical supplies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.41.3 A record of the stock on hand and of the dispensing of all narcotic drugs shall be maintained in such a manner that the disposition of any particular item may be readily traced.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.41.4 Where possible, the label of each outpatient's individual prescription medication container shall bear the lot and control number of the drug, the name of the manufacturer (or trademark) and, unless the physician directs otherwise, the name of the medication dispensed.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 42 CONTROL OF TOXIC OR DANGEROUS DRUGS

Rule 40.42.1 Policies shall be established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage. The facility shall establish a written policy that all toxic or dangerous medications, not specifically prescribed as to time or number of doses, shall be automatically stopped after a reasonable time limit. The classification ordinarily thought of as toxic, dangerous or abuse drugs shall be varcotics, sedatives, anticoagulants, antibiotics, oxytocics and cortisone products, and shall include other categories so established by federal, state or local laws.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 43 DRUGS TO BE DISPENSED

Rule 40.43.1 The pharmacist, with the advice and guidance of the pharmacy and therapeutics committee, shall be responsible for specifications as to quality, quantity, and source of supply of all drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.2 There shall be available a formulary or list of drugs accepted for use in the facility which is developed and amended at regular intervals by the pharmacy and therapeutics committee (or equivalent committee) with the cooperation of the pharmacist and the administration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.3 The pharmacy of drug room shall be adequately supplied with preparations as approved.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.4 **Committee**. There shall be a pharmacy and therapeutics committee (or equivalent committee), composed of physicians and pharmacists, and registered professional nurses, established in the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.5 It shall represent the organization line of communication and the liaison between the professional staff and the pharmacist.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.6 The committee shall assist in the formulation of board professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, and safety procedures, and all other matters relating to drugs in hospitals.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.7 The committee shall perform the following specific functions: a. Serve as an advisory group to the professional staff and the pharmacist on matters pertaining to the choice of drugs; b. develop and review periodically a formulary or drug list for use in the facility; c. establish standards concerning the use and control of investigational drugs and research in the use of recognized drugs; d. evaluate clinical data concerning new drugs or preparations requested for use in the facility; e. make recommendations concerning drugs to be stocked on the nursing unit floors and by other services; and f. prevent unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.43.8 The committee shall meet at least quarterly and report to the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 44 MEDICATION CONTROL

Rule 40.44.1 The facility shall have written policies and procedures designed to ensure that all medications are dispensed and administered safely and properly in accordance with the applicable federal, state, and local laws and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.2 Medication orders shall be written only by authorized prescribers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.3 An up-to-date list of authorized prescribers shall be available in all areas where medication is dispensed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.4 Telephone orders shall be accepted only from individuals on the list of authorized prescribers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.5 Telephone orders shall be limited to emergency situations that have been defined in writing in the facility's policies and procedures manual.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.6 Telephone orders shall be accepted and written in the patient's record only by staff authorized to administer medication.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.7 Telephone orders shall be signed by an authorized prescriber on the next regular working day, but in all events within 72 hours.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.8 A written order signed by the authorized prescriber shall be include in patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.9 Medication orders that contain abbreviations and chemical symbols shall be carried out only if the abbreviations and symbols are on a standard list approved by the physician members of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.10 There shall be automatic stop orders on specified medications. Refer to Rule 40.34. 1.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.11 There shall be a specific routine of drug administration, indicating dose schedules and standardization of abbreviations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.12 Only pharmacists, physicians, registered nurses, or licensed practical nurses shall administer medications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.13 Self administration of medication shall be permitted only when specifically ordered by the responsible physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.14 Drugs brought into the facility by patients shall not be administered unless they can be absolutely identified, and unless written orders to administer these specific drugs are given by the responsible physician. If the drugs that the patient brings to the facility are not to be used, they shall be packaged, sealed, and stored, and, if approved by the responsible physician, they shall be returned to the patient, family, or significant others at the time of discharge.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.15 The patient and, when appropriate, the family shall be instructed about which medications, if any, are to be administered at home.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.16 Medications administered, medication errors, and adverse drug reactions shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.17 Facilities should implement a reporting system under which the reporting program of the federal Food and Drug Administration and the drug manufacturer are advised of unexpected adverse drug reactions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.18 There shall be methods of detecting drug side effects or toxic reactions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.19 Investigational drugs shall be used only under the direct supervision of the principal investigator and with the approval of research review committee and either the physician members of the professional staff or an appropriate committee of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.20 A central unit shall be established where essential information on investigational drugs, such as dosage form, dosage range, storage requirements, adverse reactions, usage, and contraindications, is maintained.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.21 Investigational drugs shall be properly labeled.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.22 Nurses may administer investigational drugs only after receiving basic pharmacologic information about the drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.23 The facility shall have specific methods for controlling and accounting for drug products.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.24 The pharmacy service shall maintain records of its transactions as required by law and as necessary to maintain adequate control of, and accountability for, all drugs. These records shall document all supplies issued to units, departments, or services of the facility, as well as all prescription drugs dispensed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.25 Records and inventories of the drugs listed in the current Comprehensive Drug Abuse Prevention and Control Act shall be maintained as required by the act and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.44.26 Distribution and administration of controlled drugs are adequately documented, and inspections of these records by the pharmacist is documented.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 45 EMERGENCY MEDICATION KIT

Rule 40.45.1 There is an emergency kit that is: a. made up under the supervision and responsibility of the pharmacist, and approved by the Pharmacy and Therapeutic Committee; b. readily available to staff yet not accessible to patients; c. constituted so as to be appropriate to the needs of the patients; and d. inspected monthly to remove deteriorated and outdated drugs and to ensure completeness of content.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.45.2 The pharmacist responsible for the emergency kit shall provide a list of its contents and appropriate instructions, and shall authenticate this list with his signature.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 46 STORAGE OF DRUGS

Rule 40.46.1 Drug storage shall be maintained in accordance with the security requirements of federal, state, and local laws. Drug preparation areas and drug storage areas shall be well-lighted and shall be so located that personnel will not be interrupted when handling drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.46.2 All drugs shall be kept in locked storage.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.46.3 Poisons, external drugs, and internal drugs shall be stored on separate shelves or in separate cabinets.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.46.4 Medications that are stored in a refrigerator containing items other than drugs shall be kept in a separate compartment or container with proper security.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.46.5 Antidote charts and the telephone number of the Regional Poison Control Center shall be kept in all drug storage and preparation areas.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 47 SPACE FOR STORAGE OF DRUGS

Rule 40.47.1 Adequate space shall be provided in the Pharmacy for storage of drugs and for keeping of necessary records. The pharmacy shall be capable of being securely locked in accordance with regulations regarding storage of dangerous drugs. Adequate space is defined on a minimum of 350 square feed for 50 beds or less; 500 sq. feet for 75 beds or less; 750 sq. ft. for 100 beds of less, and 1000 sq. ft. for 100 beds or more.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.47.2 If the hospital has 50 beds or less, and if no full-time pharmacists are employed by the hospital, and if medications administered to patients in the hospital are dispensed by pharmacist(s) elsewhere (i.e. outside the hospital)...then only the storage of pre-dispensed, individual medications (either medication containers or unit-dose medications) shall be allowed in the hospital. The exception is for the allowance for Emergency Medications as outlined in Rule 40.45.1

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.47.3 Storage of medications, as outlined directly above, in the hospital shall be in an area to measure not less than 100 square feet of space. This storage area is to be designated as the Medication

Preparation Area/Room, and is to have the following personality:

1. Medication Refrigerator (for storage or drugs and biologicals);

2. Handwashing lavatory with hot water capability, and paper towel dispenser.

3. Medication Preparation Area/Room to have self-closing self-locking door(s);

4. Medication Preparation Area/Room to have its own environment control, i.e., its own thermostats and regulator of heating and air-conditioning. The air temperature in the Medication Preparation Area/Room is not to exceed 85 degrees Fahrenheit or fall below 50 degrees Fahrenheit.

5. Medication Preparation Area/Room to have counter-top space provided for medication preparation adequate to meet the needs of the hospital, but not less than 18 square feet of space (the hospital may ask for a variance of this requirement if medication carts are utilized with a unit-dose drug delivery system).

6. Medication Preparation Area/Room to have special, securely constructed cabinet(s) or area, adequate in size, for the storage of controlled substances in the hospital (the hospital may ask for a variance of this requirement if medication carts are utilized which are equipped with securely constructed controlled substance cabinets(s).

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 48 QUALITY ASSURANCE ACTIVITIES

Rule 40.48.1 A pharmacist shall regularly review the medication records of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.48.2 All medication orders shall be reviewed monthly by the responsible physician. Adverse drug reactions and medication errors shall be reported to the physician responsible for the patient, and shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.48.3 The pharmacist in charge of dispensing medications shall provide for monthly inspection of all storage units including emergency boxes and emergency carts.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.48.4 A record of these inspections shall be maintained in order to verify the following:

1. Disinfectants and drugs for external use are stored separately from internal and injectable medications.

2. Drugs requiring special conditions for storage to ensure stability are properly stored.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 49 FUNCTIONAL SAFETY AND SANITATION

Rule 40.49.1 Adequate precautions shall be taken to store medications under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.49.2 All drugs shall be kept in locked storage.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.49.3 Security shall be maintained in accordance with local and state laws.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.49.4 Poisons, external drugs, and internal drugs shall be stored on separate shelves or in separate containers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.49.5 Drugs preparation and storage areas shall be well lighted and shall be located where personnel will not be interrupted when handling drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.49.6 Metric-apothecaries' weight and measure conversion charts shall be posted in each drug preparation area and wherever else they are needed.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 50 CONTINUING EDUCATION

Rule 40.50.1 The director of the pharmacy service shall receive orientation in the specialization functions of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.50.2 A pharmacist should participate in staff development programs for the clinical staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.50.3 As appropriate, a pharmacist should participate in public education and information programs relative to the services of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.50.4 Up-to-date pharmaceutical reference material shall be provided so that appropriate staff will have adequate information concerning drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.50.5 Current editions of text and reference books covering the following topics shall be provided; theoretical and practical pharmacy; general, organic, pharmaceutical, and biological chemistry; toxicology; pharmacology; bacteriology; sterilization and disinfection; and other subjects important to good patient care.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 51 DIETARY: ORGANIZATION

Rule 40.51.1 The facility shall have an organized dietary department directed by a qualified food service supervisor, with services of a registered dietitian on at least a consultant basis. However, a facility which has a contract with an outside food management company may be found to meet this requirement if the company has a therapeutic dietitian who serves, as required by scope and complexity of the services, on a full-time, part-time, or consultant basis to the facility. If the dietitian is not employed full-time a certified food service supervisor should direct the dietary department.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.2 The qualified dietitian shall be registered or eligible for registration by the Commission on Dietetic Registration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.3 When a qualified dietitian is employed on a part-time or consultative basis, the dietitian shall devote enough time to accomplish the following tasks:

1. Assure continuity of services;
2. Direct the nutritional aspects of patient care;
3. Assure that dietetic instructions are carried out;
4. On occasion, supervise the serving of meals; and assist in the evaluation of the dietetic services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.4 Regular written reports shall be submitted to the Chief Executive Officer on the extent of services provided by the dietitian.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.5 There shall be written policies and procedures for food storage, preparation, and service developed by a registered dietitian.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.6 The dietetic service shall have an adequate number of appropriately qualified individual to meet the dietetic needs of the facility's patients. Dietetic service personnel shall assist patients when necessary in making appropriate food choices from the planned daily menu. Dietetic services personnel shall be made aware that emotional factors may cause patients to change their food habits. Dietetic service personnel shall inform appropriate members of the professional staff of any change in a patient's food habits.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.7 Written job descriptions of all dietary employees shall be available.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.8 There shall be procedures to control dietary employees with infectious and open lesions. Routine health examinations shall meet local and state codes for food service personnel.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.51.9 There shall be an on-going planned in-service training program for dietary employees which includes the proper handling of food and personal grooming, safety, sanitation, behavioral and therapeutic needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 52 FACILITIES

Rule 40.52.1 Adequate space, equipment, ventilation and supplies as well as any necessary written procedure and precautions, shall be provided for the safe and sanitary operation of the dietetic service and the safe and sanitary handling and distribution of food.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.2 The food service area should be appropriately located.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.3 The dietitian's office should be easily accessible to all who require consultation services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.4 Sufficient space shall be provided for support personnel to perform their duties.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.5 The layout of the department and the type, amount, size, and placement of equipment shall make possible the efficient and sanitary preparation and distribution of food.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.6 Lavatories with wrist action blades, soap dispenser and disposable towel dispenser shall be located throughout the dietary department.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.7 Dry or staple food items shall be stored in a ventilation room which is not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents or vermin.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.8 All perishable foods shall be refrigerated at the appropriate temperature and in an orderly and sanitary manner. Each refrigerator shall contain a thermometer in good working order.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.9 Foods being displayed or transported shall be protected from contamination.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.10 Dishwashing procedures and techniques shall be developed and carried out in compliance with the state and local health codes.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.11 All garbage and kitchen refuse which is not disposed of mechanically shall be kept in leak-proof non-absorbent containers with close fitting covers and be disposed of routinely in manner that will not permit transmission of disease, a nuisance, or a breeding place for flies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.12 All garbage containers are to be thoroughly cleaned inside and outside each time emptied.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.52.13 All dietary areas, equipment, walls, floors, etc., shall be kept maintained in good working condition and sanitary at all times.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 53 DIETS

Rule 40.53.1 There shall be a systematic record of diets, correlated when appropriate, with the medical records.

1. The dietitian shall have available an up-to-date manual or regimens for all therapeutic diets, approved jointly by the dietitian and medical staff, which is available to dietary supervisory personnel. Diets serviced to patients shall be in compliance with these established diet principles:

   a. The diet manual shall be reviewed annually and revised as necessary by a qualified dietitian, and shall be dated to identify the time of the review.

   b. Revisions to the diet manual shall be approved by the facility's physician.

   c. The diet manual should be used to standardize the ordering of diets.

   d. The policies and procedures shall provide for dietetic counseling.

   e. The nutritional deficiencies of any diet in the manual shall be indicated.

   f. The policies and procedures shall require the recording of dietetic orders in the patient's record.

   g. The policies and procedures shall require the recording of all observations and information pertinent to dietetic treatment in the patient's record by the food service supervisor or dietitian.

   h. The policies and procedures shall require the use of standards for nutritional care in evaluating the nutritional adequacy of the patient's diet and in ordering diet supplements. The current Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council of the National Academy of Science is suggested as a guide in developing these standards.

   i. The policies and procedures shall describe the methods for assuring that each patient on a special diet receives the prescribed diet regimen.

   j. The policies and procedures shall provide for altering diets or diet schedules as well as for discontinuing diets.

k. Dietetic service personnel shall conduct periodic food acceptance studies among the patients and should encourage them to participate in menu planning.

l. The results of food acceptance studies should be reflected in revised menus.

m. All menus shall be approved by a qualified dietitian.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 54 FOOD SERVICE AND DINING

Rule 40.54.1 Food shall be served in an appetizing and attractive manner, at planned and realistic mealtimes, and in a congenial and relaxed atmosphere.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.2 Dining areas should be attractive and maintained at appropriate temperatures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.3 The dietetic services shall be patient-oriented and should take into account the many factors that contribute to the wide variations in patient eating habits, including cultural, religious, and ethnic factors.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.4 Snacks shall be available as appropriate to the nutritional needs of the patient and the needs of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.5 The dietetic service shall be prepared to give extra food to individual patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.6 Appropriate food should be available for patients with special or limited dietary needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.7 There shall be adequate equipment provided for tray assembly and tray delivery.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.54.8 Facilities or arrangement shall be available family and friends to eat with patients when possible.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 55 RECREATION

Rule 40.55.1 The facility shall provide or make arrangements for the provision of recreation services to all patients in accordance with their needs and interests and as appropriate within the scope of the facility's program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.2 The facility shall have a written plan that describes the organization of their recreation services or the arrangements made for the provision of recreation services. The recreation services shall have a well-organized plan for using community resources. The goals and objectives of the facility's recreation services shall be stated in writing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.3 The facility shall have written policies and procedures for the recreation services which are made available to recreation services and other appropriate personnel. The policies and procedures shall be reviewed and revised at least annually.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.4 Recreational activities shall be provided to all patients during the day, in the evening, and on weekends. The daily recreation program shall be planned to provide a consistent and well-structured yet flexible framework for daily living. Whenever possible, patients should participate in planning recreational services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.5 Recreation schedules shall be posted in places accessible to patients and staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.6 The recreation program shall be reviewed and revised according to the changing needs of the patients.

1. When indicated, recreation services shall be incorporated in the patient's treatment plan.

2. Recreation services that are included in a patient's treatment plan shall reflect an assessment of the patient's needs interests, life experiences, capacities, and deficiencies. Recreation services staff shall collaborate with other professional staff in delineating goals for patient's treatment, health maintenance, and vocational adjustments.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.7 The patient's record shall contain progress notes that describe the patient's response to recreation services and other pertinent observations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.55.8 Vehicles used for transportation shall not be labeled in a manner that calls unnecessary attention to the patient.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 56 QUALITY ASSURANCE ACTIVITIES

Rule 40.56.1 The recreation services shall have written procedures for ongoing review and revision of its goals, objectives, and role within the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.56.2 The recreation service shall maintain statistical and other records on the functioning and utilization.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 57 CONTINUING EDUCATION

Rule 40.57.1 The facility service shall maintain ongoing staff development programs. Recreation service staff shall participate in appropriate clinical and administrative committees and conferences. Recreation services staff shall receive training and demonstrate competence in handling medical and psychiatric emergencies. The recreation service shall encourage extramural studies and evaluations of recreation services and extramural research in recreation services.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 58 FUNCTIONAL SAFETY AND SANITATION

Rule 40.58.1 Appropriate space, equipment, and facilities shall be provided to meet the needs of patients for recreation services.

1. Facilities and equipment designated for recreation services shall be constructed or modified in such a manner as to provide, insofar as possible, pleasant and functional areas that are accessible to all patients regardless of their disabilities.

2. Space for offices, storage, and supplies shall be adequate and accessible.

3. When indicated, equipment and supplies that enable the activity to be brought to the patient should be used.

4. Space, equipment and facilities utilized both inside and outside the facility shall meet federal, state, and local requirements for safety, fire prevention, health, and sanitation.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 59 PHYSICAL AND OCCUPATIONAL THERAPY

Rule 40.59.1 The facility shall provide, or arrange for, under written agreement, physical and occupational therapy services as needed by patients to improve and maintain functioning.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.2 Qualified therapists, consultants, volunteers, assistants, or aides, are sufficient in number to provide comprehensive occupation and physical therapy services, as needed, to assure that appropriate treatment is rendered for each patient in accordance with stated goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.3 Services are provided only upon the written order of a licensed physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.4 The therapist must:

1. Record regularly and evaluate periodically the treatment training progress.

2. Use the treatment training progress as the basis for continuation or change in the program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.5 Treatment training programs shall be designed to: a. Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination, and activities of daily living. b. Prevent, insofar as possible, irreducible disabilities through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adoptions, and sensory stimulation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.6 Evaluation results, treatment objectives, plans and procedures and progress notes shall be recorded in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.7 For effective and efficient physical and occupational therapy services, the facility shall provide sufficient space, equipment and supplies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.8 Physical and occupational therapists shall meet the qualifications of Subchapters 13 through 16.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.59.9 Therapy assistants must work under the supervision of the qualified therapist.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 60 EDUCATION

Rule 40.60.1 The facility shall provide, or make arrangements for the provision of, education services to meet the needs of all patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.2 Special education services shall be provided for patients whose emotional disturbances make it difficult for them to learn.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.3 Education services shall provide opportunities for patients who have fallen behind because of their disorder, to correct deficiencies in their education.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.4 Facilities that operate their own education service shall have adequate staff and space to meet the educational needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.5 An education director and staff who meet state and/or local certification requirements for education and/or special education shall be provided.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.6 Special education teachers shall be certified for individuals with emotional disabilities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.7 An appropriate ratio of teachers to students shall be provided so teachers can give special attention to students or to groups of students who are at difference stages of treatment and education.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.8 The education service shall have space and materials commensurate with the scope of its activities, including an adequate number of classrooms.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.9 When indicated, patients shall participate in education programs in the community. Teachers in the community shall be given the information necessary to work effectively with the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.10 Clinicians shall periodically confer with teachers or principals on the progress of each patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.11 When appropriate, patients shall be encouraged to take part in extra curricular school activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.60.12 There shall be documentation in each patient's record of periodic evaluations of educational achievement in relation to development level, chronological age, sex, individuals with disabilities, medications, and psychotherapeutic needs.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 61 VOCATIONAL REHABILITATION: POLICIES AND PROCEDURES

Rule 40.61.1 Patients shall receive counseling on their specific vocational needs, for example, their vocational strengths and weaknesses, the demands of their current and future jobs, the responsibilities of holding a job, and the problems related to vocational training, placement, and employment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.2 A facility may delegate vocational rehabilitation responsibilities to an outside vocational rehabilitation agency. However, the agency must assign an individual approved by the facility to serve as the facility's coordinator of vocational rehabilitation and agree to comply with the standards in this section.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.3 Facilities that have a vocational rehabilitation service shall have written policies and procedures to govern the operation of the service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.4 The vocational rehabilitation service shall assess the patients vocational needs with regard to the following:

1. Current work skills and potential for improving skills or developing new ones;
2. Educational background;
3. Aptitudes, interests, and motivations for getting involved in various job-related activities;
4. Physical abilities;
5. Skills and experiences in seeking jobs;
6. Work habits related to tardiness, absenteeism, dependability, honesty, and relations with co-workers and supervisor;
7. Personal grooming and appearance;
8. Expectations regarding the personal, financial, and social benefits to be derived from working; and
9. Amenability to vocational counseling.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.5 Vocational services shall be provided according to an individualized treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.6 The criteria for determining a patient's job-readiness shall be stated in the patient's treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.7 A record shall be kept of vocational rehabilitation activities, including the date and a description of the activity, participants, and results.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.61.8 All work programs must conform to federal, state, and local rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 62 STAFF COMPOSITION AND SUPERVISION

Rule 40.62.1 The facility's vocational rehabilitation service shall have a sufficient number of appropriately qualified staff and support personnel.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.62.2 A person or team shall be assigned responsibility for the implementation of vocational rehabilitation services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.62.3 The facility shall have at least one qualified vocational rehabilitation counselor or qualified occupational therapist available who is responsible for the professional standards, coordination, and delivery of vocational rehabilitation services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.62.4 All personnel providing vocational rehabilitation services shall have training, experience, and competence consistent with acceptable standards of their specialty field.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.62.5 Enough qualified vocational rehabilitation counselors and support personnel shall be available to meet the needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 63 SPEECH, LANGUAGE, AND HEARING: POLICIES AND PROCEDURES

Rule 40.63.1 Speech, language, and hearing services shall be available, either within the facility or by written arrangement with another facility or a qualified clinician, to provide assessments of speech, language, or hearing when indicated, and to provide counseling, treatment, and rehabilitation when needed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.63.2 Facilities that have a speech, language, and hearing service shall have written policies and procedures to govern the operation of the service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.63.3 The speech, language, and hearing service shall provide the following services:

1. Speech and language screening of patients when deemed necessary by members of the treatment team, the family, or significant others;

2. Comprehensive speech and language evaluation of patients when indicated by screening results;

3. Comprehensive audiological assessment of patients when indicated;

4. Procurement, maintenance, or replacement of hearing aids when specified by a qualified audiologist; and

5. Rehabilitation programs, when appropriate, to establish the speech skills necessary for comprehensive and expression.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.63.4 Assessment and treatment results shall be reported accurately and systematically and in manner that accomplishes the following:

1. Defines the problem;

2. Provides a basis for formulating a plan that contains treatment objectives and procedures;

3. Provides information of staff working with the patient; and

4. Provides evaluations and summary reports for inclusion in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 64 STAFF COMPOSITION AND SUPERVISION

Rule 40.64.1 The speech, language, and hearing service shall be administered and supervised by qualified speech-language and hearing clinicians.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.64.2 All staff with independent responsibilities shall have a Certificate of Clinical Competence or a Statement of Equivalence in either speech pathology or audiology from the American Speech-Language-Hearing Association, or have documented equivalent training and experience; and shall meet current legal requirements of licensure or registration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.64.3 Support personnel, such as speech pathology assistants and communication aides, shall be qualified by training and/or experience for the level of work they perform and shall be appropriately supervised by a staff speech-language pathologist or audiologist.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 65 QUALITY ASSURANCE ACTIVITIES

Rule 40.65.1 Equipment shall meet the standards of the American Board of Examiners in Speech Pathology and Audiology of the American Speech-Language-Hearing Association, including the standards concerning the location, calibration, and maintenance of equipment; or equipment shall meet equivalent standards.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 66 DENTAL: POLICIES AND PROCEDURES

Rule 40.66.1 The facility shall have a written plan that outlines the procedures used to assess and treat the dental health care needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.66.2 The written dental health care plan shall describe the following:

1. Mechanisms for evaluating each patient's need for dental treatment;
2. Provisions for emergency dental services;
3. Policies on oral hygiene and preventive dentistry;
4. Provisions for coordinating dental services with other services provided by the facility; and
5. A mechanism for the referral of patients for services not provided by the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.66.3 When a facility provides dental services, a written policy shall delineate the functions of the service and the specific services provided.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.66.4 Reports of all dental services provided shall be made a part of the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 67 STAFF COMPOSITION AND SUPERVISION

Rule 40.67.1 A dental service provided by the facility shall be directed by a fully licensed dentist who is a member of the professional staff and qualified to assume management and administrative responsibility for the dental service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.67.2 A dental service provided by the facility shall have a sufficient number of adequately trained personnel to meet the needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 68 FUNCTIONAL SAFETY AND SANITATION

Rule 40.68.1 A dental service provided by the facility shall have adequate space, equipment, instruments, and supplies to meet the needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 69 REFERRALS

Rule 40.69.1 The facility shall have written policies and procedures that facilitate the referrals of patients and the provision of consultation between the facility's program components and between the facility and other service providers in the community. The written policies and procedures shall describe the conditions under which referrals can be made and consultations provided. These conditions shall provide for the examinations, assessment, or consultations that are not within the professional domain or expertise of the staff; special treatment services; and assistance from providers who can contribute to the patient's well-being.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.2 The written policies and procedures shall describe the methods by which continuity of care is assured for the patient. These methods shall include, but not be limited to, providing the facility, program component, or other service provider to which the patient is referred with the following:

1. Background information on the referral;
2. Information on the patient's treatment, for example, current treatment, diagnostic assessments, and special requirements;
3. Treatment objectives desired;
4. Suggestions for continued coordination between the referring and the receiving resource;
5. Special clinical management requirements; and
6. Information on how the patient can be returned to the referring facility or program component.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.3 The facility shall ask the facility, program component, or other service provider to which the patient is referred to submit a follow-up report within a designated time period.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.4 The written policies and procedures shall describe the mechanism by which a patient may request a referral.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.5 The written policies and procedures shall describe the means by which the facility assists in the referral of individuals who are seeking services that the facility does not provide.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.6 The written policies and procedures shall be reviewed and approved annually by the director and appropriate administrative and professional staff members. The annual review and approval shall be documented.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.7 Each community service provider to which patients are referred shall express in writing its willingness to abide by federal and state standards concerning confidentiality of patient information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.69.8 The facility shall have a letter of agreement and/or contract with community service providers that it uses repeatedly.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 70 EMERGENCY

Rule 40.70.1 The facility shall have written procedures for taking care of emergencies. Emergency services shall be provided by the facility or through clearly defined arrangements with another facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.70.2 When emergency services are provided by an outside facility, a written plan shall delineate the type of emergency services available and the arrangements for referring or transferring patients to another facility. The written plan shall be available to all professional staff and shall clearly specify the following:

1. The staff of the facility who are available and authorized to provide necessary emergency evaluations;

2. The staff of the facility who are authorized to arrange for patients to be referred or transferred to another facility when necessary;

3. The arrangements the facility has made for exchanging records with the outside facility when it is necessary for the care of the patient;

4. The location of the outside facility and the names of the appropriate personnel to contact;

5. The method of communication between the two facilities;

6. The arrangements the facility has made to assure that when a patient requiring emergency care is transferred to an non-psychiatric or substance abuse service or facility, he or she will receive further evaluation and/or treatment of his or her psychiatric or substance abuse problem, as needed;

7. The arrangements the facility has made for transporting patients, when necessary, from the facility to the facility providing emergency services;

8. The policy for referring patients needing continued care after emergency services back to the referring facility; and

9. Policies concerning notification of the patient's family of emergencies and of arrangements that have been made for referring or transferring the patient to another facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.70.3 When an emergency service is provided by the facility, the service shall be well organized, properly directed, and integrated with other services of the facility and shall comply with Part IV, Chapter 7, Section 701-705.6 of the Minimum Standards of Operations of Mississippi Hospitals.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 71 LIBRARY

Rule 40.71.1 Library services shall be made available to meet the professional and technical needs of the facility's staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.71.2 Facilities that do not maintain a professional library shall have an arrangement with a nearby facility or institution to use its professional library.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.71.3 Current reference material, books, and basic health care journals shall be available in each facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.71.4 The library shall establish regular and convenient hours of service so that staff may have prompt access to current materials.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.71.5 When a facility operates its own library, the professional library service shall provide pertinent, current and useful medical, psychiatric, psychological, alcohol, drug, educational, and related materials.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.71.6 A facility providing extensive library services should utilize the services of a professional librarian.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 72 LABORATORY/RADIOLOGY

Rule 40.72.1 The facility shall have provisions for promptly obtaining required laboratory, x-ray, and other diagnostic services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.72.2 If the facility provides its own laboratory and x-ray services, these shall meet the applicable standards established for hospital licensure. Refer to Subchapter 21, Subchapters 57-61 & Subchapters 70-73 of the Minimum Standards of Operation for Mississippi Hospitals.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.72.3 If the facility itself does not provide such services, arrangements shall be made for obtaining these services from a licensed and certified laboratory.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.72.4 All laboratory and x-ray services shall be provided only on the orders of the attending physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.72.5 The facility shall assist the patient, if necessary, in arranging for transportation to and from the source of service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.72.6 All signed and dated reports of laboratory, x-ray, and other diagnostic services shall be filed with the patient's medical record.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 73 VOLUNTEER

Rule 40.73.1 In facilities where volunteer services are utilized, the objectives and scope of the volunteer service shall be clearly stated in writing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.2 An appropriately qualified and experienced staff member shall be assigned to select and evaluate volunteers and to coordinate volunteer activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.3 The authority and responsibilities of the volunteer coordinator shall be clearly stated in writing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.4 The volunteer coordinator shall perform the following functions:

1. Assist staff in determining the need for volunteer services and in developing assignments;
2. Plan and implement the program for recruiting volunteers;
3. Coordinate efforts to recruit, select, and train volunteers, and to place volunteers in appropriate services or units;
4. Instruct staff on the proper, effective, and creative use of volunteers;
5. Keep staff and the community informed about volunteer services and activities;
6. Provide opportunities for volunteers to acquire the qualifications for certification when applicable; and
7. Assign an appropriate staff member to provide ongoing supervision, in-service training, and evaluation of volunteers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.5 An orientation program shall be conducted to familiarize volunteers with the facility's goals and services and to provide appropriate clinical orientation regarding the facility's patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.6 The orientation program shall include explanations of at least the following:

1. The importance of maintaining confidentiality and protecting patients' rights.

2. The procedures for responding to unusual events and incidents; and

3. The program's channels of communication and the distinctions between administrative and clinical authority and responsibility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.7 Volunteers shall be under the direct supervision of the staff of the service or unit utilizing their services, and shall receive general direction and guidance from the volunteer coordinator.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.8 The use of volunteers as members of treatment teams to supplement the total treatment program shall be done only in collaboration with appropriate professional staff members and after consideration of the patients' needs for continuity.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.9 Supervisory professional staff shall be available to help volunteers establish the most effective relationship with patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.10 Procedures shall be established to assure that the observations of volunteers are reported to the professional staff members responsible for the patient. These observations may be recorded in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.11 Volunteers may be utilized to help meet patients' basic needs for social interaction, self-esteem, and self-fulfillment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.12 Volunteer activity records and reports shall contain information that can be used to evaluate the effectiveness of the volunteer services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.73.13 At least the following records shall be maintained by the volunteer service:

1. A personnel record that includes the volunteer's application, record of assignments, and progress reports;

2. A master assignment schedule for all volunteers, including times and units of assignment; and

3. A current job description for each volunteer.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 74 RESEARCH OPTIONAL

Rule 40.74.1 When a facility or program conducts or participants in research with human subjects, policies shall be designed and written to assure that rigorous review is made of the merits of each research project and of the potential effects of the research procedures on the participants.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.2 An interdisciplinary research committee shall review all research projects utilizing human subjects. The committee shall be either a permanent standing committee or a committee convened on an as-needed basis.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.3 Members of the research review committee shall be qualified by training and experience to serve on the committee. Individuals who have appropriate experience in the research areas being reviewed shall be included on the committee.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.4 A majority of the committee member should be individuals who are not directly associated with the research project under consideration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.5 Some committee members should be individuals who are not formally associated with the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.6 Prior to the authorization and initiation of each research project, the research committee shall conduct a detailed review of the project. This review shall include the following:

1. The adequacy of the research design;
2. The qualifications of the individuals responsible for coordinating the project;
3. The benefits of the research in general;
4. The benefits and risks to the participants;
5. The benefits to the facility;

6. The possible disruptive effects of the project on facility operations;

7. The compliance of the research design with accepted ethical standards;

8. The process to be used to obtain informed consent from participants; and

9. The procedures for dealing with any.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.7 This initial review shall form the basis for a written report that shall be submitted by the committee to the Chief Executive Officer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.8 All individuals asked to participate in a research project shall be given the following information before being asked to give their consent:

1. A description of the benefits to be expected;

2. A description of the potential discomforts and risks;

3. A description of alternative services that might prove equally advantageous to them; and

4. A full explanation of the procedures to be followed, especially those that are experimental in nature.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.9 If the investigator does not wish to fully disclose the purpose, nature, expected outcome, and implications of the research to the participants before it begins, the investigator shall clearly and rigorously justify to the research review committee that such disclosure is inadvisable and that failure to give full disclosure is not detrimental to the participants. Under such conditions, disclosure may be deferred until the research project is completed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.10 All research project participants shall sign a consent form that indicates their willingness to participate in the project.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.11 All consent forms, except as provided in Rule 40.74.9 shall address all of the information specified in Rule 40.74.8 and shall indicate the name of the person who supplied the participant with the information and the date the form was signed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.12 The informed consent document shall address the participant's right to privacy and confidentiality.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.13 Neither the consent form nor any written or oral agreement entered into by the participant shall include any language that releases the facility, its agents, or those responsible for conducting the research from liability for negligence.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.14 All prospective participants over the age of 12 and all parents or guardians of participants under the age of 18 shall sign a written consent form that indicates willingness to participate in the project.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.15 The consent form shall address all of the information specified in Standard 2914.10 and shall indicate the name of the individual who supplied the participant with the information and the date the consent form was signed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.16 Prospective participants under the age of 18, and all prospective participants who are legally or functionally incompetent to provide informed consent, shall participate only when and if consent has been given by a person legally empowered to consent, shall participate only when and if consent has been given by a person legally empowered to consent, and such consent has been reviewed by an independent advocacy group, if available.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.17 Such legal guardian and/or advocate shall receive the same information as required in Rule 40.74.8 and shall sign the consent form.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.18 A patient's refusal to participate in a research project shall not be a cause for denying or altering the provision of indicated services to that patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.19 Participants shall be allowed to withdraw consent and discontinue participation in a research project at any time without affecting their status in the program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.20 Privacy and confidentiality should be strictly maintained at all times.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.21 Upon completion of the research procedures, the principal investigator shall attempt to remove any confusion, misinformation, stress, physical discomfort, or other harmful consequences that may have arisen with respect to the participants as a result of the procedures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.22 Investigators and other directly involved in research shall, both in obtaining consent and in conducting research, adhere to the ethical standards of their respective professions concerning the conduct of research and should be guided by the regulations of the US Department of Health and Human Services and other federal, state, and local statues and regulations concerning the protection of human subjects.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.23 Upon completion of the research, the principal investigator, whether a member of the facility's staff or an outside researcher, shall be responsible for communicating the purpose, nature, outcome, and possible practical or theoretical implications of the research to the staff of the program in a manner which they can understand.

SOURCE: Miss. Code Ann. §41-9-17

Rule 40.74.24 Reports of all research projects shall be submitted to the Chief Executive Officer and the research committee and shall be maintained by the facility.

SOURCE: Miss. Code Ann. §41-9-17

CHAPTER 41 MINIMUM STANDARDS OF OPERATION FOR MISSISSIPPI HOSPITALS

Subchapter 1 AUTHORITY AND LICENSE

Rule 41.1.1. **Adoption of Regulations and Minimum Standards**. By virtue of authority vested in it by the Mississippi Code Annotated Sections 41-9-1 through 41-9-35, or as otherwise amended, the Mississippi Department of Health does hereby adopt and promulgate the following regulations and standards for hospitals.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 2 DEFINITIONS

Rule 41.2.1. **Hospital**. "Hospital means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment and care of individuals suffering from physical or mental infirmity, illness, disease, injury or deformity, or a place devoted primarily to providing obstetrical or other medical, surgical or nursing care of individuals, whether or not any such place be organized or operated for profit and whether any such place be publicly or privately owned. The term "hospital" does not include convalescent or boarding homes, children's homes, homes for the aged or other like establishments where room and board only are provided, nor does it include offices or clinics where patients are not regularly kept as bed patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.2.2. **Person**. "Person" means any individual, firm, partnership, corporation, company, association or joint stock association, and the legal successor thereof.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.2.3 **Governmental Unit**. "Governmental Unit" means the state, or any county, municipality or other political subdivision or any department, division, board or other agency of any of the foregoing, excluding all federal establishments.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.2.4. **Licensing Agency**. "Licensing agency" means the Mississippi Department of Health.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.2.5. **License**. No person or governmental unit shall establish, conduct, or maintain a hospital in this state without a license.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.2.6. **Application for License**. An application for a license shall be made to the licensing agency upon forms provided by the licensing agency, and shall contain such information as the licensing agency reasonably requires.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.2.7. **Licensure Fees**. Each initial and renewal licensure application, unless suspended or revoked, shall be accompanied by a fee as set by the Board, made payable to the Mississippi State Department of Health, either by business check, money order, or by electronic means. Renewal of licenses shall occur on an annual basis. Fees are non-refundable.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.2.8. **User Fee**. A "user fee" in an amount set by the Board, shall be assessed by the licensing agency for the purpose of the required reviewing and inspections of the proposal of any hospital in which there are additions, renovations, modernizations, expansion, alterations, conversions, modifications or replacement of the entire facility involved in the proposal. This fee includes the reviewing of architectural plans in all required steps. Fees are to be made payable to the Mississippi State Department of Health and paid by either a business check, money order, or electronic means.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.2.9. **Renewal of License**. A license, unless suspended or revoked, shall be renewable annually, upon filing by the licensee, and approval by the licensing agency of an annual report upon such uniform dates and containing such information as the licensing agency requires and upon paying the annual fee for such license.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.2.10. **Issuance of License**. Each license shall be issued only for the premises and persons or governmental units names in the application and shall not be transferable or assignable except with the written approval of the licensing agency.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.2.11. **Posting of License**. Licenses shall be posted in a conspicuous place on the licensed premises.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.2.12. **Trauma Registry**. Collection of data on patients who receive hospital care for certain types of injuries. Such data are primarily designed to ensure quality of trauma care and outcomes in individual institutions and trauma systems, but have the secondary purpose of providing useful data for the surveillance of injury, morbidity and mortality.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 3 DENIAL OR REVOCATION OF LICENSE.

Rule 41.3.1. The licensing agency, after notice and opportunity for hearing to the applicant or licensee, is authorized to deny, suspend or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established in these regulations and standards.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 4 ADMINISTRATION: OWNERSHIP

Rule 41.4.1. There shall be full disclosure of hospital ownership and control. In its Initial Application for Hospital License the hospital shall disclose:

1. The ownership of the hospital, including the names and addresses of the following: all stockholders, if the owner is a corporation; the partners, if the owner is a partnership; or the owner(s), if individually owned.

2. The name, address, and capacity of each officer and each member of the governing body, as well as the individual(s) directly responsible for the operation of the hospital.

3. Owner's proof of financial ability for continuous operation.

4. The name and address of the resident agent for service of process within the State of Mississippi if the owner shall not reside or be domiciled in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.4.2. Annually in its Application for Renewal of Hospital License the hospital shall report:

1. The name and address of the owner.

2. The name and address of the operator.

3. The name, address and capacity of each officer and each member of the governing body, as well as the individual(s) responsible for the operation of the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.4.3. When any changes shall be made in the constituency of the governing body, the officers or the individual(s) directly responsible for the operation of the hospital, the hospital shall notify the licensing agency in writing within 15 days of such changes, and shall also furnish to it a certified copy of that portion of the minutes of the governing body dealing with such changes.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.4.4. When change of ownership of a hospital is contemplated, the hospital shall notify the licensing agency in writing at least 30 days prior to the proposed date of change of ownership, giving the name and address of the proposed new owner.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.4.5. The hospital shall notify the licensing agency in writing within 24 hours after any change of ownership and shall surrender its license there with.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 5 GOVERNING AUTHORITY

Rule 41.5.1. The hospital shall have an organized governing body, or designated person(s) so functioning, that has overall responsibility for the conduct of the hospital in a manner consistent with the objective of making available high quality patient care. The governing body shall be the supreme authority in the hospital, responsible for the management of the hospital and appointment of the medical staff. The governing body shall adopt bylaws in accordance with legal requirements and with its community responsibility, identifying the purposes of the hospital and the means of fulfilling them, and shall at least:

1. Be in writing available to all members of the governing body.

2. Contain the name of the governing body.

3. State the manner in which the members of the governing body, the officers and the administrative personnel are selected, the terms for which they are elected or appointed, and their duties and responsibilities.

4. Specify to whom authority for operation and maintenance of the hospital, including evaluation of hospital practices, may be delegated; and the methods established by the governing body for holding such individuals responsible.

5. Provide a schedule of meetings of the governing body at sufficiently frequent intervals to permit it an evaluation of the performance of the hospital as an institution and to carry on necessary planning for the proper developments and growth of the hospital, with written minutes to be kept of all such meetings.

6. Provide the method of appointment, re-appointment and removal of members of the medical staff.

7. Provide mechanisms for the formal approval of the organization, bylaws, and rules and regulations of the medical staff and its department in the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 6 MANAGEMENT

Rule 41.6.1. The governing body shall appoint an administrator whose, authority, and duties shall be defined in a written statement adopted by the governing body, the medical staff and all other branches and departments of the hospital. An administrator appointed on or after February 14, 2005 shall have at least a bachelor's degree and one (1) year experience in a health related field.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.2. The administrator shall be vested with sufficient authority to adequately perform all of the duties and responsibilities of his position, both written and implied.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.3. The governing body, through the administrator, shall provide appropriate physical resources and personnel required to meet the needs of the patients, and shall participate in planning to meet the health needs of the community.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.4. The governing body, through its administrator, shall take all reasonable steps to comply with all applicable federal, state and local laws and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.5. The governing body, through its administrator, shall provide for the control and use of the physical and financial resources of the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.6. The governing body shall delegate to the medical staff the authority to evaluate the professional competence of staff members and applicants for medical staff membership and/or clinical privileges. It shall hold the medical staff responsible for making recommendations to the governing body concerning initial staff appointments, re-appointments, removals and/or assignment or curtailment of clinical privileges.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.7. The governing body shall have the authority and responsibility for the appointment, reappointment and removal of the members of the medical staff and other practitioners who have been granted clinical privileges.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.8. Appointment, reappointment and removal of the members of the medical staff and other practitioners with clinical privileges shall be based upon well defined written criteria set forth in the bylaws.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.9. The governing body shall utilize the advice of the medical staff in granting and defining the scope of clinical privileges to individual physicians, dentists and other practitioners requesting clinical privileges. If the medical staff does not include a physician or practitioner of the same specialty, the medical staff shall consult with the appropriate licensure boards regarding scope of practice before making recommendations to the governing body regarding clinical privileges.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.10. No applicant shall be denied medical staff privileges in any publicly owned hospital on the basis of any criteria lacking professional justification.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.11. A mechanism shall be established in the bylaws for review by a joint committee when the governing body disagrees with the recommendations of the medical staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.12. All physicians, dentists and other practitioners applying for medical staff membership and/or clinical privileges must sign an agreement to abide by the medical staff by-laws and rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.13. The governing body shall inform applicants for medical staff membership and/or clinical privileges of the disposition of their application in a reasonable time.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.14. The medical staff bylaws and rules and regulations shall be subject to governing body approval, which shall not be unreasonably withheld. These shall include an effective formal means for the medical staff to participate in the development of hospital policy relative to patient care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.15. The governing body shall require that the medical staff establish controls that are designed to insure the achievement and maintenance of high standards of professional ethical practices, and shall:

1. Establish policies that insure that only members of the medical staff dental staff or other practitioners designated by the governing body admit patients to the hospital.

2. Insure that a physician member of the medical staff is responsible for the care of each patient with respect to any medical or psychiatric problem that is present on admission or develops during hospitalization and is not specifically within the scope of practice of other practitioners with clinical privileges as defined by State law.

3. Each individual hospital in the state shall decide by its "credentialing committee", or by whatever name it uses for the functions of credentialing, whether or not it

chooses to abide by the amendments as set out in Chapters 1, 2, 3, and 4 hereof, as pertaining to dental staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.16. If it shall be the policy of the hospital for physicians rendering consecutive services under contract with the hospital to bill hospital patients separately for their services, all hospital patients shall be advised, upon entering or prior to leaving the hospital, that they may expect a separate and additional bill for any such services as may have been rendered them.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.17. **Criminal History Record Checks**.

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

2. **Employee**. For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a covered entity. The term employee", also includes any individual who by contract with the covered entity provides direct patient care in a patient's, resident's, or client's room or in treatment rooms.

3. The term employee does not include healthcare professional/technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

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

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

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

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

5. **Licensed Entit**y. For the purpose of criminal history record checks, the term "licensed entity" means a hospital, nursing home, personal care home, home health agency or hospice.

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

7. **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.

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

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

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.6.18. **Criminal History Record Checks**.

1. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be preformed 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 patient care or services and who is employed on or after July 01, 2003, and

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

2. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history record check revealed no disqualifying record or the employee has been granted a waiver. Provided the covered entity has

documented evidence of submission of fingerprints for the background check, any person may be employed and provide direct patient care on a temporary basis pending the results of the criminal history record check but any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check and no waiver is granted.

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

a. possession or sale of drugs

b. murder

c. manslaughter

d. armed robbery

e. rape

f. sexual battery

g. sex offense listed in Section 45-33-23(g), Mississippi Code of 1972

h. child abuse

i. arson

j. grand larceny

k. burglary

l. gratification of lust

m. aggravated assault

n. felonious abuse and/or battery of vulnerable adult

4. 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, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

5. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (c) above.

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

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

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

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

10. Should results of an employee applicant's criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying event, provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant's suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi Department of Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with

respect to an employee applicant's criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history check as required in this subsection.

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

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

Source: Miss. Code Ann. §41-9-13

Subchapter 7 THE MEDICAL STAFF

Rule 41.7.1. The hospital shall have an organized medical staff that has the overall responsibility for the quality of all medical care provided to patients, and for the ethical conduct and professional practices of its members as well as for accounting therefore to the governing body. Each member of the medical staff shall be qualified for staff membership and for the exercise of the clinical privileges granted to him.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.2. The medical staff shall be limited to individuals who are licensed to practice medicine, osteopathy, or dentistry in the State of Mississippi, and such other practitioners as determined by the governing body. Such members must be appropriately licensed or certified and shall be professionally and ethically qualified for the positions to which they are appointed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.3. Clinical privileges granted to dentists shall be based on their training, experience, demonstrated competence and judgment.

1. The scope and extent of surgical procedures that each dentist may perform must be specifically defined and recommended in the same manner as surgical privileges for physicians.

2. Surgical procedures performed by dentists shall be under the overall supervision of the Chief of Surgery. In hospitals where a Chief of Surgery is not designated,

they shall be under the overall supervision of a competent surgeon approved by the Chief of Staff or president of the medical staff.

3. All dental patients must receive the same basis medical appraisal by a physician as patients admitted for other services except patients admitted by a qualified oral surgeon. An oral surgeon who admits a patient without medical problems may complete an admission history and a physical examination and assess the medical risks of the procedure to the patient if qualified to do so. Criteria to be used in identifying such a qualified oral surgeon shall include, but shall not necessarily be limited to, the following: successful completion of a postgraduate program in oral surgery accredited by a nationally recognized accrediting body approved by the United States Office of Education; and, as determined by the medical staff, evidence that the oral surgeon who admitted the patient is currently competent to conduct a complete history and physical examination to determine the patient's ability to undergo the oral surgical procedure the oral surgeon proposes to perform.

4. Patients with medical problems admitted to the hospital by qualified oral surgeons and patients admitted for dental care by individuals who are not qualified oral surgeons shall receive the same basic medical appraisal as patients admitted for other services. This includes having a physician who either is a member of the medical staff or is approved by the medical staff perform an admission history, a physical examination, and an evaluation of the overall medical risk and record the findings in the medical record. The responsible dentist shall take into account the recommendations of this consultation in the overall assessment of the specific procedure proposed and the effect of the procedure on the patient. When significant medical abnormality is present, the final decision must be a joint responsibility of the dentist and the medical consultant. The dentist shall be responsible for that part of the history and physical examination related to dentistry. A physician member of the medical staff shall be responsible for the care of any medical problem that may be present on admission or that may arise during hospitalization of dental patients.

5. A physician member of the medical staff must be responsible for the care of any medical problem that may be present or that may arise during the hospitalization of dental patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.4. All clinical privileges shall be based on training, experience, demonstrated competence, and judgment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.5. The medical staff shall be organized to accomplish its required functions; it shall provide for selection or appointment of its officers, executive committee, department head or service chiefs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.6. The medical staff must provide a framework in which the duties, functions, and responsibilities of the medical staff can be carried out. The complexity of the organization will depend on the size of the hospital and the scope of the activities of the medical staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.7. There shall be such officers of the medical staff as to provide effective governing of the medical staff and to provide effective medical care. There should be at least a president, vice-president, and secretary-treasurer of the medical staff, or other similar titles.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.8. The medical staff shall participate in the maintenance of high professional standards by representation on committees concerned with patient care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.9. The medical staff should participate in continuous study and evaluation of factors relating to patient care in the hospital's internal environment. This should include participation in the development of hospital policies and procedures in-so-far as they affect patient care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.10. The development and surveillance of pharmacy and therapeutic practices in relation to drug utilization must be performed by the medical staff in cooperation with the pharmacist.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.11. The medical staff shall see that there is adequate documentation of medical events by a review of discharged patients that shall insure that medical records meet the required standards of completeness, clinical pertinence, and promptness or completion of following discharge.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.12. The medical staff shall actively participate in the study of hospital-associated infections, and infection potentials, and must promote a preventive and corrective program designed to minimize their hazards.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.13. The medical staff and the hospital's administration must evaluate their ability to manage internal and external disasters and other emergency situations. Medical staff responsibilities shall be clearly outlined.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.14. There shall be regular medical staff meetings to review the clinical work of members and to complete medical staff administrative duties.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.15. The medical staff shall provide a continuing program of professional education, or give evidence of participation in such a program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.16. The medical staff shall develop and adopt bylaws and rules and regulations to establish a framework for self-government and a means of accountability to the governing body, such bylaws and rules and regulations to be approved by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.7.17. The medical staff bylaws and rules and regulations, as a minimum, shall:

1. Contain the name of the organization.

2. Delineate the organizational structure of the medical staff.

3. Specify the qualifications and procedures for admission to and retention of staff membership, including the delineation, assignment, reduction, and withdrawal of clinical privileges.

4. Specify the method of reviewing the qualifications of staff members.

5. Provide an appeal mechanism relative to medical staff recommendations for denial, curtailment, suspension, or revocation of clinical privileges in any hospital having an open staff. This mechanism shall provide for review of decisions including the right to be heard at each step of the process when requested by the practitioner.

6. Delineate clinical privileges of non-physician practitioners, as well as responsibilities of the physician members of the medical staff in relation to non-physician practitioners. A non-physician practitioner is a health professional licensed or otherwise authorized by the state to provide a range of independent or interdependent health services. Such providers include but are not limited to chiropractors, licensed professional counselors, licensed social workers, nurse

practitioners/physician assistants (including nurse anesthetists), psychologists, podiatrists, and optometrists.

7. Require a pledge that each practitioner will conduct his practice in accordance with high ethical traditions and will refrain from:

   a. Rebating a portion of a fee, or receiving other inducements in exchange for a patient referral.

   b. Deceiving a patient as to the identity of an operating surgeon or any other medical practitioner providing services.

   c. Delegating the responsibility of hospitalized patients to another medical practitioner who is not qualified to undertake this responsibility.

8. Provide for methods of selection of officers and clinical department or service chairmen.

9. Outline the responsibilities of the medical staff officers and clinical department or service chairmen.

10. Specify composition and functions of standing committees or standing committee functions as required by the complexity of the hospital.

11. Establish requirements regarding the frequency of and attendance at general and departmental meetings of the medical staff.

12. Require that the evaluation of the significance of medical histories, the authentication of medical histories, and the performance and recording of physical examinations and prescribing of treatment be carried out by those with appropriate licenses and clinical privileges within their sphere of authorization.

13. Establish requirements regarding the completion of medical records.

14. Provide for a mechanism by which the medical staff consults with and reports to the governing body.

15. Adopt rules and regulations that contain specific statements covering procedures that foster optimal achievable patient care, including the care provided in the emergency service area.

16. Provide that each practitioner shall on application for clinical privileges sign an agreement to abide by the current medical staff bylaws and rules and regulations and the hospital bylaws.

17. Provide for records of attendance and minutes that adequately reflect the transactions, conclusions, and recommendations of the medical staff.

18. Require and include procedures for evaluation of medical care.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 8 DESIGN AND CONSTRUCTION ELEMENTS: PHYSICAL PLANT

Rule 41.8.1. **General**. Every institution subject to these Minimum Standards shall be housed in a safe building which contains all the facilities required to render the services contemplated in the application for license.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.8.2. **Codes**. The term "safe" as used in Rule 41.8.1 hereof shall be interpreted in the light of compliance with the requirements of the codes recognized by this agency on date of construction which are incorporated by reference as a part of these Minimum Standards; included are the Life Safety Code of the National Fire Protection Association, American National Standards Institute, Standards Number A-17.1, and A-17.3, Safety Code for Elevators and Escalators, the American Institute of Architects (AIA), Guidelines for Design and Construction of Hospital and Health Care Facilities, and references incorporated as body of all afore mentioned standards.

1. Life Safety Code compliance relative to construction date:

   a. Buildings constructed after February 14, 2005 shall comply with the edition of the Life Safety Code (NFPA 101) recognized by this agency on the date of construction.

   b. Building constructed prior to February 14, 2005 shall comply with existing chapter of the Life Safety Code recognized by this agency.

2. For minimum standards governing Heating, Ventilation, and Air Conditioning (HVAC), area design, space allocation, parking requirements, and other considerations not specifically addressed by local authority or standards referenced herein, compliance with the AIA guidelines will be deemed acceptable.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 9 SUBMISSION OF PLANS AND SPECIFICATIONS

Rule 41.9.1. Construction shall not be started for any institution subject to these standards (whether new or remodeling or additions to an existing licensed hospital) until the plans and specifications for such construction or remodeling have been submitted to the Licensing Agency in writing and its approval of the changes given in writing.

1. **Exception**: Foundation changes made necessary by unanticipated conditions, or any conditions which present a hazard to life or property if not immediately corrected.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.9.2. Plans and specifications for any substantial hospital construction or remodeling should be prepared by competent architects and engineers licensed to practice in the state and who assume responsibility for supervising the construction. The following plans shall be submitted to the Licensing Agency for review:

1. Preliminary Plans - To include schematics of buildings, plot plans showing size and shape of entire site, existing structures, if any, streets and location and characteristics of all needed utilities, floor plans of every floor dimensioned and with proposed use of each room or area shown. If for additions or remodeling, provide plan or of existing building showing all proposed alterations, outline specifications to include a general description of the construction, type of finishes, and type of heating, ventilating, plumbing and electrical systems proposed.

2. Final Working Drawings and Specifications - Complete and in sufficient detail to be the basis for the award of construction contracts.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.9.3. All plans submitted for review must be accompanied in their first submission by an order of the governing board indicating the type and scope of license to be applied for or a Certificate of Need.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.9.4. Plans receiving approval of the Licensing Agency upon which construction has not begun within six (6) months following such approval must be resubmitted for approval.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.9.5. In all new facilities, plans must be submitted to all regulatory agencies, such as the County Health Department, etc., for approval prior to starting construction.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.9.6. Upon completion of construction an inspection shall be made by the Licensing Agency and approval given prior to occupying the building or any part thereof. The state and county health departments shall have access to the job site during regular business hours and shall conduct construction progress inspections as deemed necessary by the agency.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.9.7. **Environment**. All hospitals shall be so located that they are reasonably free from undue noises, smoke, dust or foul odors, and should not be located adjacent to railroads, freight yards, schools, children's playgrounds, airports, industrial plants or disposal plants. The proposed site for new hospitals shall be approved by the department. No new facilities shall be located nearer than 1000 ft. to a cross-country petroleum or gas pipeline.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.9.8. **Zoning Restrictions**. The locations of an institution shall comply with all local zoning ordinances.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.9.9. **Access**. Institutions located in rural areas must be served by good roads which can be kept passable at all times.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.9.10. **Elevators**. One power driven elevator is required in all hospitals having patient rooms, operating suite, or delivery suite above the first floor. Two or more elevators are required if 60 or more patients are housed above the ground floor. Minimum cab dimensions required for elevators transporting patients is 76" x 50" inside clear measurements; hatchway and cab doors 3'8" wide, minimum. Elevators are subject to the requirements of referenced standard listed in paragraph 602, Codes, of this regulation.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 10 FIRE REPORTING AND PROTECTION

Rule 41.10.1. Duty to report all fires, explosions, natural disasters, avoidable deaths or avoidable serious or life threatening injuries to patients shall be reported by telephone to the department by the next working day after the occurrence. The licensing agency will provide the appropriate forms to the facility which shall be completed and returned within fifteen (15) calendar days of the occurrence. All reports shall be complete, thorough, and shall record at a minimum the casual factors, date, time of occurrence, and exact location of occurrence whether inside or outside of the facility. Attached thereto shall be all police, fire, and/or other official reports. There must be a telephone in the building to summon help in case of fire.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.10.2. All new construction or renovation with the licensing agency's approval date on or after February 14, 2005 shall be protected throughout by a sprinkler system.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.10.3. **Heating and Ventilating**. Suitable artificial heat shall be furnished to maintain 75 degrees F inside temperature with 10 degrees F outside temperature. Circulating hot water from a remote boiler or vapor steam with circulating pumps and controls on emergency electrical service to provide heating in case of power failures are the preferred methods of heating. Electrical heating will be approved provided a standby electrical generator is provided of capacity to furnish 80% of the maximum heating load in addition to other power and lighting loads that may be connected to it, or the hospital is supplied by two electric service lines connected to separate transformers at the sub-station so arranged that electric service can be maintained in case of failure of one line or transformer.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 11 PLUMBING

Rule 41.11.1. All institutions subject to these standards shall be connected to an approved municipal water system or to a private supply whose purity has been certified by the laboratory of the Department of Health. Private supplies must be sampled, tested, and its purity certified at least twice annually and immediately following any repair or modification to the underground lines, the elevated tank, or to the well or pump. Supply must be adequate, both as to volume and pressure for fire fighting purposes. Deficiencies in either must be remedied by the provision of auxiliary pumps, pressure tanks or elevated tanks as may be required.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.11.2. An approved method of supplying hot water for all hospital uses must be provided. Water to lavatories and scrub sinks must be 100 degrees-115ºF. Water to mechanical dishwashers must be delivered at 180 degrees F for rinsing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.11.3. Supply piping within the building shall be in accordance with the local code. Special care must be taken to avoid use of any device or installation which might cause contamination of the supply through back-siphonage or cross connections.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 12 SEWAGE DISPOSAL

Rule 41.12.1. All institutions subject to these standards shall dispose of all sanitary wastes through connection to a suitable municipal sewerage system or through a private sewerage system that has been approved in writing by the Division of Environmental Services, Onsite Waste Water of the Department of Health.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.12.2. All fixtures located in the kitchen, including the dishwasher, shall be installed so as to empty into a drain which is not directly connected to the sanitary house drain. Kitchen drain may empty into a manhole or catch basin having a perforated cover with an elevation of at least 24" below the kitchen floor evaluation, and hence to the sewer. Exceptions: existing licensed institutions which have no plumbing fixtures installed on floors which are above the floor on which the kitchen is located.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 13 EQUIPMENT

Rule 41.13.1. **Medical Equipment Management**. In order to ensure safe and reliable operation of medical equipment, qualified personnel shall maintain all medical equipment, regardless of ownership. Such maintenance shall be based upon criteria such as manufacturer's recommendations, common industry practices and current hospital experience and shall include the following:

1. Current equipment inventory.
2. Periodic electrical safety inspections and preventive maintenance.
3. Documentation of all testing and maintenance activities, inclusive of any repairs.
4. Reporting and investigating equipment problems, failures, and user errors that may have an adverse effect on patient safety or the quality of care.
5. Monitoring and acting on equipment hazard notices and recalls.
6. Monitoring and reporting incidents in which a medical device is suspected or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.
7. The facility shall maintain life support equipment utilizing maintenance strategies designed to minimize clinical and physical risks inherent in use of such equipment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.13.2. **Electric Nurse Call**. There shall be installed a low voltage nurse call system for every bed and such other areas as deemed necessary, with annunciator at nurses station and nurses work area.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 14 EMERGENCY ELECTRIC SERVICE

Rule 41.14.1. **General**. To provide electricity during an interruption of the normal electric supply that could affect the medical care, treatment, or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.14.2. **Source**. The source of this emergency electric service shall be an emergency generator, with a stand-by supply of fuel for 24 hours.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.14.3. **Patient Rooms**: Each patient room shall meet the following requirements:

1. **Area**. Shall provide 120 sq. ft. of floor area for a single bedroom and 100 sq. ft. per bed in multi-bedrooms with new construction or renovation approved by the licensing agency on or after February 14, 2005.

2. **Ceiling Height**. Shall be 8'0" minimum.

3. **Windows**. All rooms housing patients shall be outside rooms and shall have window area equal to 1/8th of the floor area. The sill shall not be higher than 36 inches above the floor and shall be above grade. Windows shall not have any obstruction to vision (wall, cooling tower, etc.) within 50 feet as measured perpendicular to the plane of the window.

4. **Storage**. Each patient shall be provided with a hanging storage space of not less than 16" x 24" x 52" for personal belongings.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.14.4. **Furnishings**:

1. **Bed**. Each patient room shall be equipped with an adjustable bed.

2. **Bedside Cabinet**. A bedside cabinet shall be provided for each patient. It should contain a water service, bedpan, urinal, emesis basin, and bath basin. (These may be disposable.)

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.14.5. **Rooms** shall be equipped with curtains or blinds at windows. All curtains shall have a flame spread of 25 or less.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.14.6. **Cubicle curtains** or equivalent built-in devices for privacy in all multi-bed rooms shall be provided. They shall have a flame spread of 25 or less. Cubicle curtains

shall encircle the bed on three sides. Must comply with mesh webbing for sprinkler systems.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.14.7. **A lavatory equipped with wrist action handles**, shall be located in the room or in a private toilet room. (If a water closet is provided, a bedpan washer is recommended.)

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.14.8. **Patient bed light** shall be provided which shall be capable of control by the patient. Provide a night light bright enough for the staff to perform routine duties, but dim enough so as not to disturb the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.14.9. **Service Areas**. The size of each service area will depend on the number and type beds within the unit and shall include the following:

1. **Nurse Station**. For nurses charting, doctors charting, communication and storage for supplies and nurses personal effects.

2. **Staff Toilet with Lavatory**. Convenient to nurse's station.

3. **Clean Work Room**. For storage and assembly of supplies for nursing procedures. Shall contain cabinets or storage carts, work counter and sink.

4. **Soiled Utility**. Shall contain deep sink, work counter, waste receptacle, soiled linen receptacle, and provision for washing bedpans if not provided elsewhere.

5. **Medicine Station**. Adjacent to nurses' station, with sink, small refrigerator, locked storage, narcotic locker with a light in the nurses station that indicates when the door is open and work counter. (May be in clean work room in self-contained cabinet.)

6. **Clean Linen Storage**. A closet large enough to hold an adequate supply of clean linen.

7. Provision for between-meal nourishments.

8. **Patient Bath**. At least one tub or shower-stall for each 18 patients not served by private bath.

9. **Stretcher and Wheelchair Storage Area**.

10. **Fire Extinguisher**. One (1) approved Class ABC unit for each 3000 sq. ft.

11. **Janitor's Closet**. Closet large enough to contain floor receptor with plumbing and space for some supplies and mop buckets.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.14.10. **Isolation Room**: (At least one per hospital). It shall contain:

1. One patient bed per room.
2. Private lavatory and toilet.
3. View window 10" x 10" in door.
4. Anteroom with door to corridor and door into patient room. This anteroom shall have a lavatory, shelving, space for linen hamper, and hanging space adequate for isolation techniques. Supply and exhaust is to be separate from the patient room supply and exhaust.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.14.11. **Detention Room**. If a detention room is provided, it shall be provided with key-only lock on all doors operated from both sides and security screen on the window for disturbed or confused patients. The isolation room may be modified for this purpose.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 15 SPECIAL CARE

Rule 41.15.1. In addition to the requirements for patient rooms and service areas, a special care area, where provided, shall meet fire safety standards and electrical hazard standards applicable to intensive care units, cardiac units, and other such areas.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.15.2. A waiting room shall be provided in this area and shall contain 10 sq. ft. per bed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.15.3. Newborn Nursery shall have:

1. Lavatory with wrist action blade handles.
2. Emergency nurses call.
3. Oxygen, with equipment for measuring oxygen content.
4. Facilities for viewing the babies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.15.4. Each full term nursery shall contain no more than 12 bassinets with a minimum area of 24 sq. ft. for each bassinet. An examination and work room shall be provided. One work room may serve more than one nursery. The nursery is to be entered only through the work room. There shall be a separate bassinet for each infant consisting of stand, removable basket, cabinet or table for storage of individual utensils and supplies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.15.5. Janitor's closet shall be provided. (See Rule 41.14.9(11)).

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.15.6. Specific provisions shall be made to take care of premature babies. Incubators suitable for the care of premature infants shall be provided.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.15.7. Nursery heating shall be variable from 75 degrees - 80 degrees, with provisions for maintaining a relative humidity above 50%.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.15.8. All electric receptacles in each nursery shall be on the emergency circuit.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.15.9. Pediatric Unit (if provided as a separate unit) shall contain:

1. Patient room as described in Rule 41.14.3.

2. 50 sq.ft. per crib, with adequate space provided for person in attendance.

3. Service areas, in addition to those described in Rule 41.14.9, shall include a treatment room with lavatory with wrist action blade handles.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.15.10. Psychiatric Unit, if provided, shall contain rooms and service areas as described in Rule 41.14.3 and Rule 41.14.9. In addition, there shall be physician's office, examining room, conference room, dining room and day room.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 16 SURGICAL SUITE

Rule 41.16.1. This area shall be located so as to prevent through traffic and shall contain:

1. At least one operating room, with adequate sterile storage cabinets, for the first 50 beds and thereafter the number of rooms should be based on the expected surgical workload.

2. Recovery room with charting space, medication storage and preparation and sink is required. Oxygen, suction and other life supporting equipment must be immediately available to the patient and shall meet the requirements of National Fire Protection Association NFPA 99.

3. A service area which shall include:

   a. Surgical supervisor's station.

   b. Provision for high speed sterilization of dropped instruments readily available to operating room.

   c. Medicine preparation and storage area.

   d. Scrub station for two persons to scrub simultaneously.

   e. Clean up room with a two compartment sink and drain board and space for a dirty linen hamper.

   f. Anesthesia storage in compliance with National Fire Protection Association NFPA 99.

   g. Oxygen and nitrous oxide storage in compliance with National Fire Protection Association NFPA (99).

   h. Janitors closet (See Rule 41.14.9).

   i. Physicians' locker room containing toilet and shower with entry from non-sterile area and exit into sub-sterile area.

   j. Nurses' locker room containing toilet and shower with entry from non-sterile area and exit into sub-sterile area.

   k. Storage for transport beds.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.16.2. All finishes shall be capable of repeated scrubbings.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.16.3. Heating and cooling in accordance with AIA guidelines.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.16.4. Special lighting shall be supplied that eliminated shadows in the operating field with enough background illumination to avoid excessive contrast. Emergency lighting shall comply with Subchapter 14.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.16.5. Fire extinguishers shall be provided and distributed in accordance with NFPA10.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 17 CENTRAL STERILE SUPPLY

Rule 41.17.1. The following areas shall be separate:

1. **Receiving and Clean-Up Area**. To contain a two-compartment sink with two drain boards.

2. **Pack Make Up**. Shall have autoclaves, work counter and unsterile storage.

3. **Sterile Storage Area**. Should have pass-through to corridor.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 18 OBSTETRICAL SUITE

Rule 41.18.1. The requirements of this area are the same as Rule 41.17.1 except for Rule 41.17.1(2) & (3).

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.18.2. A labor room shall be provided with necessary equipment, a lavatory with wrist action blade handles, and shall be acoustically treated.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 19 OUTPATIENT AND TRAUMA AREA

Rule 41.19.1. This area shall be located to prevent outpatient from traversing inpatient areas and shall include:

1. A well-marked and sheltered entry with nearby parking and access for ambulance.

2. Waiting room with public telephone, drinking fountain, and toilet.

3. Admission and record area.

4. Examination and treatment rooms containing lavatory with wrist action blade handles and nurse call station. These rooms shall be so arranged that stretcher patients can be examined and treated.

5. Trauma room adequate for cast work and with sufficient lighting for detailed examinations.

6. Storage for sterile supplies.

7. Medicine preparation and storage area that can be locked.

8. Transport bed and wheelchair storage.

9. Janitor's closet (See Rule 41.14.9).

10. Dirty Utility area.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.19.2. The walls and floors shall be capable of repeated washings in all areas except trauma area which shall have floors, walls and ceilings capable of repeated washings.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 20 RADIOLOGY SUITE

Rule 41.20.1. This area should be as close to outpatient area as practical. It shall contain:

1. Radiographic room or rooms.

2. Film processing room.

3. Film filing room.

4. Toilet available to each fluoroscopy room.

5. Dressing room (at least two per radiographic room).

6. Patient waiting area.

7. Administrative area, including space for film viewing.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 21 LABORATORY

Rule 41.21.1. Adequate space for the following services shall be provided: chemistry, bacteriology, serology, pathology and hematology. Provision shall be made for:

1. Glass washing and sterilizing.

2. Administrative area, to include space for records and files.

3. Blood storage.

4. Specimen collection toilet (This may be primarily for other use).

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 22 DRUG ROOM

Rule 41.22.1. Adequate space shall be provided for storage of drugs and for keeping of necessary records. The room shall be capable of being securely locked in accordance with regulations regarding storage of dangerous drugs.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 23 DIETARY

Rule 41.23.1. Construction and equipment shall comply with Department of Health regulations, and shall include:

1. Food preparation center. Provide lavatory (without mirror) with wrist action blades, soap dispenser and disposable towel dispenser. All cooking appliances to have ventilating hood.

2. Food serving facilities. If dining space is provided, it shall contain a minimum of 15 sq. ft. per person seated.

3. Dishwashing room. Provide commercial type dishwashing equipment.

4. Pot washing facilities.

5. Refrigerated storage (three day supply).

6. Day storage (three day supply).

7. Cart cleaning facilities (can be in dishwashing room).

8. Can wash and storage (must be fly-tight).

9. Cart storage.

10. Dietitian's office.

11. Janitor’s closet (See Rule 41.14.9(11)).

12. Personnel toilets and lockers convenient to, but not in, the kitchen proper.

13. Approved automatic fire extinguisher system in range hood. In addition, Class K extinguisher to be installed in the kitchen.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 24 ADMINISTRATIVE AREA

Rule 41.24.1. **Administrative Area**. To include:

1. Business office with information desk cashier's station and personnel toilets.
2. Administrator's office.
3. Admitting area.
4. Lobby or foyer, with public toilets.
5. Medical Library (This area should be as close to medical records as possible).
6. Space for conferences and in-service training.
7. Medical records - office and storage.
8. Director of Nurses' office.
9. Fire Extinguisher. An approved Class 2A unit shall be provided.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.24.2. **Housekeeping Area**. To include:

1. Housekeeper's office.
2. Storage space for staff carts, if used.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.24.3. **Laundry**. To include:

1. Soiled linen room with lavatory with wrist action blades.
2. Clean linen and mending area. (To include space for storage of clean linen carts).
3. Laundry process room. Commercial type equipment sufficient for the needs of the hospital, unless contract service is used.
4. Janitor’s closet (See Rule 41.14.9(11)).

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.24.4. **General Storage**. There shall be a one hour fire rated lockable room, or separate building provided, which contains at least 18 sq. ft. per licensed bed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.24.5. **Boiler Room**. Space shall be adequate for the installation and maintenance of the required machinery.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.24.6. **Maintenance Area**. Sufficient area for performing routine maintenance activities shall be provided and shall include office for maintenance engineer.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 25 NURSING SERVICES EMERGENCY

Rule 41.25.1. **General**. The hospital shall have a procedure for taking care of emergency cases. Participation shall not be limited to hospitals which have organized emergency services or departments. There shall be effective policies and procedures relating to the staff, functions of the service, and emergency room medical records and adequate facilities in order to assure the health and safety of the patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 26 ORGANIZATION AND DIRECTION

Rule 41.26.1. The department or service shall be organized, directed by qualified personnel, and integrated with other departments of the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.26.2. There shall be written policies which shall be enforced to control emergency room procedures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.26.3. The policies and procedures governing medical care provided in the emergency service or department shall be established by and shall be a continuing responsibility of the medical staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.26.4. The emergency service shall be supervised by a qualified member of the medical staff, and nursing functions shall be the responsibility of a registered professional nurse.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.26.5. The administrative functions shall be the responsibility of a member of the hospital administration.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 27 FACILITIES

Rule 41.27.1. Facilities shall be provided to assure prompt diagnosis and emergency treatment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.27.2. Facilities shall be separate and independent of the operating room.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.27.3. **Freestanding Emergency Department.** The facility shall be located at least fifteen (15) miles from the nearest hospital-based emergency room. Such facility shall be designed, operated and staffed on a 24 hour basis to assure prompt diagnosis and emergency treatment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.27.4. Diagnostic and treatment equipment, drugs, supplies, and space, including a sufficient number of treatment rooms, shall be adequate in terms of the size and scope of services provided.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 28 MEDICAL AND NURSING PERSONNEL

Rule 41.28.1. There shall be adequate medical and nursing personnel available at all times.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.28.2. The medical staff shall be responsible for insuring adequate medical coverage for emergency services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.28.3. Qualified physicians shall be regularly available at all times for the emergency service, either on duty or on call.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.28.4. Qualified nurses shall be available at all times and in sufficient number to deal with the number and extent of emergency services.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 29 MEDICAL RECORDS

Rule 41.29.1. Adequate medical records on each patient shall be kept. The emergency medical record shall contain:

1. Patient identification.
2. History of disease or injury.
3. Physical findings.
4. Laboratory and x-ray reports, if any.
5. Diagnosis.
6. Record of treatment.
7. Disposition of the case.
8. Signature of a physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.29.2. Medical records for patients treated in the emergency service shall be maintained and correlated with other hospital records in accordance with Medical Records section.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.29.3. Where appropriate, medical records of emergency services shall be integrated with those of the inpatient and outpatient services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.29.4. An emergency service register shall be maintained and shall contain at least: date and time, patient identification, injury or disease, treatment, and the name of the doctor.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 30 NURSING

Rule 41.30.1. The hospital shall maintain an organized nursing staff to provide high quality nursing care for the needs of the patients and to be responsible to the hospital for the professional performance of its members. The nursing service shall be under the direction of a legally and professionally qualified registered nurse. There shall also be a sufficient number of duly licensed registered nurses on duty at all times to plan, assign, supervise, and evaluate nursing care, as well as to give patients the nursing care that requires judgment and specialized skills of a registered nurse.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.2. The director of nursing service shall be qualified by education, experience, and demonstrated ability to organize, coordinate, and evaluate the work of the service. He or she shall be qualified in the fields of nursing and administration consistent with the complexity and scope of operation of the hospital, and shall be responsible to the administrator for developing and implementing policies and procedures of the service in the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.3. Individual staffing patterns shall be developed for each nursing care unit, including the surgical and obstetrical suites, each special care unit, and outpatient services. The staffing patterns shall provide for sufficient nursing personnel and for adequate supervision and direction by registered nurses consistent with the size and complexity of the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.4. There shall be an adequate number of registered nurses readily available to patients requiring their services. A registered nurse must plan, supervise and evaluate the nursing care of each patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.5. Licensed practical nurses currently licensed to practice within the state, as well as other ancillary nursing personnel, may be used to give nursing care that does not require the skill and judgment of a registered nurse. Their performance shall be supervised by one or more registered nurses.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.6. To develop better patterns of utilization of nursing personnel, periodic evaluation of the activities and effectiveness of the nursing staff should be conducted

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.7. The nursing service shall have a current written organizational plan that delineates its functional structure and its mechanisms for cooperative planning and decision making. This plan shall be an integral part of the overall hospital plan and its shall:

1. Be made available to all nursing personnel.

2. Be reviewed periodically and revised as necessary.

3. Reflect the staffing pattern for nursing personnel throughout the hospital.

4. Delineate the functions for which nursing service is responsible.

5. Indicate all positions required to carry out such functions.

6. Contain job descriptions for each position classification in nursing service that delineate the functions, responsibilities, and desired qualifications of each classification, and should be made available to nursing personnel at the time of employment.

7. Indicate the lines of communication within nursing service.

8. Define the relationships of nursing service to all other services and departments in the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.8. If the hospital provides clinical facilities for the education and training of nursing students, licensed practical nurses, nurses aides, or other categories of nursing personnel, there shall be a written agreement that defines the role and responsibility of both the nursing service and the education program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.9. In the planning, decision making, and formulation of policies that affect the operation of nursing service, the nursing care of patients, or the patients' environment, the recommendations of representatives of nursing service should be considered.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.10. In hospitals where the size of the nursing staff permits, nursing committees should be formally organized to facilitate the establishment and attainment of goals and objectives of the nursing service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.11. Written nursing care and administrative policies and procedures shall be developed to provide the nursing staff with acceptable methods of meeting its responsibilities and achieving projected goals through realistic and attainable goals.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.12. Nursing care policies and procedures shall be consistent with professionally recognized standards of nursing practice and shall be in accordance with Nurse Practice Act of the State of Mississippi. They should take into account new equipment and current practice.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.13. Policies shall be developed to address the following:

1. Noting diagnostic and therapeutic orders.
2. Assignment of nursing care to patients.
3. Administration of medications.
4. Charting by nursing personnel.
5. Infection control.
6. Patient and personnel safety.
7. Prevention of pressure sores.
8. Prevention of medication errors.
9. Reporting of adverse drug reactions.
10. Comprehensive assessment.
11. Pain Management.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.14. All nursing personnel, including non-employee licensed nurses who are working in the hospital, must adhere to the hospital's policies and procedures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.15. Policies and procedures shall be developed to include plans for orientation for all newly employed and non-employee nursing personnel. The policies and procedures shall specify specific subjects and topics to be covered in the orientation process. The facility shall maintain documented evidence of orientation of all nursing personnel.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.16. Written copies of the procedure manual shall be available to the nursing staff in every nursing care unit and service area and to other services and departments in the hospital. The nursing procedure manual should be used to:

1. Provide a basis for training programs to enable new nursing personnel to acquire local knowledge and current skills.
2. Provide a ready reference on procedures for all nursing personnel.

3. Standardize procedures and equipment.

4. Provide a basis for evaluation and study to insure continued improvements in techniques.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.17. The nursing policies and procedures shall be developed, periodically reviewed, and revised as necessary by nursing representatives in cooperation with administration, the medical staff, and other hospital services and departments concerned. All revisions shall be dated to indicate the date of the latest review.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.18. There shall be evidence established that the nursing service provides safe, efficient and therapeutically effective nursing care through the planning of each patient's care and the effective implementation of the plans.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.19. A brief and pertinent written nursing care plan should be developed for each patient. It should include:

1. Medication, treatment, and other items ordered by individuals granted clinical privileges and by authorized house staff members.

2. Nursing care needed.

3. Long-term goals and short-term goals.

4. Patient and family teaching and instructional programs.

5. The socio-psychological needs of the patient.

6. Preventative nursing care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.20. The nursing care plan should be initiated upon admission of the patient and, as a part of the long-term goal, should include discharge plans. Nursing records and reports that reflect the patient's progress and the nursing care planned should be maintained.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.21. Meetings of the nursing staff shall be held at least monthly in order to discuss nursing service problems and policies. Minutes of these meetings shall be kept.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.22. An in-service education program shall be provided for the improvement of nursing care and service through increased proficiency and knowledge of nursing personnel. The in-service program shall be planned, scheduled, documented, and held on a continuing basis.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.23. All nursing personnel shall have training and a program of in-service and continuing education commensurate with the duties and responsibilities of the individual. All training shall be documented for each individual so employed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.24. The in-service should include but not limit topics to pressure sore prevention, prevention of medication errors, pain management, patient's rights and dignity.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.25. In hospitals where cardiac monitors are used on the nursing unit, rather than in a separate and distinct "Special Care Unit" as described in Subchapter 36 of these standards, special training, protocols, and staffing are required. Initial coronary care course that has been approved by the Mississippi State Board of Nursing that will include as a minimum the basic Cardiac Life Support Course is required for all Registered Nurses and Licensed Practical Nurses who have responsibilities for caring for cardiac monitored patients. A program of in-service and continuing education commensurate with the duties and responsibilities of the individual shall be established and documented for each individual so employed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.26. **Protocols**. Protocols shall be established and approved for response of trained, experienced Registered Professional Nurses to codes or cardiac emergencies that deal with lethal arrhythmias, hypotension, defibrillation, heart block and respiratory arrest by the nursing service and medical staff of each hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.30.27. **Staffing**. Nurse staffing will be evaluated on an individual basis for compliance. Factors to be considered are number of patients on monitors, layout of facility and proximity of emergency room to nursing unit, volume of services in the OB and Nursery and the emergency room, the number of patients on the medical/surgical floor and other responsibilities that the RN may have other than the ones described above. A sufficient number of RNs shall be available to meet the needs of the patients served. In the event that a hospital has patients on cardiac monitors in use in one area of the hospital and an emergency room in another area, the facility must have more than one RN in house to care for the patient.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 31 OBSTETRICS AND NEWBORN NURSERY ORGANIZATION

Rule 41.31.1. Obstetrics and newborn nursery services shall be under the direction of a member of the staff of physicians who has been duly appointed for this service and who has experience in maternity and newborn care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.2. There shall be a qualified professional registered nurse responsible at all times for the nursing care of maternity patients and newborn infants.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.3. Provisions shall be made for pre-employment and annual health examinations for all personnel on this service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.4. Physical facilities for perinatal care in hospitals shall be conducive to care that meets the normal physiologic and psychosocial needs of mothers, neonates and their families. The facilities provide for deviations from the norm consistent with professionally recognized standards/guidelines.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.5. The obstetrical service should have facilities for the following components:

1. Antepartum care and testing.
2. Fetal diagnostic services.
3. Admission/observation/waiting.
4. Labor.
5. Delivery/cesarean birth.
6. Newborn nursery.
7. Newborn Intensive Care (Levels II and III only).
8. Recovery and postpartum care.
9. Visitation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.6. Any facility providing obstetric care shall have at least the following services available:

1. Identification of high-risk mothers and fetuses.

2. Equipment for continuous fetal heart rate monitoring or capability of following auscultation guidelines.

3. Capabilities to begin a cesarean delivery within 30 minutes of a decision to do so.

4. Blood and fresh-frozen plasma for transfusion.

5. Anesthesia on a 24-hour basis.

6. Radiology and ultrasound examination.

7. Neonatal resuscitation, including equipment and trained personnel.

8. Laboratory testing on a 24-hour basis.

9. Consultation and transfer agreement.

10. Nursery.

11. Data collection and retrieval.

12. Patient education.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.7. **Staffing**. The facility is staffed to meet its patient care commitments consistent with professionally recognized guidelines. There must be a registered nurse immediately available for direct patient care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.8. **Level I**.

1. Surveillance and care of all patients admitted to the obstetric service, with an established triage system for identifying high-risk mothers who should be transferred to a facility that provides level II and III care prior to delivery.

2. Proper detection and supportive care of unanticipated maternal-fetal problems that occur during labor and delivery.

3. Performance of cesarean delivery.

4. Care of postpartum conditions.

5. Personnel trained in neonatal resuscitation in the hospital at all times.

6. Stabilization of unexpectedly small or sick neonates before transfer to a facility that provides level II or III care.

7. Evaluation of the condition of healthy neonates and continuing care of these neonates until their discharge.

8. Patient education.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.9. **Level II**.

1. Performance of level I services.

2. Management of high-risk mothers and neonates admitted and evaluated for continued management and/or appropriate transfer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.10. **Level III**.

1. Provision of full range of perinatal care services for all mothers and neonates.

2. Research support.

3. Completion, analysis, and evaluation of regional data.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.11. **Antepartum Care**. There should be policies for the care of pregnant patients with obstetric, medical, or surgical complications and for maternal transfer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.12. **Intra-partum Services**: Labor and Delivery. Intra-partum care should be both personalized and comprehensive with continuous surveillance of the mother and fetus. There should be written policies and procedures in regard to:

1. Assessment.

2. Admission.

3. Medical records (including complete prenatal history and physical).

4. Consent forms.

5. Management of labor including assessment of fetal well-being.

6. Term patients.

7. Preterm patients.
8. Premature rupture of membranes.
9. Preeclampsia/eclampsia.
10. Third trimester hemorrhage.
11. Pregnancy Induced Hypertension (PIH).
12. Patients receiving oxytoxics or tocolytics.
13. Patients with stillbirths and miscarriages.
14. Pain control during Labor and Delivery.
15. Management of Delivery.
16. Emergency cesarean delivery (capability within 30 minutes).
17. Assessment of fetal maturity prior to repeat cesarean delivery or induction of labor.
18. Vaginal birth after cesarean delivery.
19. Assessment and care of neonate in the delivery room.
20. Infection control in the Obstetric and newborn areas.
21. A delivery room record shall be kept that will indicate:
    a. The name of the patient.
    b. Date of delivery.
    c. Sex of Infant.
    d. Apgar.
    e. Weight.
    f. Name of physician.
    g. Name of persons assisting.
    h. What complications, if any, occurred.
    i. Type of anesthesia used.
    j. Name of person administering anesthesia.

22. Maternal transfer.

23. Immediate postpartum/recovery care.

24. Housekeeping.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.31.13. **New Born Care**. There shall be policies and procedures for providing care of the neonate including:

1. Immediate stabilization period.

2. Neonate identification and security.

3. Assessment of neonatal risks.

4. Cord blood, Combs and serology testing.

5. Eye care.

6. Subsequent care.

7. Administration of Vitamin K.

8. Neonatal screening.

9. Circumcision.

10. Parent education.

11. Visitation.

12. Admission of neonates born outside of facility.

13. Housekeeping.

14. Care of or stabilization and transfer of high-risk neonates.

15. Postpartum. There shall be policies and procedures for postpartum care of mother.

16. Assessment.

17. Subsequent care (bed rest, ambulation, diet, care of the vulva, care of the bowel and bladder functions, bathing, care of the breasts, temperature elevation).

18. Postpartum sterilization.

19. Immunization. RHIG and Rubella.

20. Discharge planning.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 32 OUTPATIENT

Rule 41.32.1. Hospitals rendering outpatient services shall have effective policies and procedures relating to the staff, functions of the service, and outpatient medical records and adequate facilities in order to assure the health and safety of the patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 33 ORGANIZATION

Rule 41.33.1. The outpatient department shall be organized into sections according to medical specialties (clinics), the number of which depends on the size and the degree of departmentalization of the medical staff, available facilities, and the needs of the patients for whom it accepts responsibility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.33.2. The outpatient department shall have appropriate cooperative arrangements and communications with the community agencies such as other outpatient departments, public health nursing agencies, the department of health, and welfare agencies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.33.3. Clinics shall be integrated with corresponding inpatient services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.33.4. Clinics shall be maintained for the following purposes:

1. Care of ambulatory patient unrelated to inpatient admission or discharge.

2. Study of preadmission patients.

3. Follow-up of discharge hospital patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.33.5. Patients, on their initial visit to the department, shall receive a general medical evaluation and patients under continuous care shall receive an adequate periodic re-evaluation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.33.6. Established medical screening procedures shall be employed routinely.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 34 PERSONNEL

Rule 41.34.1. There shall be such professional and non-professional personnel as are required for efficient operation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.34.2. The outpatient service shall be supervised by a qualified member of the medical staff. Either this physician or a qualified administrator shall be responsible for administrative services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.34.3. A registered professional nurse shall be responsible for the nursing services of the department.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.34.4. The number and type of other personnel employed shall reflect the volume and type of work carried out and the type of patient served in the outpatient department.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 35 FACILITIES

Rule 41.35.1. Facilities shall be provided to assure the efficient operation of the department.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.35.2. The number of examination and treatment rooms shall be adequate in relation to the volume and nature of work performed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.35.3. Suitable facilities for necessary diagnostic tests shall be available either through the hospital or some other facility approved to provide these services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.35.4. Medical Records. Shall be maintained and correlated with other hospital records in accordance with Subchapter 48, Medical Records.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.35.5. Liaison Conferences. Conference, both departmental and inter-departmental, shall be conducted to maintain close liaison between the various sections within the department and with other hospital services, and minutes shall be kept.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 36 SPECIAL CARE UNIT

Rule 41.36.1. Special care units, if provided, shall be properly organized, directed and integrated with other departments or services of the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.2. The hospital organizational plan shall provide for the identification of each special care unit and delineate appropriate relationships with other clinical areas of the hospital. Each such unit shall be under the direction of a qualified physician who has a special interest in, and preferable additional experience in providing, this type of care. This physician shall also be one who is readily available - The director of the special care unit should be responsible for the implementation of established policy, which should include at least:

1. Rules for proper utilization of the services.

2. Provision for participation in appropriate training programs for the safe and effective use of diagnostic and therapeutic equipment for cardiopulmonary resuscitation and for other aspects of intensive care.

3. Plans for supervision of the collection and analysis of clinical data needed for the retrospective evaluation of the care provided in the unit.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.3. The activities within a multipurpose special care unit should be guided by a multi disciplinary committee, with one member serving as director of the unit.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.4. Special care unit personnel shall be prepared for their responsibilities through appropriate training and educational programs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.5. All nursing personnel assigned to a special care unit must have completed an educational course specifically oriented to their level of participation in the care of seriously ill patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.6. A continuing education program developed specifically for the personnel in the unit must be provided in order to enable them to maintain and improve their skills, as well as to learn new techniques.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.7. Registered nurses and health care personnel may serve as assistant or backup personnel under the direct supervision of a qualified special care unit nurse. All nurses with patient care responsibility in the unit must have the ability to recognize clinical signs and symptoms that require notification of a physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.8. Whatever the design or purpose of the unit, enough space shall be provided around each bed to make it easily accessible for routine and emergency care of the patients and also to accommodate bulky equipment that may be needed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.9. Oxygen and suction and properly grounded electrical outlets shall be readily available to every patient. Each bed shall be readily adjustable to various therapeutic positions, easily moved for transport, shall have a locking mechanism for a secure stationary position and, where feasible a removable headboard.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.10. Direct visual observation of all patients should be possible from a central vantage point, yet patients should have a reasonable amount of privacy. They should be sheltered as much as possible from the activity and noise of the unit by partitions, drapes and acoustic ceilings, but caution should be exercised in the use of carpeting and under carpet padding both as to fire resistance and potential production of toxic fumes in case of fire.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.11. There shall be an alarm system for special care unit personnel to summon additional personnel in an emergency. The alarm should be connected to any area where unit personnel might be, such as physician's sleeping rooms, consultation rooms, nurse’s lounges, and nurses' stations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.12. The kind and quality of equipment in the special care unit shall depend upon the needs of the patients treated. Diagnostic monitoring and resuscitative equipment, such as respiratory assist apparatus, defibrillators, pacemakers, phlebotomy and tracheostomy sets, endotracheal tubes, laryngoscopes and other such devices should be easily available within the unit, and in good working order. There shall be a written preventive maintenance program that includes techniques for

cleaning and for contamination control, as well as for the periodic testing of all equipment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.13. When any electronic devices are used on patients, especially patients who have intravenous catheters or wires leading to the heart, special safety precautions related to proper grounding, current leakage and device-safety must be observed. Electrically operated beds are a potential electrical hazard where the patient is physically connected to any other electrical device.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.14. Expert advice concerning the safe use of, and preventive maintenance for, all biomedical devices and electrical installations shall be readily available at all times. Documentation of safety testing should be provided on a regular basis to the unit director.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.15. There shall be specific written policies and procedures for each special care unit, which supplement the basic hospital policies and procedures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.36.16. Because of the intensity of care given within the unit, and of the critical nature of the illnesses of patients cared for in it, written policies and procedures additional to basic hospital policies should be developed to guide personnel in the management of the unique situations within the unit. These polices and procedures should be developed and approved by the medical staff, in cooperation with the nursing staff and with other hospital departments and services and the hospital administration as necessary. They should be periodically reviewed and revised as indicated.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 37 SURGERY AND ANESTHESIA

Rule 41.37.1. **General**. Surgical services are optional, but if this service is provided, there shall be effective policies and procedures regarding surgical privileges, maintenance of the operating rooms, and evaluation of the surgical patient.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 38 SURGERY

Rule 41.38.1. Surgical privileges shall be delineated for all physicians doing surgery in accordance with the competencies of each physician. A roster of surgeons

specifying the surgical privileges of each shall be kept in the confidential files of the operation room supervisor and in the files of the administrator.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.2. In any procedure with unusual hazard to life, there shall be present and scrubbed as first assistant a physician designated by the credentials committee as being qualified to assist in major surgery.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.3. The operating room register shall be complete and up-to-date.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.4. There shall be a complete history and physical work-up in the chart of every patient prior to surgery (whether the surgery is major or minor).

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.5. A properly executed consent form for operation shall be in the patient's chart prior to surgery.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.6. There shall be adequate provision for immediate post-operative care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.7. An operative report describing techniques and findings shall be written or dictated immediately following surgery and signed by the surgeon.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.8. All infections of clean surgical cases shall be recorded and reported to the administration. A procedure shall exist for the investigation of such cases.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.9. The operating rooms shall be supervised by an experienced registered professional nurse.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.10. The following equipment shall be available to the operating suites: Call-in system, resuscitator, defibrillator, aspirator, thoracotomy set, and tracheotomy set.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.11. The operating room suite and accessory services shall be so located that traffic in and out can be controlled and there is no through traffic.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.12. Precautions shall be taken to eliminate hazards of explosions, including use of shoes with conductive soles and prohibition of nylon garments.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.38.13. Rules and regulations or policies related to the operating room shall be available and posted.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 39 ANESTHESIA

Rule 41.39.1. The Department of Anesthesia shall have effective policies and procedures regarding staff privileges, the administration of anesthetics, and the maintenance of strict safety controls.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.39.2. The Department of Anesthesia shall be responsible for all anesthetics administered in the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.39.3. In hospitals where there is no Department of Anesthesia, the Department of Surgery shall assume the responsibility for establishing general policies for the administration of anesthetics.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.39.4. Safety precautions shall be accordance with NFPA Bulletin 56A.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 40 GENERAL SERVICES: DIETARY ORGANIZATION

Rule 41.40.1. The hospital shall have an organized dietary department directed by qualified personnel. However, a hospital which has a contract with an outside food management company may be found to meet this requirement if the company has a therapeutic dietitian who serves, as required by scope and complexity of the service, on a full-time, part-time, or consultant basis to the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.40.2. There shall be written policies and procedures for food storage, preparation, and service developed by a qualified dietitian (preferably meeting the American Dietetic Association's standards for qualification).

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.40.3. The number of personnel, such as cooks, bakers, dishwashers and clerks shall be adequate to perform effectively all defined functions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.40.4. Written job descriptions of all dietary employees shall be available.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.40.5. There shall be procedures to control dietary employees with infectious and open lesions. Routine health examinations shall meet local and state codes for food service personnel.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.40.6. There shall be an in-service training program for dietary employees which includes the proper handling of food and personal grooming.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 41 FACILITIES

Rule 41.41.1. Written reports of inspections by the Department of Health of action taken to comply with recommendations are to be kept on file at the hospital with notation made by the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.41.2. Dry or staple food items shall be stored at least 12 inches off the floor in a ventilated room which is not subject to sewage or waste water back-flow, or contamination by condensation, leakage, rodents or vermin.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.41.3. All perishable foods shall be refrigerated at the appropriate temperature and in an orderly and sanitary manner. Each refrigerator shall contain a thermometer in good working order.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.41.4. Foods being displayed or transported shall be protected from contamination.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.41.5. Dishwashing procedures and techniques shall be developed and carried out in compliance with the state and local health codes.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.41.6. All garbage and kitchen refuse which is not disposed of mechanically shall be kept in leak proof non-absorbent containers with close fitting covers and be disposed or routinely in a manner that will not permit transmission of disease, a nuisance, or a breeding place for flies. All garbage containers are to be thoroughly cleaned inside and outside each time emptied. No garbage or kitchen refuse may be used as feed for swine.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.41.7. Diets. There shall be a systematic record of diets, correlated when appropriate, with the medical records. The dietitian shall have available an up-to-date manual or regimens for all therapeutic diets, approved jointly by the dietitian and medical staff, which is available to dietary supervisory personnel. Diets served to patients shall be in compliance with these established diet principles.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 42 ENVIRONMENT AND SAFETY: FIRE CONTROL AND INTERNAL DISASTER

Rule 41.42.1. The hospital shall provide fire protection by the elimination of fire hazards the installation of necessary safeguards such as extinguishers, sprinkling devices, fire barriers to insure rapid and effective fire control and the adoption of written fire control and evacuation plans rehearsed at least three times a year by key personnel.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.42.2. Written fire control plans shall contain provisions for prompt reporting of all fires extinguishing fires; protection of patients, personnel and guests evacuation; training of personnel in use of first aid fire fighting equipment; and cooperation with fire fighting authorities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.42.3. There shall be rigidly enforced written rules and regulations governing proper routine methods of handling and storing of flammable and explosive agents, particularly in operating rooms and laboratories, and governing the provision of oxygen therapy.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.42.4. The hospital shall have:

1. Written evidence of regular inspection and approval by state or local fire control agencies.

2. Stairwells kept closed by fire doors or equipped with unimpaired automatic closing devices.

3. Fire extinguishers refilled when necessary and kept in condition for instant use. There shall be an annual inspection of each fire extinguisher which shall include a tag showing the month and year of the inspection and the initials of the inspector.

4. Conductive floors with the required equipment and ungrounded electrical circuits in areas subject to explosion hazards.

5. Proper routine storage and prompt disposal of trash.

6. "No Smoking" signs prominently displayed where appropriate, with rules governing the ban on smoking in designated areas of the hospital enforced and obeyed by all personnel.

7. Fire regulations easily available to all personnel and all fire codes rigidly observed and carried out.

8. Corridors and exits clear of all obstructions except for permanently mounted handrails.

9. Holiday decorations consisting of natural foliage or plant material are not permitted.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 43 EMERGENCY OPERATIONS PLAN (EOP)

Rule 41.43.1. The licensed entity shall develop and maintain a written preparedness plan utilizing the “All Hazards” approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Preparedness and Response, Mississippi State Department of Health, or their designates, for conformance with the “All Hazards Emergency Preparedness and Response Plan.” Particular attention shall be given to critical areas of concern which may arise during any “all hazards” emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six (6) critical areas of consideration are:

1. Communications - Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.

2. Resources and Assets

3. Safety and Security

4. Staffing

5. Utilities

6. Clinical Activities.

   Emergency Operations Plans (EOPs) must be exercised and reviewed annually or as directed by the Office of Health Planning 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.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 44 FACILITY FIRE PREPAREDNESS

Rule 41.44.1. **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.

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

2. A fire evacuation plan shall be posted in each facility in a conspicuous place and kept current.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 45 SANITARY ENVIRONMENT

Rule 41.45.1. The hospital shall provide a sanitary environment to avoid sources and transmission of infections.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.45.2. An infection committee, composed of members of the medical and nursing staffs and administration, shall be established and shall be responsible for investigating, controlling and preventing infections in the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.45.3. There shall be written procedures to govern the use of aseptic techniques and procedures in all areas of the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.45.4. To keep infections at a minimum, such procedures and techniques shall be regularly reviewed by the infection committee.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.45.5. There shall be a method of control used in relation to the sterilization and water and a written policy requiring sterile supplies to be re-processed at specified time periods.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.45.6. Continuing education shall be provided to all hospital personnel on the cause, effect, transmission, prevention, and elimination of infections.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.45.7. A continuing process shall be enforced for inspection and reporting of any hospital employee with an infection who may be in contact with patients, their food or laundry.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.45.8. **Regulated Medical Waste**. "Infectious medical wastes" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following wastes shall be considered to be infectious medical wastes:

1. Wastes resulting from the care of patients and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi Department of Health;

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

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

4. Pathological wastes, such as tissues, organs, body parts, and body fluids that are removed during surgery and autopsy;

5. Contaminated carcasses, body parts, and bedding of animals that were exposed to pathogens in medical research;

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

7. Other wastes determined infectious by the generator or so classified by the Department of Health.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.45.9. **"Medical Waste"** means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.45.10. **Medical Waste Management Plan**. All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:

1. **Storage and Containment of Infectious Medical Waste and Medical Waste**

   a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide breeding place or a food source for insects and rodents, and minimizes exposure to the public.

   b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.

   c. Unless approved by the Mississippi Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven days above a temperature of 6 C (38F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0 C (32F) for a period of not more than 90 days without specific approval of the Department of Health.

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

   e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags, (1.5 mills thick) which are impervious to moisture and have a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The

bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid wastes during storage, handling, or transport.

f. All sharps shall be contained for disposal in leak proof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.

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

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

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

j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontainmented each time they are emptied by a method specified by the Mississippi Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in i, e.

2. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

a. Exposure to hot water at least 180 F for a minimum of 15 seconds.

b. Exposure to a chemical sanitizer by rinsing with or immersion in one or the following for a minimum of 3 minutes:

i. Hypochlorite solution (500 ppm available chlorine).

ii. Phenolic solution (500 ppm active agent).

iii. Iodoform solution (100 ppm available iodine).

iv. Quaternary ammonium solution (400 ppm active agent).

3. Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as non-infectious waste or for

other purposes except after being decontaminated by procedures as described in part (J) of this section.

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

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

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

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

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

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

ii. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121 C (250F) for one-half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually.

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

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

v. Maintenance of records of procedures specified in (1), (2), (3), and (4) above for period of not less than a year.

c. By discharge of the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the Department of Health.

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

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

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

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

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

6. All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 46 HOUSEKEEPING

Rule 41.46.1. The housekeeping functions of the hospital shall be under the direction of a certified executive housekeeper, or other person knowledgeable about and capable of maintaining the aseptic conditions required in the various departments of the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.46.2. There shall be adequate space provided for the storage of housekeeping equipment and supplies and for the housekeeper to maintain adequate records of the housekeeping operations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.46.3. Separate janitor's closets and separate cleaning equipment and supplies shall be maintained for the following areas and shall not be used for cleaning in any other location:

1. Surgical Suites.

2. Delivery Suites.

3. Newborn Nursery.

4. Dietary Department.

5. Emergency Service Area.

6. Patient Areas.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.46.4. Additional janitor's closets, equipment and supplies should be provided for laboratories, radiology, offices, locker rooms and other areas of the hospital. Housekeeping equipment or supplies used for cleaning in isolation or contaminated areas shall not be used in any other area of the hospital before it has been properly cleaned and sterilized.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.46.5. All areas of the hospital, including the building and grounds, shall be kept clean and orderly.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.46.6. There shall be frequent cleaning of floors, walls, woodwork and windows.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.46.7. The premises must be kept free of rodent and insect infestations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.46.8. Accumulated waste material and rubbish must be removed at frequent intervals.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.46.9. No flammable cleaning agents or other flammable liquids or gases shall be stored in any janitor's closet or other area of the hospital except in a properly fire rated and properly ventilated storage area specifically designed for such storage.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 47 LAUNDRY & LINEN

Rule 41.47.1. Laundry and linen service shall be under the direction of a person knowledgeable about the capable of maintaining the sanitary requirements of the hospital in the care of both clean and soiled linens. This person shall report directly to the administrator of the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.47.2. If the hospital maintains its own laundry, it shall have separate areas for:

1. Collection of soiled linens.

2. Washing, drying and ironing.

3. Clean linen storage.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.47.3. The laundry design and operation shall comply with all appropriate codes and regulations to assure that it will not be a health or safety hazard to hospital patients and personnel.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.47.4. If the hospital uses a laundry not controlled by the hospital, that laundry must maintain the sanitary requirements of hospitals regarding the processing of its linens, and must maintain a satisfactory schedule of pick up and delivery. Sanitary practices shall be checked by periodic laboratory tests.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.47.5. Hospitals shall maintain an adequate supply of clean linens at all times.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.47.6. Adequate clean linen storage shall be readily accessible to nurses' stations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.47.7. Dirty linen storage shall be well ventilated and shall be located convenient to the laundry or service entrance of the hospital. The storage of appreciable quantities of soiled linens is discouraged.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 48 MEDICAL RECORDS - ORGANIZATION

Rule 41.48.1. The hospital shall have a medical record department with administrative responsibility for medical records. A medical record shall be maintained, in accordance with accepted professional principles, for each patient receiving care in the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.48.2. Such records shall be kept confidential and only authorized personnel shall have access to the records.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.48.3. Written consent of the patient or the patient's legal representative shall be presented as authority for release of medical information and this release shall become part of the medical record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.48.4. Medical records shall not be removed from the hospital environment except upon subpoena.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.48.5. Preservation. Records shall be preserved, either in the original or by reproduction, for a period of time not less than that set forth in Title 41, Chapter 9 of the Mississippi Code of 1972.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 49 PERSONNEL

Rule 41.49.1. Qualified personnel adequate to supervise and conduct the department shall be provided.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.49.2. Preferably a Registered Health Information Administrator or Registered Health Information Technician shall head the department. If such a professionally qualified person is not in charge of medical records, one shall be employed either on a part-time or consultative basis to organize the department, train the regular personnel, and make periodic visits to the hospital to evaluate the records and the operation of the department.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 50 IDENTIFICATION AND FILING

Rule 41.50.1. A system of identification and filing to insure the prompt location of a patient's medical record shall be maintained.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.50.2. A master patient index shall be maintained and shall bear at least the full name of the patient, the address, the birth date, and the medical record number.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.50.3. Filing equipment and space shall be adequate to house the records and facilitate retrieval.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.50.4. A unit record should be maintained so that both inpatient and outpatient treatment are in one folder.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 51 CENTRALIZATION OF REPORTS

Rule 41.51.1. All clinical information pertaining to a patient's stay shall be centralized in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.51.2. The original of all reports originating in the hospital shall be filed in the medical records.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.51.3. All reports or records shall be completed and filed within a period consistent with good medical practice and not longer than 30 days following discharge.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.51.4. **INDEXES - RESERVED**

Rule 41.51.5. **Records** shall be indexed according to disease, operation, and physician and shall be kept up to date. For indexing, any recognized system may be used.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.51.6. **Diagnoses and Operations**. shall be expressed in terminology which describes the morbid condition both as to site and ethological factors or the method or procedure.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.51.7. **Indexing** shall be current within six months following discharge of the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.51.8. **Content**. The medical record shall contain sufficient information to justify the diagnosis and warrant the treatment and end results. The medical record shall contain the following information: Identification date, chief complaint, present illness, physician's orders, past history, family history, physical examination, provisional diagnosis, clinical laboratory reports, x-ray reports, consultations, treatment medical and surgical, tissue report, progress notes, final diagnosis, discharge summary, autopsy findings.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.51.9. **Authorship**. Only practitioners authorized by the governing body to perform medical histories and physical examinations shall be permitted to write or dictate medical histories and physical examinations.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 52 ENTRIES

Rule 41.52.1. All entries must be legible and complete, and must be authenticated and dated promptly by the person (identified by name and discipline) responsible for ordering, providing, or evaluating the service furnished. All orders/entries must be dated, timed, and authenticated promptly by the prescribing physician or another physician responsible for the care of the patient, even if the order did not originate with him or her.

Authentication may include signatures, written initials, or computer entry.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.52.2. Entries in the medical records may be made only by individuals as specified in hospital and medical staff policies. All entries in the medical record must be dated and authenticated, and a method established to identify the authors of entries. Such identification may include written signatures initials or computer key. When rubber stamp signatures are authorized, the individual whose signature the stamp represents shall place in the administrative offices of the hospital, a signed statement to the effect that he/she is the only one who has the stamp and uses it. There shall be no delegation to another individual. A list of computer codes and written signatures must be readily available and maintained under adequate safeguards. There shall be sanctions established for improper or unauthorized use of stamp and computer key signatures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.52.3. A single signature on the face sheet of the record shall not suffice to authenticate the entire record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.52.4. In hospitals with house staff, the attending physician shall countersign at least the history and physical examination and summary written by the house staff.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 53 PROMPTNESS OF RECORD COMPLETION

Rule 41.53.1. Current records shall be completed within 24 to 48 hours following admission. Verbal orders shall be authenticated in accordance with facility policy and, in the absence of a facility policy, no later than 30 days after discharge.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.53.2. Records of patients discharged shall be completed within 30 days following discharge. The staff regulations of the hospital shall provide for the suspension or termination of staff membership and/or clinical privileges of practitioners who are persistently delinquent in completing records.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.53.3. If a patient is readmitted within a month for the same condition, reference to the previous history with an interval note and physical examination shall suffice.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.53.4. **Medical Library**. The medical library shall have modern textbooks and current periodicals relative to the clinical services offered.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 54 ANCILLARY SERVICES: DENTAL, REHABILITATION, PHYSICAL THERAPY, OCCUPATIONAL THERAPY & SPEECH PATHOLOGY

Rule 41.54.1. **General**. Dental and rehabilitation departments are optional, but if these optional services are present, there shall be effective policies and procedures relating to the staff and the functions of the services in order to assure the health and safety of the patients.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 55 DEPARTMENT OF DENTISTRY AND DENTAL STAFF

Rule 41.55.1. According to the procedure established for the appointment of the medical staff, one or more dentists may be appointed to the dental staff. If the dental service is organized, its organization shall be comparable to that of other services or departments. Whether or not the dental service is organized as a department, the following requirements shall be met:

1. Members of the dental staff shall be qualified legally, professionally, and ethically for the positions to which they are appointed.

2. Patients admitted for dental services shall be admitted by the dentist either to the department of dentistry, or, if there is no department, to an organized clinical service.

3. There shall be a physician in attendance who is responsible for the medical care of the patient throughout the hospital stay. A medical survey shall be done and

recorded by a member of the medical staff before dental surgery is performed. A medical survey may be done by an oral surgeon as outlined in Rule 41.7.3.

4. There shall be specific bylaws concerning the dental staff written as combined medical - dental staff bylaws or separate or adjunct dental bylaws.

5. The staff bylaws and rules and regulations shall specifically delineate the rights and privileges of the dentists.

6. Complete records, both medical and dental, shall be required on each dental patient and shall be a part of the hospital records.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 56 REHABILITATION, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH PATHOLOGY DEPARTMENTS

Rule 41.56.1. These services may be provided. If provided, they shall have effective policies and procedures relating to the organization and functions of the services and be staffed by qualified therapists.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.56.2. The department head shall have the necessary knowledge, experience and capabilities to properly supervise and administer the department. A rehabilitation department head shall be a psychiatrist or other physician with pertinent experience. If separate therapy departments are maintained, the department head shall be a qualified therapist (as is appropriate) or a physician with pertinent experience.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.56.3. If physical therapy services are offered, the services shall be given by or under the supervision of a qualified physical therapist. A qualified physical therapist shall be a graduate of a program in physical therapy approved by the Council on Medical Education of the American Medical Association (in collaboration with the American Physical Therapy Association) or its equivalent and hold a current Mississippi license. Additional properly trained and supervised personnel shall be sufficient to meet the needs of the department.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.56.4. If occupational therapy services are offered, the services shall be given by or under the supervision of a professional licensed occupational therapist and hold a current Mississippi license. Other properly trained and supervised personnel, such as licensed occupational therapy assistants and aides, shall be sufficient to meet the needs of the department.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.56.5. If speech pathology services are offered, the service shall be given by a qualified speech pathologist and hold a current Mississippi license.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.56.6. Facilities and equipment for physical and occupational therapy shall be adequate to meet the needs of the services and shall be in good condition.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.56.7. Physical therapy, occupational therapy, and speech pathology shall be given in accordance with a physician's orders.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.56.8. Complete records shall be maintained for each patient receiving therapy services and are to include evaluations and clinical notes.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 57 LABORATORY - ORGANIZATION

Rule 41.57.1. The hospital shall have a well organized, adequately supervised and staffed clinical laboratory with the necessary space, facilities and equipment to perform those services commensurate with the hospital's needs for its patients. Anatomical pathology services and transfusion services shall be available either in the hospital or by arrangement with other facilities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.57.2. All equipment shall be in good working order, routinely quality controlled, and precise in terms of calibration. The laboratory shall be in compliance with all applicable federal requirements for clinical laboratories. (Clinical Laboratory Improvement Amendments of 1988 at 42 CFR Part 493)

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 58 CLINICAL LABORATORY EXAMINATIONS

Rule 41.58.1. Provision shall be made to carry out adequate clinical laboratory examinations including chemistry, microbiology, hematology, coagulation, general immunology, and clinical microscopy either in the hospital or an approved outside laboratory.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.58.2. In the case of work performed by an outside laboratory, the original report from such laboratory shall be contained in the medical record. For results received directly from the testing laboratory's computer, there may not be a paper copy, which is acceptable.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 59 AVAILABILITY OF FACILITIES AND SERVICES

Rule 41.59.1. Adequate provision shall be made for assuring the availability of emergency laboratory services, either in the hospital or under arrangements with an approved outside laboratory. Such services shall be available 24 hours a day, seven days a week, including holidays.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.59.2. Where services are provided by an outside laboratory, the conditions, procedures, and availability of services offered shall be in writing and available in the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 60 PERSONNEL

Rule 41.60.1. Services shall be under the technical supervision of a physician with training and experience in clinical laboratory services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.60.2. All personnel in the laboratory must meet the qualification and training requirements specified in the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA).

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 61 LABORATORY REPORT

Rule 41.61.1. Reports shall be filed with the patient's medical record and duplicate copies kept in the department. For data filed electronically, it is not necessary to retain paper copies in the laboratory. The laboratory must be able to identify the analyst and date completed for all procedures and tests.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.61.2. The laboratory director shall be responsible for the laboratory report.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.61.3. There shall be a procedure for assuring that all tests are ordered by a physician.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 62 PATHOLOGIST SERVICES

Rule 41.62.1. Services shall be under the direct supervision of a pathologist on a full-time, regular part-time, or regular consultative basis. If the latter pertains, the hospital shall provide for, as a minimum, quarterly consultative visits by a pathologist.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.62.2. The pathologist should participate in staff, departmental and clinical-pathologic conferences.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.62.3. The pathologist shall be responsible for assuring the qualifications of his staff meet CLIA'88 requirements. The pathologist must provide for in-service and continuing education for the staff.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 63 TISSUE EXAMINATIONS

Rule 41.63.1. All tissues removed during surgery, shall be examined. The extent of examination shall be determined by the pathology department.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.63.2. All tissues removed from patients during surgery shall be macroscopically, and if necessary, microscopically examined by the pathologist.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.63.3. A list of tissues which routinely require microscopic examination shall be developed in writing by the pathologist or designated physician with the approval of the medical staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.63.4. A tissue file shall be maintained in the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.63.5. In the absence of a pathologist or suitable physician substituted, there shall be an established plan for sending to a pathologist outside the hospital all tissues requiring examination.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 64 REPORTS OF TISSUE EXAMINATION

Rule 41.64.1. Signed reports of tissue examinations shall be filed within the patient's medical record and duplicate copies kept in the department.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.64.2. All reports of macro and microscopic examinations performed shall be signed by the pathologist or designated physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.64.3. Provision shall be made for the prompt filing of examination results in the patient's medical record and notification of the physician requesting the examination.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.64.4. Duplicate copies of the examination reports shall be filed in the laboratory in a manner which permits ready identification and accessibility.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 65 BLOOD AND BLOOD PRODUCTS

Rule 41.65.1. Facilities for procurement, safekeeping and transfusion of blood products shall be provided or readily available consistent with the size and scope of operation of the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.65.2. The hospital shall maintain, as a minimum, proper blood storage facilities under adequate control and supervision of the pathologist or other authorized physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.65.3. For emergency situations the hospital shall maintain at least a minimum blood supply in the hospital at all times or be able to obtain blood quickly from community blood banks or institutions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.65.4. Where the hospital depends on outside blood banks, there shall be an agreement governing the procurement, transfer and availability of blood which is reviewed and approved by the medical staff, administration, and governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.65.5. There shall be provision for prompt blood typing and compatibility testing, and for laboratory investigation of transfusion reactions, either through the hospital or by arrangement with others on a continuous basis, under the supervision of a physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.65.6. Blood storage facilities in the hospital shall have an adequate temperature alarm system that is regularly inspected. The alarm system must be audible and monitor proper blood storage temperature over a 24 hour period. If blood is stored or maintained for transfusion outside of a monitored refrigerator, the laboratory must ensure and document that the storage conditions (including temperature) are appropriate to prevent deterioration of the blood or blood product.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.65.7. Records shall be kept on file indicating the receipt and disposition of all blood products that are received into the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.65.8. Samples of each unit of blood transfused at the hospital shall be retained according to the instructions of the committee indicated in Rule 41.65.9 for further retesting in the event of reactions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.65.9. A committee of the medical staff or its equivalent shall review all transfusions of blood or blood products and make recommendations concerning policies governing such practices.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.65.10. The review committee shall investigate all transfusion reactions occurring in the hospital and make recommendations to the medical staff regarding improvements in transfusion procedures.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 66 PHARMACY OR DRUG ROOM ORGANIZATION

Rule 41.66.1. The hospital shall have a pharmacy directed by a registered pharmacist, or a drug room under competent supervision. The pharmacy or drug room shall be administered in accordance with accepted professional principles.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.66.2. Provision shall be made for emergency pharmaceutical services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.66.3. If the hospital does not have a staff pharmacist, a consulting pharmacist shall have overall responsibility for control and distribution of drugs and a designated individual or individuals shall have responsibility for day-to-day operation of the pharmacy.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 67 RECORDS

Rule 41.67.1. Records shall be kept of the transactions of the pharmacy (or drug room) and correlated with other hospital records where indicated. Such special records shall be kept as required by law.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.67.2. The pharmacy shall establish and maintain a satisfactory system of records and accountability in accordance with the policies of the hospital for maintaining adequate control over the requisitioning and dispensing of all drugs and pharmaceutical supplies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.67.3. A record of the stock on hand and of the dispensing of all narcotic drugs shall be maintained in such a manner that the disposition of any particular item may be readily traced.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.67.4. Records for prescription drugs dispensed to each patient (inpatients and outpatients) shall be maintained which contain the full name of the patient and the prescribing physician, the prescription number, the name and strength of the drug, the date of issue, the expiration date for all time-dated medications, the lot and control number of the drug, and the name of the manufacturer (or trademark) dispensed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.67.5. The label of each individual prescription medication container shall bear the lot and control number of the drug, the name of the manufacturer (or trademark) and, unless the physician directs otherwise, the name of the medication dispensed.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 68 CONTROL OF TOXIC OR DANGEROUS DRUGS

Rule 41.68.1. Policies shall be established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.68.2. The medical staff shall establish a written policy that all toxic or dangerous medications, not specifically prescribed as to time or number of doses, will be automatically stopped after a reasonable time limit set by the staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.68.3. The classification ordinarily thought of as toxic, dangerous or abuse drugs shall be narcotics sedatives, anticoagulants, antibiotics, oxytocic and cortisone products, antineoplastic agents and shall include other categories so established by federal, state or local laws.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.68.4. **Drugs to be Dispensed**. Therapeutic ingredients of medications dispensed shall be those included (or approved for inclusion) in the United States Pharmacopoeia, National Formulary, United State Homeopathic Pharmacopoeia, New Drugs, or Accepted Dental Premedies (except for any drugs unfavorably evaluated therein), or those approved for use by the pharmacy and drug therapeutics committee. There shall be available a formulary or list of drugs accepted for use in the hospital which is developed and amended at regular intervals by the pharmacy and therapeutics committee (or equivalent committee) with the cooperation of the pharmacist (consulting or otherwise) and the administration.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 69 REGULATION CONTROLLED SUBSTANCES IN ANESTHETIZING AREAS

Rule 41.69.1. **Dispensing Controlled Substances**. All controlled substances shall be dispensed to the responsible person (Supervisor, CRNA, Anesthesiologist, etc.) designated to handle controlled substances in the operating room by a Registered Pharmacist in the hospital. When the controlled substance is dispensed, the following information shall be recorded into the controlled substance (proof-of-use) record.

1. Signature of pharmacist dispensing the controlled substance.
2. Signature of designated licensed person receiving the controlled substance.
3. The date and time controlled substance is dispensed.
4. The name, the strength, and quantity of controlled substance dispensed.

5. The serial number assigned to that particular record, which corresponds to same number recorded in the pharmacy's dispensing record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.69.2. **Security/Storage of Controlled Substances**. When not in use, all controlled substances shall be maintained in a securely locked, substantially constructed cabinet or area. All controlled substance storage cabinets shall be permanently affixed. Controlled substances removed from the controlled substance cabinet shall not be left unattended.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.69.3. **Controlled Substance Administration Accountability**. The administration of all controlled substances to patients shall be carefully recorded into the anesthesia record. The following information shall be transferred from the anesthesia record to the controlled substance record by the administering practitioner during the shift in which the controlled substance was administered.

1. The patient's name.

2. The name of the controlled substance and the dosage administered.

3. The date and time the controlled substance is administered.

4. The signature of the practitioner administering the controlled substance.

5. The wastage of any controlled substance.

6. The balance of controlled substances remaining after the administration of any quantity of the controlled substance.

7. Day-ending or shift-evening verification of count of balances of controlled substances remaining and controlling substances administered shall be accomplished by two (2) designated licensed persons whose signatures shall be affixed to a permanent record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.69.4. **Waste of Controlled Substances**

1. All partially used quantities of controlled substances shall be wasted at the end of each case by the practitioner, in the presence of a licensed person. The quantity, expressed in milligrams, shall be recorded by the wasting practitioner into the anesthesia record and into the controlled substance record followed by his or her signature. The licensed person witnessing this wastage of controlled substances shall co-sign the controlled substance record.

2. All unused and unopened quantities of controlled substances which have been removed from the controlled substance cabinet shall be returned to the cabinet by the practitioner at the end of each shift.

3. Any return of controlled substances to the pharmacy in the hospital must be documented by a registered pharmacist responsible for controlled substance handing in the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.69.5. **Verification of Controlled Substances Administration**. The hospital shall implement procedures whereby, on a periodic basis, a registered pharmacist shall reconcile quantities of controlled substances dispensed in the hospital to the anesthetizing area against the controlled substance record in said area. Any discrepancies shall be reported to the Director of Nursing and to the Chief Executive Officer of the hospital. Upon completion, all controlled substance records shall be returned from the anesthetizing area to the hospital's pharmacy by the designated responsible person in the anesthetizing area.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 70 RADIOLOGY

Rule 41.70.1. **Radiological Services**. The hospital shall maintain or have available radiological services according to needs of the hospital, either in the hospital building proper or in an adjacent clinic or medical facility that is readily accessible to the hospital patients, physicians, and personnel. If therapeutic x-ray services are also provided, they, as well as the diagnostic services, shall meet professionally approved standards for safety and personnel qualifications.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 71 HAZARDS TO PATIENTS AND PERSONNEL

Rule 41.71.1. The radiology department shall be free of hazards to patients and personnel.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.71.2. Proper safety precautions shall be maintained against fire and explosion hazards, electrical hazards, and radiation hazards.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.71.3. Periodic inspection shall be made by Department of Health or a radiation physicist, and hazards so identified shall be promptly corrected.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.71.4. Radiation workers shall be checked periodically for amount of radiation exposure by the use of exposure meters or badge tests.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.71.5. With fluoroscopes, attention shall be paid to modern safety design and operating procedures; records shall be maintained of the output of all fluoroscopes.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.71.6. Regulations based on medical staff recommendations shall be established as to the administration of the application and removal of radium element, its disintegration products, and other radioactive isotopes.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 72 PERSONNEL

Rule 41.72.1. Personnel adequate to supervise and conduct the services shall be provided, and the interpretation of radiological examinations shall be made by physicians competent in the field.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.72.2. The hospital shall have a qualified radiologist, either full-time or part-time, on a consulting basis, both to give direction to the department and to interpret films that require specialized knowledge for accurate reading. If the hospital is small and a radiologist cannot come to the hospital regularly, selected x-ray films shall be sent to a radiologist for interpretation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.72.3. If the activities of the radiology department extend to radio-therapy, the physician in charge shall be appropriately qualified.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.72.4. The amount of qualified radiologist's and technologist's time shall be sufficient to meet the hospital's requirement. A technologist shall be on duty or on call at all times.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.72.5. The use of all x-ray apparatus shall be limited to personnel designated as qualified by the radiologist or by an appropriately constituted committee of the medical staff. The same limitation shall apply to personnel applying and removing radium element, its disintegration products, and radioactive isotopes. The use of

fluoroscopes shall be limited to physicians or technologist under the direction of a physician.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 73 SIGNED REPORTS

Rule 41.73.1. Signed reports shall be filed with the patient's medical record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.73.2. Requests by the attending physician for x-ray examination shall contain a concise statement of reason for the examination.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.73.3. Reports of interpretations shall be written or dictated and signed by the radiologist.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.73.4. X-ray reports and roentgenographies shall be preserved or microfilmed according to statutes.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 74 SOCIAL WORK

Rule 41.74.1. Hospitals without an organized Social Work Department may provide this service. If such department is provided, there shall be effective policies and procedures relating to the staff and the functions of the service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.74.2. If the facility offers social services, a member of the staff of the facility shall be responsible for social services. If the designated person is not a qualified social worker, the facility has a written agreement with a qualified social worker, or recognized social agency for consultation and assistance on a regularly scheduled basis.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.74.3. A qualified social worker is an individual who is currently licensed by the State of Mississippi and has one (1) year of experience in a health care setting.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 75 UTILIZATION REVIEW PLAN

Rule 41.75.1. The hospital must have in effect a utilization review (UR) plan that provides for review of services furnished by the institution and by members of the medical staff to patients.

1. The UR plan must provide for review for patients with respect to the medical necessity of-

   a. Admissions to the institution;

   b. The duration of stays; and

   c. Professional services furnished including drugs and biologicals.

2. Review of admissions may be performed before, at, or after hospital admission.

3. Reviews may be conducted on a sample basis.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 76 UTILIZATION REVIEW COMMITTEE

Rule 41.76.1. A UR committee consisting of two or more practitioners must carry out the UR function. At least two of the members of the committee must be doctors of medicine or osteopathy. The other members may be any of the other types of practitioners.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.76.2. The committee must review professional services provided to determine medical necessity and to promote the most efficient use of available health facilities and services.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 77 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) PROGRAM

Rule 41.77.1. The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.77.2. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.77.3. The hospital must maintain and demonstrate evidence of its QAPI program for review by the Department.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 78 QAPI PROGRAM SCOPE

Rule 41.78.1. The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and will identify and reduce medical errors.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.78.2. The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 79 QAPI PROGRAM DATA

Rule 41.79.1. The hospital must use the data collected to:

1. Monitor the effectiveness and safety of services and quality of care; and
2. to identify opportunities for improvement and changes that will lead to improvement.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.79.2. The frequency and detail of data collection must be specified by the hospital's governing body.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 80 QAPI PROGRAM ACTIVITIES

Rule 41.80.1. The hospital must set priorities for its performance improvement activities that:

1. Focus on high-risk, high-volume, or problem-prone areas;
2. Consider the incidence, prevalence, and severity of problems in those areas;
3. Affect health outcomes and quality of care; and
4. Affect patient safety.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.80.2. Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.80.3. The hospital must take actions aimed at performance improvement and, after implementing those actions, the hospital must measure its success, and track performance to ensure that improvements are sustained.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 81 PERFORMANCE IMPROVEMENT PROJECTS

Rule 41.81.1. As part of its quality assessment and performance improvement program, the hospital must conduct performance improvement projects.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.81.2. The number and scope of distinct improvement projects conducted annually must be proportional to the scope and complexity of the hospital's services and operations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.81.3. The hospital must document what quality improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 82 TRAUMA REGISTRY

Rule 41.82.1. All licensed hospitals which have organized emergency services or departments must participate in the statewide trauma registry for the purpose of supporting peer review and performance improvement activities at the local, regional and state levels. Since this data relates to specific trauma patients and is used to evaluate and improve the quality of health care services, this data is confidential and will be governed by Miss. Code Ann. §41-59-77 (as amended). Compliance with the above will be evidenced by:

1. Documentation of utilization of the Trauma Registry data in the trauma performance improvement process and

2. Timely submission of Trauma Registry Data to the Bureau of EMS at least monthly.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.82.2. Data Submission Requirements: Patients to be included in the trauma registry are defined in "Mississippi Trauma Care System: Rules and Regulations (as amended)."

SOURCE: Miss. Code Ann. §41-9-1

Subchapter 83 FREESTANDING EMERGENCY DEPARTMENTS

Rule 41.83.1 **Adoption of Regulations and Minimum Standards.** By virtue of authority vested in it by the Mississippi Code Annotated Sections 41-75-1 through 41-75-13, or as otherwise amended, the Mississippi Department of Health does hereby adopt and promulgate the following regulations and standards for Freestanding Emergency Departments (FED).

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.2 **Compliance with Rules, Regulations and Standards.** The FED shall:

1. Comply with all applicable Medicare provider-based regulations. The FED shall comply with all regulations that apply to clinical services and staffing for emergency departments, as set forth in the MSDH Minimum Standards of Operation for Mississippi Hospitals. .

2. Provide data to their Trauma Region and the department's Trauma Registry through participation in the Mississippi Trauma Care System (MTS).

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.3 **Definitions. The definitions specific to the FED are:**

1. **Freestanding Emergency Room.** "Freestanding Emergency Room" is a facility open twenty-four hours a day for the treatment of urgent and emergent medical conditions which is not located on a hospital campus. In order to e eligible for licensure under this chapter, the freestanding emergency room shall be located at least fifteen (15) miles from the nearest hospital-based emergency room in any rural community where the federal Centers for Medicaid & Medicare Services (CMS) had previously designated a rural hospital as a critical access hospital and that designation has been revoked.

2. **Licensing Agency.** "Licensing agency" means the Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.4 **License.** No person or governmental unit shall establish, conduct, or maintain a Freestanding Emergency Department in this state without a license.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.5 **Application for License**. An application for a license shall be made to the licensing agency upon forms provided by the licensing agency, and shall contain such information as the licensing agency reasonably requires.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.6 **Licensure and User Fees**. Such fees shall be paid to the licensing agency by electronic payment, business check, certified check or money order. A license shall not be issued to any FED until such fee is received by the licensing agency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.7 **User Fee**. A "user fee" shall be assessed by the licensing agency for the purpose of the required reviewing and inspections of the proposal of any FED in which there are additions, renovations, modernizations, expansion, alterations, conversions, modifications or replacement of the entire facility involved in the proposal. This fee includes the reviewing of architectural plans in all required steps.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.8 **Renewal of License**. A license, unless suspended or revoked, shall be renewable annually by submitting an application, paying an annual fee and submitting such reports as required by the licensing agency, including annual information reports.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.9 **Issuance of License**. Each license shall be issued only for the premises and persons or governmental units names in the application and shall not be transferable or assignable except with the written approval of the licensing agency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.10 **Denial or Revocation of a License**. The licensing agency, after notice and opportunity for hearing to the applicant or licensee, is authorized to deny, suspend or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established in these regulations and standards.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.11 **Ownership.** There shall be full disclosure of FED ownership and control. Annually, in its application for renewal of an FED License, the facility shall report the name and address of the owner and the name and address of the individual(s) responsible for operation of the FED.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.12 **Change of Ownership.** When change of ownership of a FED is contemplated, the FED shall notify the licensing agency, in writing, at least 30 days prior to the proposed date of change of ownership, giving the name and address of the proposed new owner and all other documents as required by the licensing agency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.13 **Governing Authority.** The FED shall have an organized governing body, or designated person(s):

1. That has overall responsibility for the conduct of the FED in a manner consistent with the objective of making available high quality patient care.

2. That shall be the authority in the FED, responsible for the management of the FED and appointment of the medical staff.

3. That shall adopt bylaws in accordance with legal requirements and with its community responsibility, identifying the purposes of the FED and the means of fulfilling them,

4. That shall take all reasonable steps to comply with all applicable federal, state and local laws and regulations.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.14 **Staffing and Treatment.** The FED must possess the staff and resources necessary to evaluate all individuals presenting to the emergency department. The FED must follow all requirements of EMTALA in regard to assuring the medical evaluation, stabilization and transfer of a patient found to have an emergency condition. Because of the unscheduled and episodic nature of health emergencies and acute illness, the FED must be staffed with experienced American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) board certified or board eligible physicians, nursing and ancillary personnel who must be available 24 hours a day. The FED will also provide treatment for individuals whose health needs are not of an emergent nature, but for whom the FED may be the only accessible or timely entry point into the broader health care system.

1. Each FED shall have patient transfer agreements with an EMS service and with an acute care or trauma hospital with the capability of handling such

emergencies and to assure provisions for patient admissions, continued emergency and diagnostic services beyond the capability of the FED, and the safe emergency transport of the patient, when needed.

2. As stated by the American College of Emergency Physicians (ACEP):

   a. Emergency medical care must be available to all members of the public.

   b. Access to appropriate emergency medical and nursing care must be unrestricted.

   c. A smooth continuum should exist among pre-hospital providers, emergency department (ED) providers, and providers of definitive follow-up care.

   d. Evaluation, management, and treatment of patient must be appropriate and expedient.

   e. Resources should exist in the ED to accommodate each patient from the time of arrival through evaluation, medical decision making, treatment and disposition.

   f. FEDs should have policies and plans to provide effective administration, staffing, facility design, equipment, medication and ancillary services.

   g. The emergency physician, emergency nurse, and additional medical team members must establish effective working relationships with other health care providers and entities with whom they must interact. These include emergency medical services (EMS) providers, ancillary hospital personnel, other physicians, and other health care and social services resources.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.15 **Required Policies.** The FED Emergency Department Policy Sections shall include:

1. Resources and Planning

   a. Necessary Elements

      i. Administration

      ii. Staffing

      iii. Facility

      iv. Equipment and Supplies

v. Pharmacologic/Therapeutic Drugs and Agents

vi. Safety

vii. Ancillary Services

viii. Transfer policies and procedures for critical patients

ix. Electronic Medical Record

x. Relationships and Responsibilities

2. Core Measures

a. Measure Groups

i. Median Time from FED Arrival to ED Departure for Discharged Patients

ii. Median Time from FED Arrival to Decision to Transfer

iii. Median Time from Decision to Transfer to arrival at receiving facility

iv. Total lengths of stay and door-to-doctor times

b. Quality/Safety Metrics

i. FED will be responsible for reporting all categories required

ii. Case analysis of EMS patient outliers.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.16 **FED Equipment, Instruments, and Supplies.** The equipment, instruments, and supplies listed below are required in the FED and each of the items should be located in or immediately available to the area noted. This list does not include routine medical/surgical supplies such as adhesive bandages, gauze pads, and suture material, nor does it include routine office items such as paper, desks, paper clips, and chairs.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.17 **Entire FED Department shall include:**

1. Central station monitoring capability

2. Physiological monitors

3. Blood flow detectors
4. Defibrillator with monitor and battery
5. Thermometers
6. Pulse oximetry
7. Nurse-call system for patient use
8. Portable suction regulator
9. Infusion pumps to include blood pumps
10. IV poles
11. Bag-valve-mask respiratory and adult and pediatric size mask
12. Portable oxygen tanks
13. Blood/fluid warmer and tubing
14. Nasogastric suction supplies
15. Nebulizer
16. Gastric lavage supplies, including large-lumen tubes and bite blocks
17. Urinary catheters, including straight catheters, Foley catheters, Coude catheters, filiforms and followers, and appropriate collection equipment
18. Intraosseous needles
19. Lumbar puncture sets (adult and pediatric)
20. Blanket warmer
21. Tonometer
22. Slit lamp
23. Wheel chairs
24. Medication dispensing system with locking capabilities
25. Separately wrapped instruments (specifics will vary by department)
26. Availability of light microscopy for emergency procedures
27. Weight scales (adult and infant)

28. Tape measure

29. Ear irrigation and cerumen removal equipment

30. Vascular Doppler

31. Anoscope

32. Adult and Pediatric "code" cart

33. Suture or minor surgical procedure sets (generic)

34. Portable sonogram equipment

35. EKG machine

36. Point of care testing

37. X-ray view box and hot light

38. Film boxes for holding x-rays

39. Chart Rack

40. Computer system

41. Internet capabilities

42. Patient tracking system

43. Radio or other device for communication with ambulances

44. Patient discharge instruction system

45. Patient registration system/ Information services

46. Intradepartmental staff communication system- pagers, mobile phones

47. ED charting system for physician, nursing, and attending physician documentation equipment

48. Reference materials including toxicology resource information

49. Personal protective equipment- gloves, eye goggles, face mask, gowns, head

50. and foot covers

51. Linen (pillows, towels, wash cloths, gowns, blankets)

52. Patient belongings or clothing bag

53. Security needs -including restraints and wand-type or free standing metal

54. detectors as indicated

55. Equipment for adequate housekeeping

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.18 **FED General Examination Rooms shall include:**

1. Examination tables or stretchers appropriate to the area.

2. For any area in which seriously ill patients are managed, a stretcher with capability for changes in position, attached IV poles, and a holder for portable oxygen tank should be used.

3. Pelvic tables for GYN examinations.

4. Step stool

5. Chair/stool for emergency staff

6. Seating for family members or visitors

7. Adequate lighting, including procedure lights as indicated

8. Cabinets

9. Adequate sinks for hand-washing, including dispensers for germicidal soap and paper towels.

10. Wall mounted oxygen supplies and equipment, including nasal cannulas, face masks, and venturi masks.

11. Wall mounted suction capability, including both tracheal cannulas and larger cannulas.

12. Wall-mounted or portable otoscope/ophthalmoscope

13. Sphygmomanometer/stethoscope

14. Oral and nasal airways

15. Biohazard-disposal receptacles, including for sharps

16. Garbage receptacles for non-contaminated materials

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.19 **FED Resuscitation Room.** All items listed for general examination rooms plus:

1. Adult and Pediatric "code cart" to include appropriate medication charts
2. Capability for direct communication with nursing station, preferably hands free
3. Radiography equipment
4. Radiographic view boxes and hot light
5. Airways needs
    a. Big-valve-mask respirator (adult, pediatric, and infant) Cricothyroidotomy instruments and supplies
    b. Endotracheal tubes, size 2.5 to 8.5 mm
    c. Fiberoptic laryngoscope
    d. Laryngoscopes, straight and curved blades and stylets
    e. Laryngoscopic mirror and supplies
    f. Laryngeal Mask Airway (LMA)
    g. Oral and nasal airways
    h. Tracheostomy instrument and supplies
6. Breathing
    a. BiPAP Ventilation System
    b. Closed-chest drainage device
    c. Chest tube instruments and supplies
    d. Emergency thoracotomy instruments and supplies
    e. End-tidal C02 monitor18
    f. Nebulizer
    g. Peak flow meter
    h. Pulse oximetry
    i. Volume cycle ventilator

7. Circulation

    a. Automatic physiological monitor, noninvasive

    b. Blood/fluid infusion pumps and tubing

    c. Blood/fluid warmers

    d. Cardiac compression board

    e. Central venous catheter setups/kits

    f. Central venous pressure monitoring equipment

    g. Cutdown instruments and supplies

    h. Intraosseous needles

    i. IV catheters, sets, tubing, poles

    j. Monitor/defibrillator with pediatric paddles, **internal** paddles, appropriate pads and other supplies Pericardiocentesis instruments

    k. Temporary external pacemaker

    l. Transvenous and/or transthoracic pacemaker setup and supplies

    m. 12-Lead ECG machine

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.20 **Trauma and miscellaneous resuscitation shall include:**

1. Blood salvage/autotransfusion device

2. Emergency obstetric instruments and supplies

3. Hypothermia thermometer

4. Infant warming equipment

5. Peritoneal lavage instruments and supplies

6. Pneumatic antishock garment, as indicated

7. Spine stabilization equipment to include cervical collars, short and long boards

8. Warming/cooling blanket

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.21 **Other Special Rooms.** All items listed for general examination rooms plus:

1. Orthopedic

    a. Cast cutter

    b. Cast and splint application supplies and equipment Cast spreader

    c. Crutches

    d. Extremity-splinting devices including traction splinting and fixation pins/wires and corresponding instruments and supplies

    e. Halo traction or Gardner-Wells/Trippe-Wells traction Radiograph view and hot light

    f. Suture instrument and supplies

    g. Traction equipment, including hanging weights and finger traps

2. Eye/ENT

    a. Eye chart

    b. Ophthalmic tonometry device (applanation, Schiotz, or other)

    c. Other ophthalmic supplies as indicated, including eye spud, rust ring remover, cobalt blue light

    d. Slit lamp

    e. Ear irrigation and cerumen removal equipment

    f. Epistaxis instrument and supplies, including balloon posterior packs Frazier suction tips

    g. Headlight

    h. Laryngoscopic mirror

    i. Plastic suture instruments and supplies

3. OB-GYN

    a. Fetal Doppler and ultrasound equipment

    b. Obstetrics/Gynecology examination light

c. Vaginal specula in pediatric through adult sizes

d. Sexual assault evidence-collection kits (as appropriate)

e. Suture material

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.22 **Required Pharmacologogical/Thereapeutic drugs for FED.** These classes of drugs and agents are required. The medical director of the FED, representatives of the medical staff, and the director of the pharmacy shall develop a formulary of specific agents for use in the FED.

1. Analgesics

   a. narcotic and non-narcotic

2. Anesthetics

   a. topical, infiltrative, general

3. Anticonvulsants

4. Antidiabetic agents

5. Antidotes

6. Antihistamines

7. Anti-infective agents

   a. systemic/topical

8. Anti-inflammatories

   a. steroidal/non-steroidal

9. Anti-platelets

10. Aspirin

11. Plavix

12. Heparin

13. Bicarbonates

14. Blood Modifiers

15. Anticoagulants to include thrombolytics
16. Anticoagulants
17. Hemostatics
    a. systemic
    b. topical
    c. plasma expanders/ extenders
18. Burn Preparations
19. Cardiovascular agents
    a. Ace inhibitors
    b. Adernergic blockers
    c. Adernergic stimulants
    d. Alpha/Beta blockers
    e. Antiarrhythmia agents
    f. Calcium channel blockers
    g. Digoxin antagonist
    h. Diuretics
    i. Vasodilators
    j. Vasopressors
20. Cholinesterase Inhibitors
21. Diagnostic agents
    a. Blood contents
    b. Stool contents
    c. Testing for myasthenia gravis
    d. Urine contents
22. Electrolytes

a. Cation exchange resin

b. Electrolyte replacements, parenteral and oral

c. Fluid replacement solutions

23. Gastrointestinal agents

a. Antacids

b. Anti-diarrheals

c. Emetics and Anti-emetics

d. Anti-flatulent

e. Anti-spasmodics

f. Bowel evacuants/laxatives

g. Histamine receptor antagonists

h. Proton pump inhibitors

24. Glucose elevating agents

25. Hormonal agents

26. Hypocalcemia and hypercalcemia management agents

27. Lubricants

28. Migraine preparations

29. Muscle relaxants

30. Narcotic antagonist

31. Nasal preparation

32. Ophthalmologic preparations

33. Otic preparations

34. Oxytocics

35. Pain Medications

36. Psychotherapeutic agents

37. Respiratory agents

    a. Antitussives

    b. Brochodilators

    c. Decongestants

    d. Leukotriene antagonist

38. Rho(D) immune globulin

39. Salicylates

40. Sedatives and Hypnotics

41. Thrombolytics

42. Vaccinations

43. Vitamins and minerals

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.23 **Radiologic, Imaging, and Other Diagnostic Services.** The specific services available and the timeliness of availability of these services for emergency patients in FED should be determined by the medical director of the FED in collaboration with the directors of the diagnostic services and other appropriate individuals.

1. The following should be readily available 24 hours a day for emergency patients:

    a. Standard radiologic studies of bony and soft-tissue structures including, but not limited to:

        i. Cross-table lateral views of spine with full series to follow

        ii. Portable chest radiographs for acutely ill patients and for verification of

            placement of endotracheal tube, central line, or chest tube

        iii. Soft-tissue views of the neck

        iv. Soft-tissue views of subcutaneous tissues to rule out the presence of foreign body

        v. Standard chest radiographs, abdominal series, etc

b. Pulmonary services

i. Arterial blood gas determination

ii. Peak flow determination

iii. Pulse oximetry

c. Fetal monitoring (nonstress test)/uterine monitoring

d. Cardiovascular services

i. Doppler studies

ii. 12-Lead ECGs and rhythm strips

e. Emergency ultrasound services for the diagnosis of obstetric/gynecologic, cardiac and hemodynamic problems and other urgent conditions.

2. The following services shall be available on an urgent basis. Such may be provided by on duty staff or on call staff available to respond within a reasonable period of time:

a. Nuclear medicine

i. Ventilation-perfusion lungs scans

ii. Other scintigraphy for trauma and other conditions

b. Radiographic

i. Arteriography/venography

ii. Computed tomography

iii. Dye-contrast studies (intravenous pyelography, gastrointestinal contrast, etc)

c. Vascular/flow studies including impedance plethysmography

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.24 **Required Laboratory Capabilities.** The medical director of the FED and the director of laboratory services shall develop guidelines for availability and timeliness of services for the FED. The following laboratory capabilities are required for the FED. This list may not be comprehensive or complete.

1. Blood bank

a. Bank products availability

b. Type and cross-matching capabilities

2. Chemistry

a. Ammonia

b. Amylase

c. Anticonvulsant and other therapeutic drug levels

d. Arterial blood gases

e. Bilirubin (total and direct)

f. Calcium

g. Carboxyhemoglobin

h. Cardiac isoenzymes (including creatine kinase- MB)

i. Chloride (blood and cerebrospinal fluid [CSF])

j. Creatinine

k. Electrolytes

l. Ethanol

m. Glucose (blood and CSF)

n. Liver-function enzymes (ALT, AST, alkaline phosphatase)

o. Methemoglobin

p. Osmolality

q. Protein (CSF)

r. Serum magnesium

s. Urea nitrogen

3. Hematology

a. Cell count and differential (blood, CSF, and joint fluid analysis)

b. Coagulation studies

c. Erythrocyte sedimentation rate

d. Platelet count

e. Reticulocyte count

f. Sickle cell prep

4. Microbiology

a. Acid fast smear/staining

b. Chlamydia testing

c. Counter immune electrophoresis for bacterial identification

d. Gram staining and culture/sensitivities

e. Herpes testing

f. Strep screening

g. Viral culture

h. Wright stain

5. Other

a. Hepatitis screening

b. HIV screening

c. Prothrombin Time (PT)/International Normalized Ratio (INR), Partial Thromboplastin Time (PTT)

i. D-dimer

d. Joint fluid and CSF analysis

e. Toxicology screening and drug levels

f. Urinalysis

g. Mononucleosis spot

h. Serology (syphilis, recombinant, immunoassay)

i. Pregnancy testing (qualitative and quantitative)

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.25 **Transfer of Unstable Patients from FED to Acute Care Hospital.** Once the patient is determined to require a higher level of care than can be provided at the FED, the physician shall immediately contact the designated EMS for transport. If the EMS is based on site the transport team will be notified immediately. The physician will stabilize the emergency medical condition and determine the transfer destination based on the specialized capabilities of facilities that are offered at local hospitals. The FED facility will implement all procedures and protocols for acutely ill patients before departure from the FED. Such conditions would include, but not be limited to, STEMI, acute ischemic stroke and cardiac arrests. All electronic medical records and any diagnostic test results will be transported with the patient to the receiving facility. Should a patient meeting trauma system activation requirements arrive at the FED, the FED will transfer the patient in accordance with the federal EMTALA regulations and the State Trauma Plan.

SOURCE: Miss. Code Ann. §41-75-13

Rule 41.83.26 **Medical records/organization**. The FED shall have a medical record department with administrative responsibility for medical records. A medical record shall be maintained, in accordance with accepted professional principles, for each patient receiving care in the FED.

SOURCE: Miss. Code Ann. 41-75-13

Rule 41.83.27 **Confidentiality.** Medical records shall be kept confidential and only authorized personnel shall have access to the records.

SOURCE: Miss. Code Ann. 41-75-13

Rule 41.83.28 **Consent.** Written consent of the patient or the patient's legal representative shall be presented as authority for release of medical information and this release shall become part of the medical record.

SOURCE: Miss. Code Ann. 41-75-13

Rule 41.83.29 **Access to records**. Medical records shall not be removed from the FED environment except upon subpoena or patient's written consent.

SOURCE: Miss. Code Ann. 41-75-13

Rule 41.83.30 **Preservation.** Medical records shall be preserved, either in the original or by reproduction, for a period of time not less than that set forth in Title 41, Chapter 9 of the Mississippi Code of 1972.

SOURCE: Miss. Code Ann. 41-75-13

CHAPTER 42 MINIMUM STANDARDS OF OPERATION FOR AMBULATORY SURGICAL FACILITIES

Subchapter 1 GENERAL: LEGAL AUTHORITY

Rule 42.1.1 **Adoption of Regulations**. Under and by virtue of authority vested in it by Mississippi Code Annotated § 41-75-1 thru § 41-75-25 (Supplement 1986), the Mississippi State Department of Health, as licensing agency, does hereby adopt and promulgate the following rules, regulations, and standards governing ambulatory surgical facilities licensed to operate in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.1.2 **Procedures Governing Amendments**. The rules, regulations, and minimum standards for ambulatory surgical facilities may be amended by the licensing agency from time to time as necessary to promote the health, safety, and welfare of persons receiving services in such institutions

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.1.3 **Inspections Required**. Each ambulatory surgical facility for which a license has been issued shall be inspected by the Mississippi State Department of Health or by persons delegated with authority by said Mississippi State Department of Health at such intervals as the Department may direct. Mississippi State Department of Health and/or its authorized representatives shall have the right to inspect construction work in progress. New ambulatory surgical 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 2 DEFINITIONS

Rule 42.2.1 A list of selected terms often used in connection with these rules, regulations, and standards follows:

1. **Administrator**. The term "administrator" shall mean a person who is delegated the responsibility for the implementation and proper application of policies and programs established by the governing authority of the facility and is delegated responsibility for the establishment of safe and effective administrative management, control and operation of the services provided. This definition applies to a person designated as Chief Executive Officer or other similar title.

2. **Ambulatory Surgery**. Shall mean surgical procedures that are more complex than office procedures performed under local anesthesia, but less complex than major procedures requiring prolonged postoperative monitoring and hospital care to ensure safe recovery and desirable results. General anesthesia is used in most cases. The patient must arrive at the facility and expect to be discharged on the same day.

Ambulatory surgery shall only be performed by physicians or dentists licensed to practice in the State of Mississippi.

3. **Ambulatory Surgical Facility**. Shall mean a publicly or privately owned institution which is primarily organized, constructed, renovated or otherwise established for the purpose of providing elective surgical treatment of outpatients whose recovery, under normal and routine circumstances, will not require inpatient care. Such facility as herein defined does not include the offices of private physicians or dentists whether practicing individually or in groups, but does include organizations or facilities primarily engaged in such outpatient surgery whether using the name "ambulatory surgical facility" or a similar or different name. Such organization or facility, if in any manner considered to be operated or owned by a hospital or a hospital holding, leasing or management company, either for profit or not for profit, is required to comply with all Mississippi State Department of Health ambulatory surgical licensure standards governing a hospital affiliated facility as adopted under Section 41-91-1 et seq, Mississippi Code of 1972; provided that such organization or facility does not intend to seek federal certification as an ambulatory surgical facility as provided for at 42 CFR, Parts 405 and 416. Further, if such organization or facility is to be operated or owned by a hospital or a hospital holding, leasing or management company and intends to seek federal certification as an ambulatory facility, then such facility is considered to be freestanding and must comply with all Mississippi State Department of Health ambulatory surgical licensure standards governing a freestanding facility. If such organization or facility is to be owned or operated by an entity or person other than a hospital or hospital holding, leasing or management company, then such organization or facility must comply with all Mississippi State Department of Health ambulatory surgical facility standards governing a freestanding facility.

4. **Hospital Affiliated Ambulatory Surgical Facility**. Shall mean a separate and distinct organized unit of a hospital or a building owned, leased, rented or utilized by a hospital and located in the same county in which the hospital is located for the primary purpose of performing ambulatory surgery procedures. Such facility is not required to be separately licensed under the statute and may operate under the hospital's license in compliance with all applicable requirements of Section 41-9-1 et seq.

5. **Freestanding Ambulatory Surgical Facility**. Shall mean a separate and distinct facility or a separate and distinct organized unit of a hospital owned, leased, rented or utilized by a hospital or other persons for the primary purpose of performing ambulatory surgery procedures. Such facility must be separately licensed as herein defined and must comply with all licensing standards promulgated by the Mississippi State Department of Health under this statute regarding freestanding ambulatory surgical facility. Further, such facility must be a separate, identifiable entity and must be physically, administratively and financially independent and distinct from other operations of any other health facility, and shall maintain a separate organized medical and administrative staff. Furthermore, once licensed as a freestanding ambulatory surgical facility, such facility shall not become a

component of any other health facility without securing a certificate of need to do such.

6. **Anesthesiologist**. A physician whose specialized training and experience qualify him/her to administer anesthetic agents and to monitor the patient under the influence of these agents.

7. **Anesthetist**. A physician or dentist qualified and trained to administer anesthetic agents or a certified registered nurse qualified to administer anesthetic agents.

8. **Change of Ownership**. The term "change of ownership" includes, but is not limited to, intervivos gifts, purchases, transfers, leases, cash and/or stock transaction or other comparable arrangements whenever the person or entity acquires an interest of fifty percent (50%) or more of the facility or services. Changes of ownership from partnerships, single proprietorships or corporations to another form of ownership are specifically included, provided, however, "change of ownership" shall not include any inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi.

9. **Dentist**. A person who holds a valid license issued by the Mississippi State Board of Dental Examiners to practice dentistry.

10. **Director of Nursing**. The term "director of nursing" means a registered nurse with supervisory and administrative ability who is responsible to the chief executive officer for supervision of nursing service for entire facility at all times. Qualifications of directory of nursing:

    a. Shall be a graduate of a professional school of nursing.

    b. Shall currently be licensed by the Mississippi Board of Nursing.

    c. Shall have at least one year of experience in medical surgical nursing and one year of surgical nursing and one year of surgical environment nursing.

    d. Shall have good mental and physical health.

11. **Governing Authority**. The term "governing authority" shall mean owner(s) associations, county board of supervisors, board of trustees, or any other comparable designation of an individual or group of individuals who have the purpose of owning, acquiring, constructing, equipping, operating, and/or maintaining ambulatory surgical facilities and exercising control over the affairs and in which the ultimate responsibility and authority of the facility is vested.

12. **Licensed Practical Nurse**. "Licensed practical nurse" (LPN) means any person licensed as such by the Mississippi State Board of Nursing.

13. **License**. The term "license" shall mean the document issued by the Mississippi State Department of Health and signed by the Executive Director of the Mississippi State Department of Health. Licensure shall constitute authority to receive patients and perform the services included within the scope of these rules, regulations, and minimum standards.

14. **Licensee**. The term "licensee" shall mean the individual to whom the license is issued and upon whom rests the responsibility for the operation of the ambulatory surgical facility in compliance with these rules, regulations, and minimum standards.

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

16. **Local Hospital.** As referenced in Rule 42.10.1(1), local hospital means that the ASC is to consider the most appropriate facility in which the ASC will transport its patients in the event of an emergency.

17. **Nursing Personnel**. The term "nursing personnel" shall mean registered nurses, graduate nurses, licensed practical nurses, nurses' aides, orderlies, attendants, and other rendering patient care.

18. **Patient.** The term "patient" shall mean a person admitted to the ambulatory surgical facility by and upon the recommendation of a physician and who is to receive medical care recommended by the physician.

19. **Pharmacy.** The term "pharmacy" shall mean a place licensed by the Mississippi State Department of Pharmacy where prescriptions, drugs, medicines and chemicals are offered for sale, compounded or dispensed, and shall include all places whose titles may imply the sale, offering for sale, compounding or dispensing of prescriptions, drugs, medicines or chemicals.

20. **Pharmacist.** The term "pharmacist" shall mean a person currently licensed by the Mississippi State Board of Pharmacy to practice pharmacy in Mississippi under the provisions contained in current state statutes.

21. **Physician.** The term "physician" shall mean a person currently licensed by the Mississippi State Board of Medical Licensure to practice medicine and surgery in Mississippi under provisions contained in current state statutes.

22. **Registered Nurse.** The term "registered nurse" (R.N.) shall mean a professional registered nurse currently licensed by the Mississippi Board of Nursing in accordance with the provisions contained in current state statutes.

23. **Person.** The term "person" means any individual, firm, partnership, corporation, company, association, or joint stock association, or any licensee herein or the legal successor thereof.

24. **May.** The term "may" indicates permission.

25. **Shall.** The term "shall" indicates mandatory requirement(s).

26. **Should**. The term "should" indicates recommendation(s).

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 3 TYPE OF LICENSE

Rule 42.3.1 **Regular License**. A license shall be issued to each ambulatory surgical facility that meets the requirements as set forth in these regulations. In addition, no ambulatory surgical facility may be licensed until it shows conformance to the regulations establishing minimum standards for prevention and detection of fire, as well as for protection of life and property against fire. Compliance with the N.F.P.A. Life Safety Code 101 for doctors' offices and clinics shall be required.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.3.2 **Provisional License**. Within its discretion, the Mississippi State Department of Health may issue a provisional license when a temporary condition of noncompliance with these regulations exists in one or more particulars. A provisional license shall be issued only if the Mississippi State Department of Health is satisfied that preparations are being made to qualify for a regular license and that the health and safety of patients will not be endangered meanwhile. A new ambulatory surgical facility may be issued a provision license prior to opening and subsequent to meeting the required minimum staffing personnel. The provisional license issued under this condition shall be valid until the issuance of a regular license, or June 30, following date of issuance of the provisional license, issued for any reason, shall not exceed 12 months and cannot be reissued.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 4 LICENSING

Rule 42.4.1 **Application and Annual Report**. Application for a license or renewal of a license shall be made in writing to the Mississippi State Department of Health on forms provided by the Department which shall contain such information as the Mississippi State Department of Health may require. The application shall require reasonable, affirmative evidence of ability to comply with these rules, regulations, and minimum standards.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.4.2 **Fees**. Each initial and renewal licensure application, unless suspended or revoked, shall be accompanied by a fee as set by the Board, made payable to the Mississippi State Department of Health, either by business check, money order,

or electronic means. Renewal of licenses shall occur on an annual basis. Fees are non-refundable.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.4.3 **Annual Reports and Posting of License.** The licensee shall submit an annual report in a format as established by the licensing agency. Licenses are issued only for the premises and person or persons named in the application and shall not be transferable or assignable. Licenses shall be posted in a conspicuous place on the licensed premises.

SOURCE: Miss. Code Ann. §41-75-1

Rule 42.4.4 **Name**. Every ambulatory surgical facility 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 by which the ambulatory surgical facility is licensed shall be used in telephone listings, on stationery, in advertising, etc. Two or more ambulatory surgical facilities shall not be licensed under similar names in the same vicinity. No freestanding ambulatory surgical facility shall include the word "hospital" in its name.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.4.5 **Issuance of License**. All licenses issued by the Mississippi State Department of Health shall set forth the name of the ambulatory surgical facility, the location, the name of the licensee, and the license number.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.4.6 **Separate License**. A separate license shall be required for ambulatory surgical facilities maintained on separate premises even though under the same management. However, separate licenses are not required for buildings on the same ground which are under the same management.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.4.7 **Expiration of License**. Each license shall expire on June 30, following the date of issuance.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.4.8 **Denial or Revocation of License: Hearings and Review**. The Mississippi State Department of Health after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license in any case in

which it finds that there has been a substantial failure to comply with the requirements **established under the law and these regulations.**

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 5 RIGHT OF APPEAL

Rule 42.5.1 Provision for hearing and appeal following denial or revocation of license is as follows:

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.5.2 **Administrative Decision**. The Mississippi State Department of Health 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.

1. 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 such service at which 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 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 to the Chancery Court in the county in which the facility is located, in the manner prescribed in Section 43-11-23, Mississippi Code of 1972, as amended. An additional period of time may be granted at the discretion of the licensing agency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.5.3 Penalties. Any person or persons or other entity or entities establishing, managing or operating an ambulatory surgical facility or conducting the business of an ambulatory surgical facility without the required license, or which otherwise violate any of the provisions of this act or the Mississippi State Department of Health, as amended, or the rules, regulations or standards promulgated in furtherance of any law in which the Mississippi State Department of Health has authority therefore shall be subject to the penalties and sanctions of Section 41-7-209, Mississippi Code of 1972.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 6 ADMINISTRATION: GOVERNING AUTHORITY

Rule 42.6.1 Each facility shall be under the ultimate responsibility and control of an identifiable governing body, person, or persons. The facility's governing authority shall adopt bylaws, rules and regulations which shall:

1. Specify by name the person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the governing authority for holding such individuals responsible.

2. Provide for at least annual meetings of the governing authority if the governing authority consists of two or more individuals. Minutes shall be maintained of such meetings.

3. Require policies and procedures which includes provisions for administration and use of the facility, compliance, personnel, quality assurance, procurement of outside services and consultations, patient care policies and services offered.

4. Provide for annual reviews and evaluations of the facility's policies, management, and operation.

   a. When services such as dietary, laundry, or therapy services are purchased from other the governing authority shall be responsible to assure the supplier(s) meets the same local and state standards the facility would have to meet if it were providing those services itself using its own staff.

   b. The governing authority shall provide for the selection and appointment of the medicaid and dental staff and the granting of clinical privileges and shall be responsible for the professional conduct of these persons.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 7 ORGANIZATION AND STAFF

Rule 42.7.1 **Chief Executive Officer or Administrator**.

1. The governing authority shall appoint a qualified person as chief executive officer of the facility to represent the governing authority and shall define his/her authority and duties in writing. He/she shall be responsible for the management of the facility, implementation of the policies of the governing authority and authorized and empowered to carry out the provisions of these regulations.

2. The chief executive officer shall designate, in writing, a qualified person to act in his/her behalf during his/her absence. In the absence of the chief executive officer, the person on the grounds of the facility who is designated by the chief executive officer to be in charge of the facility shall have reasonable access to all areas in the facility related to patient care and to the operation of the physical plant.

3. When there is a planned change in ownership or in the chief executive officer, the governing authority of the facility shall notify the Mississippi State Department of Health. The chief executive officer shall be responsible for the preparation of written facility policies and procedures.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.7.2 **Administrative Records**. The following essential documents and references shall be on file in the administrative office of the facility:

1. Appropriate documents evidencing control and ownerships, such as deeds, leases, or corporation or partnerships papers.

2. Bylaws and policies and procedures of the governing authority and professional staff.

3. Minutes of the governing authority meetings.

4. Minutes of the facility's professional and administrative staff meetings.

5. A current copy of the ambulatory surgical facility regulations.

6. Reports of inspections, reviews, and corrective actions taken related to licensure.

7. Contracts and agreements for all services not provided directly by the facility.

8. All permits and certificates shall be appropriately displayed.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 8 PERSONNEL POLICIES AND PROCEDURES

Rule 42.8.1 Personnel Records. A record of each employee should be maintained which includes the following to help provide quality assurance in the facility:

1. Application for employment.

2. Written references and/or a record of verbal references.

3. Verification of all training and experience, and licensure, certification, registration and/or renewals.

4. Performance appraisals.

5. Initial and subsequent health clearances.

6. Disciplinary and counseling actions.

7. Commendations.

8. Employee incident reports.

9. Record of orientation to the facility, its policies and procedures and the employee's position. Personnel records shall be confidential. Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.8.2 **Job Descriptions**.

1. Every position shall have a written description which adequately describes the duties of the position.

2. Each job description shall include position title, authority, specific responsibilities and minimum qualifications. Qualifications shall include education, training, experience, special abilities and license or certification required.

3. Job descriptions shall be kept current and given to each employee when assigned to the position and whenever the job description is changed.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.8.3 Health Examination. As a minimum, each employee shall have a pre-employment health examination by a physician. The examination is to be repeated annually and more frequently if indicated to ascertain freedom from communicable diseases. The extent of the annual examinations shall be determined by a committee consisting of the medical director, administrator and director of nursing, and documentation of the health examination shall be included in the employee's personnel folder.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 9 MEDICAL STAFF ORGANIZATION

Rule 42.9.1 There shall be a single organized medical staff that has the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as for accounting therefore to the governing authority. The manner in which the medical staff is organized shall be consistent with the facility's documented staff organization bylaws, rules and regulations, and pertain to the setting where the facility is located. The medical staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that patients are admitted to the facility only upon the recommendation of a licensed physician and that a licensed physician be responsible for diagnosis and all medical care and treatment. The organization of the medical staff, and its bylaws, rules and regulations, shall be approved by the facility's governing authority. The medical staff shall strive to assure that each member is qualified for membership and shall encourage the optimal level of professional performance of its members through the appointment/reappointment

procedure, the specific delineation of clinical privileges, and the periodic reappraisal of each staff member according to the established provisions.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.9.2 Qualifications. The appointment and reappointment of medical staff members shall be based upon well-defined, written criteria that are related to the goals and objectives of the facility as stated in the bylaws, rules and regulations of the medical staff of the governing authority., Upon application or appointment to the medical staff, each individual must sign a statement to the effect that he/she has read and agrees to be bound by the medical staff and governing authority bylaws, rules and regulations. The initial appointment and continued medical staff membership shall be dependent upon professional competence and ethical practice in keeping with the qualifications, standards, and requirements set forth in the professional staff and governing authority bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.9.3 Method of Selection. Each facility is responsible for developing a process of appointment to the medical staff whereby it can satisfactorily determine that the person is appropriately licensed and qualified for the privileges and responsibilities he/she seeks.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.9.4 Privilege Delineation. Privileges shall be delineated for each member of the medical staff, regardless of the type and size of the facility. The delineation of privileges shall be based on all verified information available in the applicant's or staff member's credentials file. Whatever method is used to delineate clinical privileges for each medical staff applicant, there must be evidence that the granting of such privileges is based on the member's demonstrated current competence.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.9.5 Clinical Privileges Shall Be Facility-Specific. The medical staff shall delineate in its bylaws, rules and regulations, the qualifications, status, clinical duties, and responsibilities of consultant physicians who are not members of the medical and dental staff but whose services require that they be processed through the usual medical staff channels. The training, experience, and demonstrated competence of individuals in such categories shall be sufficient to permit their performing their assigned functions.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.9.6 Reappointment. The facility's medical staff bylaws, rules and regulations shall provide for review and reappointment of each medical staff member at least once every three years. The reappointment process should include a review of the

individual's status by a designated medical staff committee, such as the credentials committee. When indicated, the credentials committee shall require the individual to submit evidence of his/her current health status that verifies the individual's ability to discharge his/her responsibility. The committee's review of the clinical privileges of a staff member for reappointment should include the individual's past and current professional performance as well as his/her adherence to the governing authority and professional staff bylaws, rules and regulations. The medical staff bylaws, rules and regulations shall limit the time within which the medical staff reappointment and privilege delineation processes must be completed.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.9.7 **Professional Staff**. Each facility shall have at all times a designated medical director who shall be a physician and who shall be responsible for the direction and coordination of all medical aspects of facility programs. Each member~~s~~ of the medical staff shall have like privileges in at least one local hospital. In the case of an abortion facility, the facility must comply with all state and federal laws and regulations, including , but not limited to, provisions of MS. Code Ann. §41-75-1. There shall be a minimum of one licensed registered nurse per six patients (at any one time) at the clinic when patients are present, excluding the director of nursing. All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi. Anesthetic agents shall be administered by an anesthesiologist, a physician, or a certified registered nurse anesthetist under the supervision of a board-qualified or certified anesthesiologist or operating physician, who is actually on the premises. After the administration of an anesthetic, patients shall be constantly attended by an M.D., D.O., R.N., or a L.P.N. supervised directly by an R.N., until reacted and able to summon aid. All employees of the facility providing direct patient care shall be trained in emergency resuscitation at least annually. [Section 41-75-1(f)].

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.9.8 Reporting Requirements. Each abortion facility shall report monthly to the Mississippi State Department of Health such information as may be required by the department in its rules and regulations for each abortion performed by such facility.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 10 PATIENT TRANSFER

Rule 42.10.1 **Transfer Agreement.**

1. The ASC must have an effective procedure for the immediate transfer, to a hospital, of patients requiring medical care beyond the capabilities of the ASC. The hospital must be a local, Medicare participating hospital or a local non-participating hospital

that meets the requirements for payment of emergency services. See Rule 42.2.1 (16) for definition of "local hospital".

a. The ASC must have a transfer agreement with a hospital that meets the requirements, as stated above, or

b. Ensure that all physicians performing surgery in the ASC have admitting privileges at a hospital that meets the regulatory requirements of above.

2. If the ASC does not have a transfer agreement, then the ASC must maintain documentation of the current admitting privileges of all physicians who perform surgery at the ASC at local hospitals that will satisfy the regulatory requirements of Rule 42.10.1 (1).*SOURCE: Miss. Code Ann. §41-75-13*

Subchapter 11 SAFETY

Rule 42.11.1 The governing authority shall develop written policies and procedures designed to enhance safety within the facility and on its grounds and minimize hazards to patients, staff and visitors.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.11.2 The policies and procedures shall include establishment of the following:

1. Safety rules and practices pertaining to personnel, equipment, gases, liquids, drugs;

2. Provisions for reporting and the investigation of accidental events regarding patients, visitors and personnel (incidents) and corrective action taken;

3. Provision for dissemination of safety-related information to employees and users of the facility; and

4. Provision for syringe and needle storage, handling and disposal.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 12 HOUSEKEEPING

Rule 42.12.1 Operating rooms shall be appropriately cleaned in accordance with established written procedures after each operation. Recovery rooms shall be maintained in a clean condition. Adequate housekeeping staff shall be employed to fulfill the above requirement.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 13 LINEN AND LAUNDRY

Rule 42.13.1 An adequate supply of clean linen or disposable materials shall be maintained.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.13.2 Provisions for proper laundering of linen and washable goods shall be made. Soiled and clean linen shall be handled and stored separately.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.13.3 Sufficient supply of cloth or disposable towels shall be available so that a fresh towel can be used after each hand washing. Towels shall not be shared.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 14 SANITATION

Rule 42.14.1 All parts of the facility, the premises and equipment shall be kept clean and free of insects, rodents, litter and rubbish.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.14.2 All garbage and waste shall be collected, stored and disposed of in a manner designed to prevent the transmission of disease. Containers shall be washed and sanitized before being returned to work areas. Disposable type containers shall not be reused.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 15 PREVENTIVE MAINTENANCE

Rule 42.15.1 A schedule of preventive maintenance shall be developed for all of the surgical equipment in the surgical suite to assure satisfactory operation when needed.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 16 DISASTER PREPAREDNESS

Rule 42.16.1 The facility shall have a posted plan for evacuation of patients, staff, and visitors in case of fire or other emergency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.16.2 Fire drills:

1. At least one drill shall be held every three months for every employee to familiarize employees with the drill procedure. Reports of the drills shall be maintained with records of attendance.

2. Upon identification of procedural problems with regard to the drills, records shall show that corrective action has been taken.

3. There shall be an ongoing training program for all personnel concerning aspects of fire safety and the disaster plan.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 17 MEDICAL RECORD SERVICES

Rule 42.17.1 **Medical Record System**. A medical record is maintained in accordance with accepted professional principles for every patient admitted and treated in the facility. The medical record system shall be under the supervision of a designated person who has demonstrated through relevant experience the ability to perform the required functions.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.17.2 **Facilities**. A room or area shall be designated within the facility for medical records. The area shall be sufficiently large and adequately equipped to permit the proper processing and storing of records. All medical records must be accessible and easily retrieved.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.17.3 **Ownership**. Medical records shall be the property of the facility and shall not be removed except by subpoena or court order. These records shall be protected against loss, destruction and unauthorized use.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.17.4 **Preservation of Records**. Medical records shall be preserved either in the original form or by microfilm for a period of not less than ten years. In the case of minor the record is to be retained until the patient becomes of age, plus seven years.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.17.5 **Individual Patient Records**. Each patient's medical record shall include at least the following information:

1. Patient identification, including the patient's full name, sex, address, date of birth, next of kin and patient number.

2. Admitting diagnosis.

3. Preoperative history and physical examination pertaining to the procedure to be performed.

4. Anesthesia reports.

5. Operative report.

6. Pertinent laboratory, pathology and X-ray reports.

7. Preoperative and postoperative orders.

8. Discharge note and discharge diagnosis.

9. Informed consent.

10. Nurses' notes:

    a. Admission and preoperative.

    b. Recovery and discharge.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.17.6 **Completion of Medical Records**. All medical records shall be completed promptly.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.17.7 **Indexes**. All medical records should be indexed according to disease, operation, physician, and patient name.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 18 Patient Care: Nursing Service

Rule 42.18.1 **Nursing Staff**. The ambulatory surgical facility shall maintain an organized nursing staff to provide high quality nursing care for the needs of the patients and be responsible to the ambulatory surgical facility for the professional performance of its members. The ambulatory surgical facility nursing service shall be under the direction of a legally and professionally qualified registered nurse. There shall be a sufficient number of duly licensed registered nurses on duty at all times to plan, assign, supervise, and evaluate nursing care, as well as to give patients the nursing care that requires the judgment and specialized skills of a registered nurse.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.18.2 **Director of Nursing Service**. The director of nursing service shall be qualified by education, medical-surgical nursing and surgery experience of one year each, and demonstrated ability to organize, coordinate, and evaluate the work of the service. He/she shall be qualified in the fields of nursing and administration consistent with the complexity and scope of operation of the ambulatory surgical facility and shall be responsible to the administrator for the developing and implementing policies and procedures of the service in the ambulatory surgical facility.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.18.3 **Staffing Pattern**. A staffing pattern shall be developed for each nursing care unit (preoperative unit, surgical suite, recovery and postoperative unit). The staffing pattern shall provide for sufficient nursing personnel and for adequate supervision and direction by registered nurses consistent with the size and complexity of the ambulatory surgical facility.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.18.4 **Nursing Care Plan**. There shall be evidence established that the ambulatory surgical facility nursing service provides safe, efficient and therapeutically effective nursing care through the planning of each patient's preoperative, operative, recovery and postoperative care and the effective implementation of the plans. A registered nurse must plan, supervise and evaluate the nursing care of each patient from admission to discharge.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.18.5 **Licensed Practical Nurse**. Licensed practical nurses who are currently licensed to practice within the state, as well as other ancillary nursing personnel, may be used to give nursing care that does not require the skill and judgment of a registered nurse. Their performance shall be supervised by one or more registered nurses.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.18.6 **Nursing Service Evaluation**. To develop better patterns of utilization of nursing personnel, periodic evaluation of the activities and effectiveness of the nursing staff should be conducted as a part of quality assurance. Evaluations should be done after the first 90-day probationary period, then annually thereafter.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.18.7 **Nursing Service Organization**. The ambulatory surgical facility nursing service shall have a current written organization plan that delineates its functional structure and its mechanisms for cooperative planning and decision making. This plan shall be an integral part of the overall ambulatory surgical facility plan and shall:

1. Be made available to all nursing personnel.

2. Be reviewed periodically (yearly) and revised as necessary.

3. Reflect the staffing pattern for nursing personnel throughout the ambulatory surgical facility.

4. Delineate the functions for which nursing service is responsible.

5. Indicate all positions required to carry out such functions.

6. Contain job descriptions for each position classification in nursing service that delineates the functions, responsibilities, and desired qualifications of each classification, and should be made available to nursing personnel at the time of employment.

7. Indicate the lines of communication within nursing service.

8. Define the relationships of nursing service to all other services and departments in the ambulatory surgical facility.

9. In ambulatory surgical facilities where the size of the nursing staff permits, nursing committees shall be formally organized to facilitate the establishment and attainment of goals and objectives of the nursing service.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.18.8 **Policies and Procedures**. Written nursing care and administrative policies and procedures shall be developed to provide the nursing staff with acceptable methods of meeting its responsibilities and achieving projected goals through realistic, attainable goals. In planning, decision making, and formulation of policies that affect the operation of nursing service, the nursing care of patients, or the patient's environment, the recommendations of representatives of nursing service shall be considered. Nursing care policies and procedures shall be consistent with professionally recognized standards of nursing practice and shall be in accordance with Nurse Practice Act of the State of Mississippi and AORN Standards of Practice. Policies shall include statements relating to at least the following:

1. Noting diagnostic and therapeutic orders.

2. Assignment of preoperative and postoperative care of patients.

3. Administration of medications.

4. Charting of nursing personnel.

5. Infection control.

6. Patient and personnel safety.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.18.9 Written copies of the procedure manual shall be available to the nursing staff in every nursing care unit and service area and to other services and departments in the ambulatory surgical facility. The nursing procedure manual should be used to:

1. Provide a basis for staff development to enable new nursing personnel to acquire local knowledge and current skills through established orientation programs.

2. Provide a ready reference or procedures for all nursing personnel.

3. Standardize procedures and equipment.

4. Provide a basis for evaluation and study to ensure continued improvements in techniques.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.18.10 The ambulatory surgical facility nursing policies and procedures shall be developed, periodically reviewed, and revised as necessary by nursing representatives in cooperation with administration, the medical staff, and other facility services and departments concerned. All revisions shall be dated to indicate the date of the latest review.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.18.11 **In-Service Education and Meetings**. An in-service education programs and meetings of the nursing staff shall be provided for the improvement of existing aseptic and nursing practices; obtaining new knowledge and skills applicable to operating room nursing; keep personnel informed of changes in policies and procedures and discuss nursing service problems in the ambulatory surgical facility. The in-service program shall be planned, scheduled, documented and held on a continuing or monthly basis. There should be provisions for participation in appropriate training programs for the safe and effective use of diagnostic and therapeutic equipment for CPR and for other aspects of critical care.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 19 SURGERY

Rule 42.19.1 The ambulatory surgical facility shall have effective policies and procedures regarding surgical privileges, maintenance of the operating rooms and evaluation of the surgical patient.

1. Surgical privileges according to covered surgical procedures shall be delineated for all physicians doing surgery in accordance with the competencies of each physician. A roster shall be kept in the confidential files of the operating room supervisor and in the files of the administrator.

2. The operating room register shall be complete and up-to-date.

3. There shall be a complete history and physical work-up in the chart of every patient prior to surgery plus documentation of a properly executed informed patient consent.

4. There shall be adequate provision for immediate postoperative care.

5. An operative report describing techniques and findings shall be written or dictated immediately following surgery and signed by the surgeon.

6. A procedure shall exist in establishing a program for identifying and preventing infections, maintaining a sanitary environment, and reporting results to appropriate authorities. The operating surgeon shall be required to report back to the facility an infection for infection control follow-up.

7. The operating rooms shall be supervised by an experienced registered professional nurse.

8. The following equipment shall be available to the operating suite: emergency call system, oxygen, mechanical ventilatory assistance equipment, including airways and manual breathing bag, cardiac defibrillator, cardiac monitoring equipment, thoracotomy set, tracheotomy set, laryngoscopes and endotracheal tubes, suction equipment, emergency drugs and supplies specified by the medical staff. Personnel trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available whenever there is a patient in the ambulatory surgical facility.

9. Precautions shall be taken to eliminate shock hazards, including use of shoe covers.

10. Rules and regulations or policies related to the operating room shall be available for ambulatory surgical facility personnel and physicians.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 20 ANESTHESIA

Rule 42.20.1 The department of anesthesia shall have effective policies and procedures regarding staff privileges, the administration of anesthetics, and the maintenance of strict safety control.

1. A preoperative evaluation of the patient within 24 hours of surgery shall be done by a physician to determine the risk or anesthesia and of the procedure to be performed.

2. Before discharge from the ambulatory surgical facility, each patient shall be evaluated by an anesthesiologist or certified registered nurse anesthetist for proper anesthesia recovery and discharged in the company of a responsible adult unless otherwise specified by the physician.

3. Anesthetic agents shall be administered by only a qualified anesthesiologist, a physician qualified to administer anesthetic agents or a certified registered nurse anesthetist.

4. The department of anesthesia shall be responsible for all anesthetic agents administered in the ambulatory surgical facility.

5. In the ambulatory surgical facility where there is no department of anesthesia, the department of surgery shall assume the responsibility of establishing general policies and supervising the administration of anesthetic agents.

6. Safety precautions shall be in accordance with N.F.P.A. Bulletin 56-A, 1981.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 21 DEPARTMENT OF DENTISTRY

Rule 42.21.1 According to the procedure established for the appointment of the medical staff, one or more licensed dentists may be appointed to the staff. If this service is organized, its organization is comparable to that of other services or departments.

1. The above members shall be qualified legally, professionally, and ethically for the positions to which they are appointed.

2. Patients admitted for the above services shall be admitted by a physician.

3. There shall be medical history done and recorded by a member of the medical staff before surgery is done and a physician in attendance who is responsible for the medical care of the patient.

4. There shall be specific bylaws concerning dentists and combined with the medical staff by-laws.

5. The staff bylaws and regulations shall specifically delineate the rights and privileges of the dentists.

6. Complete records, both medical and surgical, shall be required on each patient and shall be a part of the ambulatory surgical facility records.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 22 SANITARY ENVIRONMENT

Rule 42.22.1 The ambulatory surgical facility shall provide a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.

1. An infection committee, or comparable arrangement, composed or members of the medical staff, nursing staff, administration and other services of the ambulatory surgical facility, shall be established and shall be responsible for investigating, controlling and preventing infections, documentation of such meetings and an attendance roster.

2. There shall be written procedures to govern the use of aseptic techniques and procedures in all areas of the ambulatory surgical facility.

3. To keep infections at a minimum, such procedures and techniques shall be regularly by the infection committee annually.

4. Continuing education shall be provided to all ambulatory surgical facility personnel on causes, effects, transmission, prevention, and elimination of infection on an annual basis.

5. A continuing process shall be enforced for inspection and reporting of any ambulatory surgical facility employee with an infection who may be in contact with patients on the patient's environment.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 23 CENTRAL STERILE SUPPLY

Rule 42.23.1 Policies and procedures shall be maintained for method of control used in relation to the sterilization of supplies and water and a written policy requiring sterile supplies to be reprocessed at specific time periods. These areas shall be separated:

1. Receiving and clean-up area, to contain a two-compartment sink with two drain-boards.

2. Pack make-up shall have autoclaves, work counter and unsterile storage.

3. Sterile storage area should have pass-through to corridor.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 24 PHARMACEUTICAL SERVICES

Rule 42.24.1 **Administering Drugs and Medicines**. Drugs and medicines shall not be administered to patients unless ordered by a physician duly licensed to prescribe drugs. Such orders shall be in writing and signed personally by the physician who prescribes the drug or medicine.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.24.2 **Medicine Storage**. Medicines and drugs maintained on the nursing unit for daily administration shall be properly stored and safe-guarded in enclosures of sufficient size, and which are not accessible to unauthorized persons. Only authorized personnel shall have access to storage enclosures.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.24.3 **Safety**. Pharmacies and drug rooms shall be provided with safeguards to prevent entrance of unauthorized persons, including bars on accessible windows and locks

on doors. Controlled drugs shall be stored in a securely constructed room or cabinet, in accordance with applicable federal and state laws.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.24.4 **Narcotic Permit**. An in-house pharmacy shall procure a state controlled drug permit if a stock of controlled drugs is to be maintained. The permit shall be displayed in a prominent location.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.24.5 **Records**. Records shall be kept of all stock supplies of controlled substances giving an accounting of all items received and/or administered.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.24.6 **Medication Orders**. All oral or telephone orders for medications shall be received by a registered nurse, a physician or registered pharmacist and shall be reduced to writing on the physician's order record reflecting the prescribing physician and the name and title of the person who wrote the order. Telephone or oral orders shall be signed by the prescribing physician within 48 hours. The use of standing orders will be according to written policy.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.24.7 **Pharmacy Permits**.

1. In circumstances where the facility employs a full-time or part-time pharmacist, the facility shall have obtained the appropriate pharmacy permit from the Mississippi State Board of Pharmacy. The facility shall not dispense medications to outpatients without the pharmacy permit.

2. The facility may procure medications for its patients through community pharmacists. Individual medication containers shall be properly labeled, and shall be properly stored in individual patient medication bins/trays within a lockable area, room or cabinet.

3. The facility may procure medications via the facility's physician's registration. Physicians shall administer or shall order medications to be administered to patients while in the facility attending physician. The only exception is in cases of A. above. In any case where medication controlled substances are stocked within the facility, a designated individual shall be responsible for the overall supervision of the handling, administration, storage, record keeping and final dispensation of medication.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.24.8 **Controlled Substances -- Anesthetizing Areas**: **Dispensing Controlled Substances**. All controlled substances shall be dispensed to the responsible person (OR Supervisor, SRNA, CRNA, Anesthesiologist, etc.) designated to

handle controlled substances in the operating room by a registered pharmacist in the Ambulatory Surgical Facility. When the controlled substance is dispensed, the following information shall be recorded into the Controlled Substance (proof-of-use) Record.

1. Signature of pharmacist dispensing the controlled substance.

2. Signature of designated licensed person receiving the controlled substance.

3. The date and time controlled substance is dispensed.

4. The name, the strength, and quantity of controlled substance dispensed.

5. The serial number assigned to that particular record, which corresponds to same number recorded in the pharmacy's dispensing record.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.24.9 **Security/Storage of Controlled Substances**. When not in use, all controlled substances shall be maintained in a securely locked, substantially constructed cabinet or area. All controlled substance storage cabinets shall be permanently affixed. Controlled substances removed from the controlled substance cabinet shall not be left unattended.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.24.10 **Controlled Substance Administration Accountability**. The administration of all controlled substances to patients shall be carefully recorded into the anesthesia record. The following information shall be transferred from the anesthesia record to the controlled substance record by the administering practitioner during the shift in which the controlled substance was administered.

1. The patient's name.

2. The name of the controlled substance and the dosage administered.

3. The date and time the controlled substance is administered.

4. The signature of the practitioner administering the controlled substance.

5. The wastage of any controlled substance.

6. The balance of controlled substances remaining after the administration of any quantity of the controlled substance.

7. Day-ending or shift-ending verification of count of balances of controlled substances remaining, and controlled substances administered shall be accomplished by two (2) designated licensed persons whose signatures shall be affixed to a permanent record.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.24.11 **Waste of Controlled Substances**.

1. All partially used quantities of controlled substances shall be wasted at the end of each case by the practitioner, in the presence of a licensed person. The quantity, expressed in milligrams, shall be recorded by the wasting practitioner into the anesthesia record and into the controlled substance record followed by his or her signature. The licensed record witnessing the wastage of controlled substances shall co-sign the controlled substance record.

2. All unused and unopened quantities of controlled substances which have been removed from the controlled substance cabinet shall be returned to the cabinet by the practitioner at the end of each shift.

3. Any return of controlled substances to the pharmacy in the Ambulatory Surgical Facility must be documented by a registered pharmacist responsible for controlled substance handling in the Ambulatory Surgical Facility.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.24.12 **Verification of Controlled Substances Administration**. The Ambulatory Surgical Facility shall implement procedures whereby, on a periodic basis, a registered pharmacist shall reconcile quantities of controlled substances dispensed in the Ambulatory Surgical Facility to the anesthetizing area against the controlled substance record in said area. Any discrepancies shall be reported to the Director of Nursing and to the Chief Executive Officer of the Ambulatory Surgical Facility. Upon completion, all Controlled Substance Records shall be returned from the anesthetizing area to the Ambulatory Surgical Facility's pharmacy by the designated responsible person in the anesthetizing area.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 25 RADIOLOGY SERVICES

Rule 42.25.1 **Personnel**. When the facility provides in-house radiological services a qualified technician shall be employed.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.25.2 **Reports**. All X-rays shall be interpreted by a physician or a dentist when oral surgery is conducted and a written report of findings shall be made a part of the patient's record.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.25.3 **Policies and Procedures**. When X-ray is provided by the facility, written policies and procedures shall be developed for all services provided by the radiology department.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.25.4 **Physical Environment**. If in-house capabilities are provided, the area shall be of sufficient size and arrangement to provide for personnel and patient needs.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.25.5 **Safety**. Staff personnel exposed to radiation must be checked periodically for amount of radiation exposure by the use of exposure meters or badges. The radiological equipment shall be appropriately shielded to conform to state law. It shall be regularly checked by state health authorities and any hazards promptly corrected.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 26 LABORATORY SERVICES

Rule 42.26.1 The facility may either provide a clinical laboratory or make contractual arrangements with an approved outside laboratory to perform services commensurate with the needs of the facility.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.26.2 **Qualifications of Outside Laboratory**. An approved outside laboratory may be defined as a free-standing independent laboratory or a hospital-based laboratory which in either case has been appropriately certified or meets equivalent standards as a provider under the prevailing regulations of P.L. 89-97, Titles XVIII and XIX (Medicare/Medicaid).

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.26.3 **Agreements**. Such contractual arrangements shall be deemed as meeting the requirements of this section so long as those arrangements contain written policies, procedures and individual chart documentation to disclose that the policies of the facility are met and the needs of the patients are being provided. Written original reports shall be a part of the patient's chart.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.26.4 **In-House Laboratories**.

1. In-house laboratories shall be well-organized and properly supervised by qualified personnel.

2. The laboratory will be of sufficient size and adequately equipped to perform the necessary services of the facility.

3. Provisions shall be made for preventive maintenance and an acceptable quality control program covering all types of analyses performed by the laboratory. Documentation will be maintained.

4. Written policies and procedures shall be developed and approved for all services provided by the laboratory.

5. When tissue removed in surgery is examined by a pathologist, either macroscopically or microscopically, as determined by the treating physician and the pathologist, the pathology report shall be made a part of the patient's record.

6. Arrangements shall be made for immediate pathological examinations, when appropriate.

7. The laboratory must provide pathologists' services, as necessary.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 27 Environment: Patient Areas

Rule 42.27.1 **Patient Rooms (if provided)**:

1. Shall contain 100 square feet of floor space for one bedroom and 80 square feet per bed for each multi-bedroom.

2. Ceiling height of patients' rooms shall be 8'0" minimum.

3. Storage. Each patient shall be provided with secured hanging storage space for their personal belongings.

4. Furnishing:

   a. Bed. Each patient room or area shall be equipped with a hospital type bed with an adjustable spring.

   b. Bedside cabinet. It shall contain water service, bedpan, urinal and emesis basin (these may be disposable).

5. Cubicle for privacy in all multi-bedrooms shall be provided. They shall have a flame spread of 25 or less.

6. All walls shall be suitable for washing.

7. A lavatory, equipped with wrist-action handles, shall be located in the room or in an adjacent private toilet room. (A bedpan washer is recommended.)

8. Patient bed light shall be provided.

9. Electric nurse call for every bed and other access shall be provided with annunciator at nurses station and nurses work area.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.27.2 **Service Areas**.

1. Nurses station for nurses charting, doctors charting, communication and storage for supplies and nurses personal effects. The station should accommodate at least three (3) persons.

2. Nurses toilet with lavatory, convenient to nurses station.

3. Clean work room for storage and assembly of supplies for nursing procedures shall contain storage cabinets or storage carts, work counter and sink.

4. Soiled utility shall contain deep sink, work counter, waste receptacle, soiled linen receptacle, and provision for washing bedpans if not provided elsewhere.

5. Medicine station, adjacent to nurses' station, with sink, small refrigerator, locked storage, narcotic locker and work counter.

6. Clean linen storage. A closet large enough to hold adequate supply of clean linen.

7. Provision for preoperative or postoperative nourishments.

8. Stretcher and wheelchair storage area.

9. Janitor's closet, only large enough to contain floor receptor with plumbing and space for some supplies and mop buckets.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.27.3 **Surgical Suite**.

1. This area shall be located so as to prevent through traffic and shall contain: At least one operating room with adequate sterile storage cabinets or number of operating rooms shall be based on the expected surgical workload.

2. A service area shall include:

   a. Surgical supervisor's station.

   b. Provision will be made for high speed sterilization of dropped instruments or pre-package instruments readily available for the operating room, if more than 50 feet from central supply.

c. Scrub station for two persons to scrub simultaneously.

d. Clean-up room with two-compartment sink and drain-board and space for a dirty linen hamper.

e. Oxygen and nitrous oxide storage in compliance with National Fire Protection Association Bulletin 56-A.

f. Janitor's closet only large enough to contain floor receptor with plumbing and space for some supplies and mop buckets.

g. Doctor's locker room containing toilet and shower with entry from non-sterile area and exit into sub-sterile area.

h. Nurses locker room containing toilet and shower with entry from non-sterile area and exit into sub-sterile area.

i. Stretcher storage.

3. All finishes shall be capable of repeated scrubbings.

4. The use of flammable anesthetic gases is prohibited.

5. The temperature shall be maintained a 70-76 degrees Fahrenheit with a humidity level 50% to 60% and a 90% filter.

6. Special lighting shall be supplied that eliminates shadows in the operating field with enough background illumination to avoid excessive contrast. Isolated power system is required. Emergency lighting shall comply with Standards of Emergency Electrical Service.

7. Appropriate fire extinguisher shall be provided in the surgical suite.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.27.4 **Recovery Room Suite**.

1. Recovery room shall contain charting space, medication storage and preparation and sink required.

2. Each patient shall have readily available oxygen, suction and properly grounded outlets. Each bed shall be readily adjustable to various therapeutic positions, easily moved for transport, shall have a locking mechanism for a secure stationary position and a removable headboard.

3. Direct visual observation of all patients shall be possible from a central vantage point, yet from the activity and noise of the unit by partitions, drapes and acoustic ceilings.

4. Eighty (80) square feet shall be provided each bed or stretcher to make easily accessible for routine and emergency care of the patients and also to accommodate bulky equipment that may be needed.

5. There shall be an alarm system for unit personnel to summon additional personnel in an emergency. The alarm shall be connected to any area where unit personnel might be, physician lounges, nurses lounges or stations.

6. The kind and quality of equipment shall depend upon the needs of the patients treated. Diagnostic monitoring and resuscitative equipment, such as respiratory assist apparatus, defibrillators, pacemakers, phlebotomy and tracheostomy sets, endotracheal tubes, laryngoscopes and other such devices shall be easily available within the units, and in good working order. There shall be a written preventive maintenance program that includes techniques for cleaning and for contamination control, as well as for the periodic testing of all equipment.

7. Expert advice concerning the safe use of, and preventive maintenance for all biomedical devices and electrical installations shall be readily available at all times. Documentation of safety testing shall be provided on a regular basis to unit supervisors.

8. There shall be written policies and procedures for the recovery room suite, which supplements the basic ambulatory surgical facility policies and procedures shall be developed and approved by the medical staff, in cooperation with the nursing staff.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 28 GENERAL SERVICE FACILITIES

Rule 42.28.1 **Admission Office**. There shall be a room designated as the admission office where patients may discuss personal matters in private. The admission office may be combined with the business office and medical record room if privacy can be maintained when confidential matters are being discussed. This space shall be separated from the treatment area by walls and partitions.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.28.2 **Waiting Room**. A waiting room in the administrative section shall be provided with sufficient seating for the maximum number of persons that may be waiting at any time. Public toilets/public telephones and drinking fountains, accessible to individuals with disabilities shall be available.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.28.3 **Administrative Area Nursing**.

1. Space for conference and in-service training.

2. Director of Nurses office.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 29 PLANS AND SPECIFICATIONS

Rule 42.29.1 **New Construction, Additions, and Major Alterations**. When construction is contemplated, either for new buildings, conversions, additions, or major alterations to existing buildings, or portions of buildings coming within the scope of these rules, plans and specifications shall be submitted for review and approval to the Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.29.2 **Minor Alterations and Remodeling**. Minor alterations and remodeling which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the surgical facility is licensed need not be submitted for approval.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.29.3 **Water Supply, Plumbing and Drainage**. 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 submitted to the Mississippi State Department of Health for review and approval.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.29.4 **First Stage Submission - Preliminary Plans**.

1. First stage or preliminary plans shall include the following:

   a. Plot plans showing size and shape of entire site, location of proposed building and any existing structures, adjacent streets, highways, sidewalks, railroad, etc., all properly designated; size, characteristics, and location of all existing public utilities.

   b. Floor plans showing overall dimensions of buildings; location, size and purpose of all rooms; location and size of all doors, windows, and other openings with swing of doors properly indicated; and location of stairs, elevators, dumbwaiters, vertical shafts, and chimneys.

   c. Outline specifications listing the kind and type of materials.

2. Approval of preliminary plans and specifications shall be obtained from the Mississippi State Department of Health prior to starting final working drawings and specifications.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.29.5 **Final Stage Submission - Working Drawings and Specifications**.

1. Final stage or working drawings and specifications shall include the following:

   a. Architectural drawings.

   b. Structural drawings.

   c. Mechanical drawings to include plumbing, heating and air conditioning.

   d. Electrical drawings.

   e. Detailed specifications.

2. Approval of working drawings and specifications shall be obtained from the Mississippi State Department of Health prior to beginning actual construction.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.29.6 **Preparation of Plans and Specifications**. The preparation of drawings and specifications shall be executed by or be under the immediate supervision of an architect registered in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.29.7 **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 Mississippi State Department of Health prior to beginning work set forth in any contract modification.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.29.8 **Inspections**. The Mississippi State Department of Health and its authorized representative shall have access to the work for inspection whenever it is in preparation or progress.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 30 GENERAL

Rule 42.30.1 **Location**. The ambulatory surgical facility shall be located in an attractive setting with sufficient parking space provided, with provisions for meeting the needs of the individuals with disabilities. Also, the facility shall be located within 15 minutes travel time from a hospital which has an emergency room staffed by an

in-house physician during the hours the ambulatory surgical facility is open. Site approval by the licensing agency must be secured before construction begins.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.2 **Local Restriction**. The ambulatory surgical facility shall comply with local zoning, building, and fire ordinances. In additional, ambulatory surgical facilities shall comply with all applicable state and federal laws.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.3 **Structural Soundness**. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.4 **Fire Extinguisher**. An all purpose fire extinguisher shall be provided at each exit and special hazard areas, and located so a person would not have to travel more than 75 feet to reach an extinguisher. Fire extinguishers shall be of a type approved by the local fire department or State Fire Marshall and shall be inspected at least annually. An attached tag shall bear the initials or name of the inspector and the date inspected.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.5 **Ventilation**. The building shall be properly ventilated at all times with a comfortable temperature maintained and 30% filters in all areas except surgery.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.6 **Garbage Disposal**. Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, containerization, removal, or by a combination of these techniques. Infectious waste materials shall be rendered noninfectious on the premises by appropriate measures.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.7 **Elevators**. Multi-story facilities shall be equipped with at least one automatic elevator of a size sufficient to carry a patient on a stretcher.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.8 **Multi-Story Building**. All multi-story facilities shall be of fire resistive construction in accordance with N.F.P.A. 220, Standards Types of Building Construction. If the facility is part of a series of buildings, it shall be separated by fire walls.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.9 **Doors**. Minimum width of doors to all rooms needing access for stretchers shall be 3 feet 8 inches wide and doors shall swing into rooms.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.10 **Corridors**. Corridors shall comply with the following:

1. Corridors used by patients shall be as a minimum six feet wide.

2. Service corridors may be as a minimum four feet wide.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.11 **Occupancy**. No part of an ambulatory surgical facility may be rented, leased or used for any commercial purpose, or for any purpose not necessary or in conjunction with the operation of the facility. Food and drink machines may be maintained or a diet kitchen provided.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.12 **Lighting**. All areas of the facility shall have sufficient artificial lighting to prevent accidents and provide proper illumination for all services.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.13 **Emergency Lighting**. Emergency lighting systems shall be provided to adequately light corridors, operating rooms, exit signs, stairways, and lights on each exit sign at each exit in case of electrical power failure.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.14 **Emergency Power**. Emergency generator shall be provided to make life sustaining equipment operable in case of power failure. Emergency failure outlets shall be provided in all patient care areas.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.15 **Exits**. Each floor of a facility shall have two or more exit ways remote from each other, leading directly to the outside or to a two-hour fire resistive passage to the outside. Exits shall be so located that the maximum distance from any point in a floor area, room or space to an exit doorway shall not exceed 100 feet except that when a sprinkler system is installed the distance of travel shall not exceed 150 feet.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.16 **Exit Doors**. Exit doors shall meet the following criteria:

1. Shall be no less than 44 inches wide.

2. Shall swing in the direction of exit and shall not obstruct the travel along any required fire exit.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.17 **Exit Signs**. Exits shall be equipped with approved illuminated signs bearing the word "Exit" in letters at least 4 1/2 inches high. Exit signs shall be placed in corridors and passageways to indicate the direction of exit.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.18 **Interior Finish and Decorative Materials**. All combustible decorative and acoustical material to include wall paneling shall be as follows:

1. Materials on wall and ceiling in corridors and rooms occupied by four or more persons shall carry a flame spread rating of 25 or less and a smoke density rating of 450 or less in accordance with ASTM E-84.

2. Rooms occupied by less than four persons shall have a flame spread rating of 75 or less and a smoke density rating of 450 or less in accordance with ASTM E-84.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.19 **Floors**. All floors in operating and recovery areas shall be smooth resilient tile and be free from cracks and finished so that they can be easily cleaned. All other floors shall be covered with hard tile resilient tile or carpet or the equivalent. Carpeting is prohibited as floor covering in operating and recovery areas.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.20 **Carpet**. Carpet assemblies (carpet and/or carpet and pad) shall carry a flame spread rating of 75 or less and smoke density rating of 450 or less in accordance with ASTM E-84, or shall conform with paragraph 6-5, N.F.P.A. 101, Life Safety Code, 1981.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.21 **Curtains**. All draperies and cubicle curtains shall be rendered and maintained flame retardant.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.30.22 **Facilities for Individuals with Disabilities**. The facility shall be accessible to individuals with disabilities and shall comply with A.N.S.I. 117.1, "Making Buildings and Facilities Accessible and Usable by Individuals with Disabilities".

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 31 DISASTER PREPAREDNESS PLAN

Rule 42.31.1 The facility shall maintain a written disaster preparedness plan that includes procedures to be followed in the event of fire, train derailment, explosions, severe weather, and other possible disasters as appropriate for the specific geographic location. The plan shall include:

1. Written evidence that the plan has been reviewed and coordinated with the licensing agency's local emergency response coordinator and the local emergency manager;

2. Description of the facility's chain of command during emergency management, including 24-hour contact information and the facility's primary mode of emergency communication system;

3. Written and signed agreements that describe how essential goods and services, such as water, electricity, fuel for generators, laundry, medications, medical equipment, and supplies, will be provided;

4. Shelter or relocation arrangements, including transportation arrangements, in the event of evacuation; and

5. Description of recovery, i.e., return of operations following an emergency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.31.2 The disaster preparedness plan shall be reviewed with new employees during orientation and at least annually.

SOURCE: Miss. Code Ann. §41-75-13

Rule 42.31.3 Fire drills shall be conducted quarterly. Disaster drills shall be conducted at least annually.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 32 Conclusion

Rule 42.32.1 Conditions which have not been covered in the standards shall be enforced in accordance with the best practices as interpreted by the licensing agency. The licensing agency reserves the right to:

1. Review the payroll records of each ambulatory surgical facility for the purpose of verifying staffing patterns.

2. Grant variances as it deems necessary for facilities existing prior to July 1, 1983.

3. Information obtained by the licensing agency through filed reports, inspection, or as otherwise authorized, shall not be disclosed publicly in such manner as to identify individuals or institutions, except in proceedings involving the questions of licensure.

4. The licensing agency shall reserve the right to review any and all records and reports of any ambulatory surgical facility, as deemed necessary to determine compliance with these minimum standards of operation.

SOURCE: Miss. Code Ann. §41-75-13

CHAPTER 43: MINIMUM STANDARDS OF OPERATION FOR BIRTHING CENTERS

Subchapter 1 INTRODUCTION

Rule 43.1.1 On April 12, 1985, the Mississippi Legislature passed an Act to provide for the licensing of birthing centers by the Mississippi State Department of Health or its successor; to provide for license fees; to provide for hearings prior to the denial, suspension or revocation of a license; to provide for appeals from the decision at any such hearing; to provide penalties for violations of this act; and for related purposes.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.1.2 The purpose of this act is to protect and promote the public welfare by providing for the development, establishment and enforcement of certain standards in the maintenance and operation of "birthing centers" which will ensure safe, sanitary and reasonably adequate care of individuals in such institutions.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.1.3 A "birthing center" is a home-like facility where low risk births are planned to occur following normal, uncomplicated pregnancy. A "birthing center" has sufficient space to accommodate participating family members and support people of the woman's choice. A "birthing center" provides midwifery practice to child-bearing women during pregnancy, birth and puerperium and to the infant during the immediate newborn period by nurse-midwives or by an obstetrician or family physician or osteopathic physician. A "birthing center" has specified access to acute care obstetric and newborn services.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 2 GENERAL: LEGAL AUTHORITY

Rule 43.2.1 **Adoption of Regulations**. Under and by virtue of authority vested in it by Chapter 503 of the Laws of Mississippi,1985, Regular Legislative Session, the Mississippi State Department of Health, as licensing agency, does hereby adopt and promulgate the following rules, regulations, and standards governing birthing centers licensed to operate in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.2.2 **Procedures Governing Amendments**. The rules, regulations, and minimum standards for birthing center facilities may be amended by the licensing agency

from time to time as necessary to promote the health, safety, and welfare of persons receiving services in such institutions.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.2.3 **Inspections Required**. Each birthing center for which a license has been issued shall be inspected by the Mississippi State Department of Health or by persons delegated authority by said Department on an annual basis at such intervals as the Department may direct. The Mississippi State Department of Health and/or its authorized representatives shall have the right to inspect construction work in progress. New birthing center facilities shall not be licensed without having first been inspected for compliance with these rules, regulations and minimum standards.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.2.4 **DEFINITIONS:** A list of selected terms often used in connection with these rules, regulations and standards follows.

1. **Purpose of the Act**. The purpose of this act is to protect and promote the public welfare by providing for the development, establishment and enforcement of certain standards in the maintenance and operation of birthing center which will ensure safe, sanitary and reasonably adequate care of individuals in such institutions.

2. **Birthing Center**. A "Birthing Center" shall mean a publicly or privately owned facility, place or institution constructed, renovated, leased or otherwise established where non-emergency births are planned to occur away from the mother's usual residence following a documented period of prenatal care for a normal uncomplicated pregnancy which has been determined to be low risk through a formal risk scoring examination. Care providing in a birthing center shall be provided by a licensed physician, or certified nurse midwife and a registered nurse. Services provided in a birthing center shall be limited in the following manner:

   a. Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair, and shall not include operative obstetrics or caesarean sections

   b. Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor

   c. Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conducted anesthesia shall not be administered at birthing centers

   d. Patients shall not remain in the facility in excess of twenty-four (24) hours.

e. Hospitals are excluded from the definition of a "birthing center" unless they choose to and are qualified to designate a portion or part of the hospital as a birthing center, and nothing herein shall be construed as referring to the usual service provided the pregnant female in the obstetricgynecology service of an acute care hospital. Such facility or center, as heretofore stated, shall include the offices of physicians in private practice alone or in groups of two (2) of more; and such facility or center rendering service to pregnant female persons, as stated heretofore and by the rules and regulations promulgated by the licensing agency in furtherance thereof, shall be deemed to be a "birthing center" whether using a similar or different name. Such center of facility if in any manner is deemed to be or considered to be operated or owned by a hospital or a hospital holding leasing or management company, for profit or not for profit, is required to comply with all birthing center standards governing a "hospital affiliated" birthing center as adopted by the licensing authority.

3. **Hospital Affiliated Birthing Center**. "Hospital affiliated" birthing center shall mean a separate and distinct unit of a hospital or a building owned, leased, rented or utilized by a hospital and located in the same county as the hospital for the purpose of providing the service of a "birthing center". Such center or facility is not required to be licensed separately and may operate under the license issued to the hospital if it is in compliance with Section 41-91-1 et seq., where applicable, and the rules and regulations promulgated by the licensing agency in furtherance thereof.

4. **"Freestanding" Birthing Center**. "Freestanding" birthing center shall mean a separate and distinct facility or center or a separate and distinct organized unit of a hospital or other defined persons [Section 41.7.173(q)] for the purpose of performing the service of a "birthing center". Such facility or center must be separately licensed and must comply with all licensing standards promulgated by the licensing agency by virtue of this act. Further, such facility or center must be a separate, identifiable entity and must be physically, administratively and financially independent from other operations of any hospital or other health care facility or service and shall maintain a separate and required staff, including administrative staff. Further, any "birthing center" licensed as a "freestanding" center shall not become a component of any hospital or other health care facility without securing a "certificate of need".

5. **Hospitals**. Hospitals are excluded from the definition of a "birthing center" unless they choose to and are qualified to designate a portion or part of the hospital as a birthing center, and nothing herein shall be construed as referring to the usually service provided the pregnant female in the obstetric-gynecology service of an acute care hospital. Such facility or center, as heretofore stated, shall include the offices of physicians in private practice alone or in groups of two (2) or more; and such facility or center rendering service to pregnant female persons, as stated heretofore and by the rules and regulations promulgated by the licensing agency in furtherance thereof, shall be deemed to be a "birthing center" whether using a similar or different name. Such center or facility if in any manner is deemed to be

or considered to be operated or owned by a hospital or a hospital holding leasing or management company, for profit or not for profit, is required to comply with all birthing center standards governing a "hospital affiliated" birthing center as adopted by the licensing authority.

6. **Non-Emergency Births**. Those births that are planned to occur away from the mother's usual residence and are low risk.

7. **Documented Period of Prenatal Care**. Prenatal evaluation and care initiated prior to 28 weeks until 38-42 weeks by an appropriate care provider.

8. **Normal Uncomplicated Pregnancy**. Pregnancy course that is risked by the Holister or other approved standard risk scoring method at each visit, acceptable to the licensing agency which determines low risk criteria.

9. **Formal Risk Scoring Examination**. Examination includes history, physical, laboratory test review and other data specifically identified at the prenatal visit and throughout the pregnancy as defined by reasonable and generally accepted criteria of maternal and fetal health. It shall be approved by the licensing agency.

10. **Licensed Physician (referred to in document as physician)**.

    a. Shall currently be licensed by the Mississippi Board of Medical Licensure as M.D. or D.O.

    b. Shall have at least one year of experience in obstetrics and be trained and annually certified in adult and infant CPR and infant resuscitation.

    c. Shall have good mental and physical health.

11. **Certified Nurse-Midwife (referred to in document as nurse-midwife)**

    a. Shall currently be licensed as a registered nurse and certified nurse-midwife by the Mississippi Board of Nursing.

    b. Shall have a least one year of experience in labor and delivery and/or Newborn Intensive Care and be trained and annually certified in adult and infant CPR and infant resuscitation.

    c. Shall have good mental and physical health.

12. **Registered Nurse (referred to in document as nurse)**.

    a. Shall currently be licensed by the Mississippi Board of Nursing.

    b. Shall have a least one year of experience in obstetrics and be trained and annually certified in adult and infant CPR and infant resuscitation.

    c. Shall have good mental and physical health.

13. **Care Provided in a Birthing Center**. Services provided in a birthing center shall be limited in the following manner:

    a. Surgical services shall be limited to those normally performed during uncomplicated childbirth (circumcisions of male infants is permitted), such episiotomy and repair and shall not include operative obstetrics or cesarean sections

    b. Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor

    c. Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conductive anesthesia shall not be administered at birthing centers

    d. Patients shall not remain in the facility in excess of twenty-four (24) hours.

14. **Written Agreement**. The birthing center shall have obtained a written agreement with a hospital which has an organized obstetrical service with an obstetrician and a pediatrician on the active staff and 24-hour emergency care and caesarean section capability within thirty (30) minutes, providing such service on a continuing basis, stating that said hospital agrees to accept from the birthing center such cases as may need to be referred for whatever reason from the birthing center, and agrees to accept phone consultation for problems that arise in the birthing center.

15. **Administrator**. The term "administrator" shall mean a person who is delegated the responsibility for the implementation and proper application of policies and programs established by the governing authority of the facility and is delegated responsibility for the establishment of safe and effective administrative management, control and operation of the services provided.

16. **Licensed Practical Nurse**.

    a. Shall currently be licensed by the Mississippi Board of Nursing.

    b. Shall have a least one year of experience in obstetrics and be trained and annually certified in adult and infant CPR and infant resuscitation.

    c. Shall have good mental and physical health.

17. **Organized Obstetrical Service**. A level II or III hospital, as designated by the licensing authority, shall consist of an obstetrician and a pediatrician on the active staff and 24-hour emergency room and caesarean section capability within thirty (30) minutes, and shall provide skilled nursing care, facilities and equipment appropriate for the patient being transferred.

18. **Separate and Distinct Facility**. A separate and distinct organized unit with a separate, identifiable entity, and must be physically, administratively and

financially independent from other operations of any hospital or other health care facility or service and shall maintain a separate required and administrative staff.

19. **Continuing Education**. A program with perinatal content approved by the licensing agency or its designee, a minimum of 16 hours plus required CPR and infant resuscitation.

20. **Licensing Agency**. Licensing agency shall mean the Mississippi State Department of Health or its successor agency.

21. **License**. The term "license" shall mean the document issued by the Mississippi State Department of Health and signed by the Executive Director of the Mississippi State Department of Health.

22. **Licensure** shall constitute authority to receive patients and perform the services included within the scope of these rules, regulations and minimum standards.

23. **Licensee**. The term "licensee" shall mean the individual to whom the license is issued and upon whom rests the responsibility for the operation of the birthing center in compliance with these rules, regulations and minimum standards.

24. **Patient**. A pregnant female who plans to deliver away from her usual residence following a documented period of prenatal care for a normal uncomplicated pregnancy which has been determined to be low risk through a formal risk scoring examination. The woman has formally agreed to deliver in the birthing center prior to labor.

25. **Family Centered Care**. Philosophy of care that allows family and significant others to participate in the pregnancy and birth, and post-partum period in a home-like environment.

26. **Family**. A term encompassing significant others of the pregnant women be they related or not.

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

28. **May**. The term "may" indicates permission.

29. **Shall**. The term "shall" indicates mandatory requirement(s).

30. **Should**. The term "should" indicates recommendations(s).

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 3 TYPE OF LICENSE

Rule 43.3.1 **License**. No license shall be issued to any facility which fails to limit the clinical practice in the following manner:

1. Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair, and shall not include operative obstetrics or Caesarean sections

2. Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor

3. Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conductive anesthesia shall not be administered at birthing centers

4. Patients shall not remain in the facility in excess of twenty-four (24) hours.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.3.2 **Regular License**. A license shall be issued to each birthing center that meets the requirements as set forth in these regulations. In addition, no birthing center facility may be licensed until it shows conformance to the regulations establishing minimum standards for prevention and detection of fire, as well as for protection of life and property against fire. Compliance with the N.F.P.A. Life Safety Code 101 for doctors' offices and clinics shall be required. Services provided in a birthing center shall be limited in the following manner:

1. Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair, and shall not include operative obstetrics or Caesarean sections

2. Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor

3. Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conductive anesthesia shall not be administered at birthing centers

4. Patients shall not remain in the facility in excess of twenty-four (24) hours.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.3.3 **Provisional License**. Within its discretion, the Mississippi State Department of Health may issue a provisional license when a temporary condition of non-compliance with these regulations exists in one or more particulars. A provisional license shall be issued only if the Department is satisfied that preparations are being made to qualify for a regular license and that the following care is already being provided: Care provided in a birthing center shall be provided by a licensed

physician or certified nurse-midwife, and a registered nurse. Services provided in a birthing center shall be limited in the following manner:

1. Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair, and shall not include operative obstetrics or Caesarean sections

2. Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor

3. Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conductive anesthesia shall not be administered at birthing centers

4. Patients shall not remain in the facility in excess of twenty-four (24) hours.

5. The provisional license issued under this condition shall be valid until the issuance of a regular license, or June 30, following date of issuance of the provisional license, whichever may be sooner. The maximum length of time a provisional license, issued for any reason, shall not exceed 3 months and cannot be reissued.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 4 LICENSING

Rule 43.4.1 **Application and Annual Report**. Application for a license or renewal of a license shall be made in writing to the Mississippi State Department of Health on forms provided by the Department which shall contain such information as the Department may require. The application shall require reasonable, affirmative evidence of ability to comply with these rules, regulations, and minimum standards.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.4.2 **Fees**. Each initial and renewal licensure application, unless suspended or revoked, shall be accompanied by a fee as set by the Board, made payable to the Mississippi State Department of Health, either by business check, money order, or electronic means. Renewal of licenses shall occur on an annual basis. Fees are non-fundable.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.4.3 **Annual Reports and Posting of Licenses.** The licensee shall submit an annual report in a format as established by the licensing agency. Licenses are issued only for the premises and person or persons named in the application and shall not be transferable or assignable. Licenses shall be posted in a conspicuous place on the licensed premises.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.4.4 **Name**. Every birthing center 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 by which the birthing center is licensed shall be used in telephone listings, on stationery, in advertising, etc. Two or more birthing centers shall not be licensed under similar names in the same vicinity. No freestanding birthing center shall include the word "hospital" in its name.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.4.5 **Issuance of License**. All licenses issued by the Mississippi State Department of Health shall set forth the name of the birthing center, the location, the name of the licensee, and the license number.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.4.6 **Separate License**. Hospital-affiliated birthing center or facility is not required to be licensed separately, and may operate under the license issued to the hospital if it is in compliance with Section 41-91-1 et seq., where applicable, and the rules and regulations promulgated by the licensing agency in furtherance thereof.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.4.7 **Expiration of License**. Each license shall expire on June 30 following the date of issuance.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.4.8 **Denial or Revocation of License: Hearings and Review**. The Mississippi State Department of Health, after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 5 RIGHT OF APPEAL.

Rule 43.5.1 Provision for hearing and appeal following denial or revocation of license is as follows:

1. **Administrative Decision**. The Mississippi State Department of Health 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.

2. 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 of licensee shall be given an opportunity for a prompt and fair hearing.

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

4. The decision revoking, suspending, 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 to the Chancery Court in the county in which the facility is located, in the manner prescribed in Section 43-11-23, Mississippi Code of 1972, as amended. An additional period of time may be granted at the discretion of the licensing agency.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.5.2 **Penalties**. Any person or persons or other entity or entities establishing, managing or operating a birthing center or conducting the business of a birthing center without the required license, or which otherwise violate any of the provisions of this act or the Mississippi Health Care Commission Law of 1979 as amended, or the rules, regulations or standards promulgated in furtherance of any law in which the Department has authority therefore shall be subject to the penalties and sanctions of Section 41-7-209, Mississippi Code of 1972.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 6 ADMINISTRATION: GOVERNING AUTHORITY

Rule 43.6.1 Each facility shall be under the ultimate responsibility and control of an identifiable governing body, person, or persons. The facility's governing authority shall adopt bylaws, rules and regulations which shall:

1. Specify by name the person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the governing authority for holding such individuals responsible.

2. Provide for at least annual meetings of the governing authority if the governing authority consists of two or more individuals. Minutes shall be maintained of such meetings.

3. Require policies and procedures which includes provisions for administration and use of the facility, compliance, personnel, quality assurance, procurement of outside services and consultations, patient care policies and services offered.

4. Provide for annual reviews and evaluations of the facility's policies, management and operation.

5. When services such as laundry are purchased from others, the governing authority shall be responsible to assure the supplier(s) meets the same local and state standards that the facility would have to meet if it were providing those services itself using its own staff.

6. The governing authority shall provide for the selection and appointment of the medical or nurse midwifery and nursing staff and the granting of clinical privileges and shall be responsible for the professional conduct of these persons.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 7 ORGANIZATION AND STAFF: CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR.

Rule 43.7.1 The governing authority shall appoint a qualified person as chief executive officer of the facility to represent the governing authority and shall define his/her authority and duties in writing. He/she shall be responsible for the management of the facility, implementation of the policies of the governing authority and authorized and empowered to carry out the provisions of these regulations.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.7.2 The chief executive officer shall designate, in writing, a qualified person to act in his/her behalf during his/her absence. In the absence of the chief executive officer, the person on the grounds of the facility who is designated by the chief executive officer to be in charge of the facility shall be reasonable access to all areas in the facility related to patient care and to the operation of the physical plant.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.7.3 When there is a planned change in ownership or in the chief executive officer, the governing authority of the facility shall notify the Mississippi State Department of Health. The chief executive officer shall be responsible for the preparation of written facility policies and procedures.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.7.4 **Administrative Records**. The following essential documents and references shall be on file in the administrative office of the facility:

1. Appropriate documents evidencing control and ownerships, such as deeds, leases, or corporation or partnership papers.

2. Bylaws and policies and procedures of the governing authority and professional staff.

3. Minutes of the governing authority meetings.

4. Minutes of the facility's professional and administrative staff meetings.

5. A current copy of the birthing center regulations.

6. Reports of inspections, reviews, and corrective actions taken related to licensure.

7. Contracts and agreements for all services not provided directly by the facility and will include annual review signatures.

8. All permits and certificates shall be appropriately displayed.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.7.5 **Fiscal Policies and Practices**: Fiscal policies and practices to protect the assets of the organization and assure effective and efficient administration of the program include but are not limited to:

1. An annual budget for revenues and expenses approved by the governing body.

2. Regular financial statements of budget vs. actual revenues and expenses with recommendations to the governing body on an annual basis.

3. Adequate accounting controls over assets, liabilities, revenues and expenses.

4. Controls on authorization for writing checks, handling cash and arranging for credit.

5. Management of cash flow and a plan for cash shortfalls.

6. Schedules for aged accounts receivable and depreciation of equipment.

7. An annual financial review that includes management letter of recommendations to the center.

8. There is a management plan for investments and capital expenditures.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 8 PERSONNEL POLICIES AND PROCEDURES

Rule 43.8.1 **Personnel Records**. A record of each employee should be maintained which includes the following to help provide quality assurance in the facility:

1. Application for employment.
2. Written references and/or a record of verbal references.
3. Verification of all training and experience, licensure, certification, registration and/or renewals.
4. Performance appraisals.
5. Initial and subsequent health clearances.
6. Disciplinary and counseling actions.
7. Commendations.
8. Employee reports.
9. Record of orientation to the facility, its policies and procedures and the employee's position.
10. Personnel records shall be confidential. Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.8.2 **Job Descriptions**.: Every position shall have a written description which adequately describes the duties of the position.

1. Each job description shall include position title, authority, specific responsibilities and minimum qualifications. Qualifications shall include education, training, experience, special abilities and license or certification required.
2. Job descriptions shall be kept current and given to each employee when assigned to the position and whenever the job description is changed.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.8.3 **Health Examination**. As a minimum, each employee shall have a pre-employment health examination by a certified nurse-midwife or physician. The examination is to be repeated annually and more frequently of indicated to ascertain freedom from communicable diseases. The extent of the annual examinations shall be determined by a committee consisting of a physician,

administrator and/or certified nurse-midwife and/or nurse and documentation of the health examination shall be included in the employees' personnel folder.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 9 PROFESSIONAL STAFF

Rule 43.9.1 There shall be a single organized professional staff consisting of physicians and/or nurse-midwives and nurses that have the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as for accounting therefore to the governing authority. The manner in which the professional staff is organized shall be consistent with the facility's documented staff organization and bylaws, rules and regulations, and pertain to the setting where the facility is located. The professional staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that patients are admitted to the facility only when the patient had been pre-scheduled to delivery at the birthing center following a documented period of prenatal care for a normal, uncomplicated pregnancy which had been determined to be low risk through a formal risk scoring examination and upon immediate evaluation by the physician or certified nurse-midwife and determined to still be low risk. The organization of the professional staff, and its bylaws, rules and regulations, shall be approved by the facility's governing authority.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.2 The professional staff shall strive to assure the each member is qualified for membership and shall encourage the optimal level of professional performance of its members through the appointment/reappointment procedure, the specific delineation of clinical privileges, and the periodic reappraisal of each staff member according to the established provisions.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.3 **Qualifications**. The appointment and reappointment of professional staff members shall be based upon well-defined, written criteria that are related to the goals and objectives of the facility as stated in the bylaws, rules and regulations of the medical staff and of the governing authority.

1. Upon application or appointment to the professional staff, each individual must sign a statement to the effect that he/she has read and agrees to be bound by the professional staff and governing authority bylaws, rules and regulations.

2. The initial appointment and continued professional staff membership shall be dependent upon professional competence and ethical practice in keeping with the qualifications, standards, and requirements set forth in the professional staff and governing authority bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.4 **Method of Selection**. Each facility is responsible for developing a process of appointment to the professional staff, whereby it can satisfactorily determine that the person is appropriately licensed and qualified for the privileges and responsibilities he/she seeks.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.5 **Privilege Delineation**. Privileges shall be delineated for each member of the professional staff regardless of the type and size of the facility. The delineation of privileges shall be based on all verified information available in the applicant's or staff member's credentials file. Whatever method is used to delineate clinical privileges for each professional staff applicant, there must be evidence that the granting of such privileges is based on the member's demonstrated current competence.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.6 **Clinical Privileges shall be Facility-Specific**. The professional staff shall delineate in its bylaws, rules and regulations, the qualifications, status, clinical duties, and responsibilities of the professional staff who are not members of the professionals of the birthing center staff but whose services require that they be processed through the usual staff channels. The training, experience and demonstrated competence of individuals in such categories shall be sufficient to permit their performing their assigned functions.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.7 **Reappointment**. The facility's professional staff bylaws, rules and regulations shall provide for review and reappointment of each professional staff member at least once every two years.

1. The reappointment process should include a review of the individual's status by a designated professional staff committee, such as the credentials committee.

2. When indicated, the credentials committee shall require the individual to submit evidence of his/her current health status that verifies the individual's ability to discharge his/her responsibilities.

3. The committee's review of the clinical privileges of a staff member for reappointment should include the individual's past and current professional performance as well as his/her adherence to the governing authority and professional staff bylaws, rules and regulations.

4. The professional staff bylaws, rules and regulations shall limit the time within which the professional staff reappointment and privilege delineation processes must be completed.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.8 **Designated Director**. Each facility shall have at all times a designated nurse-midwife or physician director who shall be responsible for the direction and coordination of all aspects of facility programs.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.9 **Hospital Privileges**. The members of the physician staff have privileges in at least one local hospital, possibly at the referral hospital.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.10 **Staffing**. There shall be a minimum of one licensed registered nurse per one or two patients (at any one time). There shall be a physician or nurse-midwife at the birthing center when a patient is laboring, for the delivery, and at least, one hour post delivery. When and if the patient census is more than the above, additional professional staff are to be called in or the patients are to be transferred to a hospital. There shall be an adequate number of professional and support staff on duty and on call to meet demands for services routinely provided, and in periods of high demand or emergency, to assure client safety and satisfaction; and to assure that no mother in active labor shall remain unattended.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.11 **Legality**. All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.12 **Care**. Services provided in a birthing center shall be limited in the following manner:

1. Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair, and shall not include operative obstetrics or Caesarean sections

2. Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor

3. Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conductive anesthesia shall not be administered at birthing centers

4. Patients shall not remain in the facility in excess of twenty-four (24) hours.

5. There shall be at least two health care providers trained and currently certified in CPR and infant resuscitation attending each birth.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.9.13 **Malpractice Insurance**. Professional staff and consulting specialists shall provide evidence of malpractice insurance coverage and if not available, inform clients that they do not carry malpractice insurance. All professional staff will participate at least annually in staff development including, but not limited to: recertification of CPR training, education programs to maintain currency in knowledge and skills used in birth center practice.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 10 PATIENT TRANSFER

Rule 43.10.1 The patient shall be transferred when necessary to a level II or level III hospital which shall have an organized obstetrical and newborn service which shall provide for an obstetrician and pediatrician on staff, 24-hour emergency care, and caesarean section capability within thirty (30) minutes and shall provide skilled nursing care and facilities and equipment appropriate for the patient being transferred, having been notified on initiation of transfer.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.10.2 **Written Agreement**. The written agreement shall state that the hospital agrees to accept from the birthing center such cases as need to be referred for whatever reason from the birthing center, and for phone consultation for problems that arise in the birthing center.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.10.3 **Transportation**. Arrangements with an ambulance or other appropriate transport must be documented in the policies and procedures manual and periodic assessments of the transport system should be made and documented.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.10.4 **Transfer of Patients**. The policy and procedures manual shall list criteria for transfer of patients to a hospital. When the risk status of the mother or infant necessitates extensive electronic monitoring, the patient shall be transferred.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.10.5 **Records**. The policy manual shall outline consultation, transfer and hospital admission procedures. The patient's health record/or copy should accompany the patient on transfer and a copy maintained by the birthing center.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 11 SAFETY

Rule 43.11.1 The governing authority shall develop written policies and procedures designed to enhance safety within the facility and on its grounds and minimize hazards to patients, staff and visitors.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.11.2 The policies and procedures shall include establishment of the following:

1. Safety rules and practice pertaining to personnel, equipment, liquids, drugs, with particular attention to hazards of children such as uncovered electrical outlets, unsafe toys, unprotected stairs and unlocked storage cabinets as well as walkways, parking lots and outside play areas.

2. Provisions for reporting and the investigation of accidental events regarding patients, visitors and personnel (incidents) and corrective action taken.

3. Provision for dissemination of safety-related information to employees and users of the facility.

4. Provision for string and needle storage, handling and disposal.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.11.3 Smoking shall not be permitted in the center.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 12 HOUSEKEEPING

Rule 43.12.1 The birthing rooms shall be appropriately cleaned after each birth. The facility shall be maintained in a clean condition. Adequate arrangements and/or housekeeping staff shall be employed to fulfill the above requirement.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 13 LINEN AND LAUNDRY

Rule 43.13.1 An adequate supply of clean linen or disposable materials shall be maintained.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.13.2 Provisions for proper laundering of linen and washable goods shall be made. Soiled and clean linen shall be handled and stored separately.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.13.3 A sufficient supply of cloth or disposable towels shall be available so that a fresh towel can be used after each hand-washing. Towels shall not be shared.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 14 SANITATION

Rule 43.14.1 All parts of the facility, the premises and equipment shall be kept clean and free of insects, rodents, litter and rubbish.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.14.2 All garbage and waste shall be collected, stored and disposed of in a manner designed to prevent the transmission of disease. Containers shall be washed and sanitized before being returned to work areas. Disposable type containers shall not be reused.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 15 PREVENTIVE MAINTENANCE

Rule 43.15.1 A schedule of preventive maintenance shall be developed for birthing equipment to assure satisfactory operation when needed.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 16 DISASTER PREPAREDNESS

Rule 43.16.1 The facility shall have a posted plan for evacuation of patients, staff and visitors in case of fire or other emergency. The birth center maintains functioning smoke alarms, appropriately placed fire extinguisher to control limited fires and emergency-powered lighting; identifies exits; protects stairwells with fire doors.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.16.2 **Fire Drills**.

1. At least one drill shall be held every three months for every employee to familiarize employees with the drill procedure. Reports of the drills shall be maintained with records of attendance.

2. Upon identification of procedural problems with regard to the drills, records shall show that corrective action has been taken.

3. There shall be an ongoing training program for all personnel concerning aspects of fire safety and the disaster plan.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 17 HEALTH RECORD SERVICES

Rule 43.17.1 **Health Record System**. A health record shall be maintained in accordance with accepted professional principles, for every patient admitted and cared for in the center. The health record system shall be under the supervision of a designated person who has demonstrated through relevant experience the ability to perform the required functions.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.17.2 **Facilities**. A room or area shall be designated within the center for health records. The area shall be sufficiently large and adequately equipped to permit the proper processing and storing of records. All health records must be accessible and easily retrieved.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.17.3 **Ownership**. Health records shall be property of the facility and shall not be removed except by subpoena or court order. These records shall be protected against loss, destruction and unauthorized use. A copy of the record will accompany the patient at transfer.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.17.4 **Preservation of Records**. Health records shall be preserved either in the original form or by microfilm for a period of not less than ten years. In the case of a minor, the record is to be retained until the patient becomes of age plus seven years. The mother and infant record shall be kept together.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.17.5 **Individual Patient Records**. Each patient's health record shall include but is not limited to at least the following information:

1. Demographic information and client identification;
2. Orientation to program and informed consent;
3. Complete social, family, medical, reproductive, nutrition and behavioral history;
4. Initial physical examination, laboratory tests and evaluation of risk status;
5. Appropriate referral of ineligible clients with report of findings on initial screening;
6. Development of a plan for care and payment for services;
7. Continuous periodic prenatal examination and evaluation of risk factors;

8. Instruction and education including nutritional counseling, changes in pregnancy, self-care in pregnancy, orientation to health record and understanding of findings on examinations and laboratory tests, preparation for labor, sibling preparation, preparation for early discharge, newborn assessment and care; and feeding and medical evaluation;

9. History, physical examination and risk assessment on admission to center in labor (labor graph);

10. Monitoring of progress in labor with on-going assessment of maternal and newborn reaction to the process of labor;

11. Consultation, referral and transfer for maternal or neonatal problems that elevate risk status;

12. Physical assessment of newborn including apgar scores, maternal newborn interaction, prophylactic procedures, postpartum monitoring of vital signs and accommodation to extrauterine life;

13. Labor summary;

14. Discharge summary for mother and newborn;

15. Plan for home care, follow-up, referral to support groups;

16. Plan for newborn health supervision and required screening tests, immunizations;

17. Late postpartum evaluation of mother, counseling for family planning and other services and evaluation of mother-child relationships;

18. Eye care, vitamin K.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.17.6 **Completion of Health Records**. All health records shall be completed promptly. Reports of laboratory tests, treatments and consultation are entered promptly on health record.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.17.7 **Indexes**. All health records should be indexed according to patient's name.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.17.8 **System of Periodic Review**. There is a system for periodic record review and attention to problems identified, review discussion, and analysis documented.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 18 PATIENT CARE: QUALITY OF CARE

Rule 43.18.1 **Rights and Responsibility of the Woman and Her Family**.: The rights and responsibilities of the woman and her family, however, she defines her family, shall be clearly delineated in the center's policies and procedures and communicated to the childbearing family on admission for care and that the client's rights include but not be limited to expectation to:

1. be treated with respect, dignity and consideration;

2. be assured of confidentiality;

3. be informed of the benefits, risks and eligibility requirements of an out-of-hospital labor and birth;

4. be informed of those services provided by the center and services provided by contract, consultation and referral;

5. be informed of the identity and qualifications of care providers, consultations and related services and institutions;

6. be informed of all diagnostic procedures and reports, all recommendations and treatments, participate in decisions relating to the plan for management of her care and all changes in that plan, once established, including referral or transfer to other practitioners or other levels of care, be provided with a written statement of fees for services and responsibilities for payment;

7. be informed of the center's plan for provision of emergency and non-emergency care in the event of complications to mother and newborn;

8. be provided with a written statement of the birth center's plan and the families' responsibilities for assuring adequate supportive home care and follow-up health supervision of mother and infant;

9. be informed of and reserve the rights to refuse participation in research or student education programs;

10. be informed of the center's plan for hearing grievance.

11. That the center provide or demonstrate availability of a range of services to meet physical, emotional, socio-economic, informational and medical needs of the individual patient while under care, including but not limited to:

    a. an orientation to the facility fees and services of the center;

    b. written information, including a glossary of terms, on the established criteria for admission to, and continuation in, the birth center program of care;

c. prenatal care (may be provided at related practitioner or clinic site);

d. a program of education for pregnancy, labor, breast-feeding, infant care, early discharge, parenting, self-care/self-help, sibling preparation;

e. laboratory services;

f. 24-hour telephone consultation;

g. library resources;

h. intrapartum care;

i. light nourishment during labor and postpartum;

j. immediate postpartum care;

k. home or office follow-up for mother and newborn

l. additional options:

   i. exercise programs

   ii. parent support groups

   iii. postpartum classes

   iv. family planning

   v. well baby care

   vi. circumcision

   vii. nursing mother support programs

   viii. well woman gynecologic care

   ix. public education

   x. professional education

   xi. clinical investigation and/or research

12. That drugs for induction or augmentation of labor, vacuum extractors, forceps, electronic fetal monitors and ultrasound are not necessary during normal labor and are not appropriate for use in birth centers. Patients are informed and consent to this philosophy.

13. That a policy and procedure manual is available to practitioners and support staff at all times and that it include all aspects of birth center practice and care to childbearing families.

14. Practice protocols be approved by the consulting specialists and available to the hospital receiving transfers upon request.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 19 NURSING SERVICE

Rule 43.19.1 **Nursing Staff**. The nursing staff shall be qualified by education, obstetrical nursing experience of one year, certified in CPR and trained in infant resuscitation. The birthing center shall maintain an organized nursing staff to provide high quality nursing care for the needs of the patients and be responsible to the birthing center for the professional performance of its members. The birthing center nursing service shall be under the direction of a legally and professionally qualified registered nurse. There shall be a sufficient number of duly licensed registered nurses on duty at all times to plan, assign, supervise, and evaluate nursing care, as well as to give patients the nursing care that requires the judgment and specialized skills of a registered nurse.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.19.2 **Director of Nursing Service**. The director of nursing services shall be qualified by education, obstetrical nursing experience of one year certified in CPR and trained in infant resuscitation, and demonstrated ability to organize, coordinate, and evaluate the work of the service. He/she shall be qualified in the fields of nursing and administration consistent with the complexity and scope of operation of the birthing center facility and shall be responsible to the administrator for the developing and implementing policies and procedures of the service in the birthing center.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.19.3 **Staffing Pattern**. A staff pattern shall be developed to provide for sufficient nursing personnel for adequate supervision and direction by registered nurses consistent with the caseload, the size of the birthing center. There shall be 24-hour availability of qualified nursing staff and back-up staff available when needed. A registered nurse shall be in the center whenever a patient is in labor, during birth, and throughout the postpartum period while a patient is in the center.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.19.4 **Nursing Care Plan**. There shall be evidence established that the birthing center nursing service provides safe, efficient and therapeutically effective nursing care through the planning of each patient's care throughout her stay and the effective implementation of the plans. A registered nurse must plan, supervise and evaluate

the nursing care of each patient from admission to discharge. Each patient shall be given prior to discharge a referral with specific time, date and place for post partum, family planning and infant care. Although the care may not be provided by the center staff, a two-week health status of the baby shall be documented on the patient's record.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.19.5 **Licensed Practical Nurse**. Licensed practical nurses who are currently licensed to practice within the state, as well as other ancillary nursing personnel, may be used to give nursing care that does not require the skill and judgment of a registered nurse. Their performance shall be supervised by one or more registered nurses. All personnel shall be trained in CPR.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.19.6 **Nursing Service Evaluation**. To develop better patterns of utilization of nursing personnel, periodic evaluation of the activities and effectiveness of the nursing staff should be conducted as a part of quality assurance. Evaluations should be done after the first 90-day probationary period, then annually thereafter.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.19.7 **Nursing Service Organization**. The birthing center nursing service shall have a current written organizational plan that delineates its functional structure and its mechanisms for cooperative planning and decision-making. This plan shall be an integral part of the overall birthing center plan and shall:

1. be made available to all nursing personnel.

2. be reviewed periodically (yearly) and revised as necessary.

3. reflect the staffing pattern for nursing personnel throughout the birthing center.

4. delineate the functions for which nursing service is responsible.

5. indicate all positions required to carry out such functions.

6. contain job descriptions for each position classification in nursing service that delineates the functions, responsibilities, and desired qualifications of each classification, and should be made available to nursing personnel at the time of employment.

7. indicate the lines of communication within nursing service.

8. define the relationships of nursing service to all other services and departments in the birthing center.

9. In birthing centers where the size of the nursing staff permits, nursing committees shall be formally organized to facilities the establishment and attainment of goals and objectives of the nursing service.

10. In birthing centers where the size of the service permits, one committee made up of all administration, nurses, nurse-midwives, and/or physicians shall formally organize to facilitate the establishment and attainment of goals and objectives of the birthing center.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.19.8 **Policies and Procedures**. Written nursing care and administrative policies and procedures shall be developed to provide the nursing staff with acceptable methods of meeting its responsibilities and achieved projected goals through realistic, attainable goals.

1. In planning, decision-making and formulation of policies that affect the operation of nursing service, the nursing care of patients, or the patient's environment, the recommendations of representatives of nursing service shall be considered.

2. Nursing care policies and procedures shall be consistent with professionally recognized standards of nursing practice and shall be in accordance with Nurse Practice Act of the State of Mississippi and of the National Association of Childbearing Center Standards for Free-Standing Birth Centers when appropriate. Policies shall include statements relating to at least the following:

a. noting diagnostic and therapeutic orders.

b. assignment of aspects of care of patients.

c. administration of medications.

d. charting of nursing personnel.

e. infection control.

f. patient and personnel safety.

g. family-centered maternity care.

h. methods used to ensure center's referral and follow-up of patients for post-partum, family planning and infant care.

3. Written copies of the procedure manual shall be available to the nursing staff in every nursing care unit and service area and to other services and departments in the birthing center. The nursing procedure manual should be used to:

a. provide a basis for staff development to enable new nursing personnel to acquire local knowledge and current skills through established orientation programs.

b. provide a ready reference or procedures for all nursing personnel.

c. standardize procedures and equipment.

d. provide a basis for evaluation and study to ensure continued improvements in techniques.

e. The birthing center nursing policies and procedures shall be developed, periodically reviewed, and revised as necessary by nursing representatives in cooperation with administration, the nurse midwifery staff, the physician staff, and other facility services and departments concerned. All revisions shall be dated to indicate the date of the latest review.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 20 NURSE-MIDWIFERY AND PHYSICIAN SERVICE

Rule 43.20.1 **Nurse-Midwifery/Physician Staff**. The nurse-midwifery staff and the physician staff clinically functions the same in the birthing center except during an emergency at which time the more senior clinician is in charge. Either a nurse-midwife or a physician shall be in the birthing center when a woman is in labor for the birth and at least one hour post partum or longer if necessary.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.20.2 **Director of the Service**. The nurse-midwife or the physician shall be the director of the service. A physician-obstetrician and pediatrician shall be available 24 hours for phone consultation. The director must have sufficient clinical experience and be clinically competent and qualified to organize, coordinate and evaluate the work of the service. He/she shall be qualified in obstetric and immediate newborn care and administration consistent in the scope of operation of birth center and shall be responsible for the development and implementation of the policies and procedures of the service and standard of care provided in the birth center.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.20.3 **Staffing Pattern**. The staffing pattern shall be developed so that either a nurse-midwife or a physician is in the birthing center while a woman is in active labor during birth and a minimum of one hour post partum or longer if needed. There shall be a minimum of one nurse-midwife or physician for every two patients in the center at one time to ensure that every patient in active labor is attended. The staffing pattern shall provide for sufficient clinician personnel and for adequate supervision and direction consistent with the size and caseload of the birthing center.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.20.4 **Management of Care**. There shall be policies, procedures and protocols for all care provided in the birthing center.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.20.5 **Evaluation of Care**. There shall be a quality assurance program for direct maternal and newborn care which includes, but is not limited to:

1. at least annual review of protocols, policies and procedures relating to the maternal and newborn care;

2. the appropriateness of the risk criteria for determining eligibility for admission to an continuation in the birth center program of care;

3. the appropriateness of diagnostic and screening procedures including laboratory studies, sonography, non-stress tests as they impact on quality of care and cost to the client;

4. the appropriateness of medications prescribed, dispensed or administered in the birth center;

5. the evaluation of performance of clinical practitioners employed by or on the staff of the birth center (peer review-self evaluation);

6. quarterly meetings of clinical practitioners to review the management of care of individual clients and make recommendations for improving the plan for care;

7. quarterly review of all transfers of mothers and neonates to hospital care to determine the appropriateness and quality of the transfer;

8. quarterly review and evaluation of all problems or complications of pregnancy, labor and post-partum and the appropriateness of the clinical judgment of the practitioner in obtaining consultation and attending to the problem;

9. regular review of all health records for legibility and completeness;

10. evaluation of staff on ability to manage emergency situations by unannounced periodic drills for fire, maternal/newborn emergencies, power failures, etc.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.20.6 **Nurse Midwifery/Physician Practice Evaluation**. Clinical staff shall be evaluated according to established job descriptions, policies, clinical privileges and safety and effectiveness of their activities. Evaluations should be done after the first 90-day probationary period, then annually thereafter by their peers through a mechanism established in the policy manual.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.20.7 **Nurse-Midwifery/Physician Service Organization**. The birthing center's nurse midwifery/ physician service shall have a current written organizational plan that delineates its functional structure and its mechanisms for cooperative planning and decision-making. This plan shall be an integral part of the overall birthing center plan and shall:

1. be made available to all nurse-midwifery, physician staff.

2. be reviewed periodically (yearly) and revised as necessary.

3. reflect the staffing pattern for nurse-midwifery, physician staff throughout the birthing center.

4. delineate the functions for which nurse-midwifery/physician staff is responsible.

5. indicate all positions required to carry out such functions.

6. contain job descriptions for each position classification in nursing service that delineates the functions, responsibilities, and desired qualifications of each classification, and should be made available to nurse-midwifery/physician staff at the time of employment.

7. indicate the lines of communication within birthing center service.

8. define the relationships of nurse-midwifery, physician staff services and departments in the birthing center facility. In the birth center where the size of the staff permits, committees shall be formally organized to facilitate the establishment and attainment of goals and objectives of the nurse-wife/physician service. In birthing center where the size of the staff permits, one committee made up of all the nurses, nurse-midwives and/or physicians and administration shall formally organized to facilitate the establishment and attainment of goals and objectives of the birthing center.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.20.8 **Policies and Procedures**. Written nurse-midwifery and physician care and administrative policies and procedures shall be developed to provide the professional staff with acceptable methods of meeting its responsibilities and achieving projected goals through realistic, attainable goals.

1. In planning, decision-making and formulation of policies that affect the operation of nurse midwifery/physician service, their care of patients, or the patient's environment, the recommendations of representatives of nursing service and nurse-midwifery/physician service, shall be considered.

2. Care policies and procedures shall be consistent with professionally recognized standards of National Association of Childbearing Centers and shall be in accordance with Nurse Practice Act and Medical Practice Act of the State of Mississippi. Policies shall include statements relating to at least the following:

   a. diagnostic and therapeutic orders.

   b. assignment of care of patients.

   c. medication orders.

   d. charting.

   e. infection control.

   f. patient and personnel safety.

   g. family centered maternity care.

3. Written copies of the procedure manual shall be available to the nursing staff, nursemidwifery/physician staff and other birthing center staff as needed. The nursemidwifery/physician procedure manual should be used to

   a. provide a basis for staff development to enable new personnel to acquire local knowledge and current skills through established orientation programs.

   b. provide a ready reference or procedures for all personnel.

   c. standardize procedures and equipment.

   d. provide a basis for evaluation and study to ensure continued improvements in techniques.

4. The birthing center nurse-midwifery/physician policies and procedures shall be developed, periodically reviewed and revised as necessary by nursing representatives in cooperation with administration, the nurse-midwifery/physician staff and other facility services and departments concerned. All revisions shall be dated to indicate the date of the latest review.

SOURCE: Miss. Code Ann. §41-77-11

SubChapter 21 IN-SERVICE EDUCATION, CONTINUING EDUCATION

Rule 43.21.1 An in-service education program and meetings of the staff shall be provided for all staff members of the birthing center for the improvement of existing practices; obtaining new knowledge and skills applicable to birthing centers and to keep personnel informed of changes in policies and procedures and discuss problems in the birthing center. The in-service program shall be planned, scheduled, documented and held on a continuing or monthly basis. All nurses, nurse-

midwives and physicians shall participate annually in appropriate training programs for the safe and effective use of diagnostic and therapeutic equipment for CPR and infant resuscitation and transport.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.21.2 **Continuing Education**. Nursing and nurse-midwifery and physician staff shall attend sixteen (16) hours of approved clinical education sessions annually to improve existing practices; and to obtain new knowledge and skills applicable to birthing centers. This is in addition to CPR and infant resuscitation.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 22 EQUIPMENT/SUPPLIES

Rule 43.22.1 A readily accessible emergency cart or tray for the mother shall be equipped to carry out the written emergency procedures of the center and securely placed with a written log of routine maintenance for readiness. Mechanical ventilatory assistance equipment, airways, manual breathing bag, laryngoscope and endotracheal tubes, suction equipment, emergency drugs and supplies, intravenous equipment and blood expanders.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.22.2 A readily accessible emergency cart or tray for the newborn shall be equipped to carry out the written emergency procedures of the center and securely placed with a written log of routine maintenance for readiness. Mechanical ventilatory assistance equipment, airways, manual breathing bag, laryngoscope and endotracheal tubes, suction equipment, emergency drugs and supplies, intravenous equipment and blood expanders.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.22.3 Each facility shall have properly maintained equipment for routine care of women and neonates including but not limited to:

1. a heat source for infant examination or resuscitation
2. transfer incubator or isolate
3. sterilizer or demonstration of sterilizing capability
4. blood pressure equipment, thermometers, fetoscope/doptone
5. intravenous equipment
6. oxygen equipment
7. instruments for delivery, episiotomy and repair.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.22.4 Each facility shall have properly maintained accessory equipment which includes but is not limited to:

1. conveniently placed telephones, emergency call system

2. portable lighting

3. kitchen equipment usually found in home for light refreshment

4. laundry equipment usually found in home or contracted laundry services.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.22.5 **Supplies**.

1. The inventory of supplies shall be sufficient to care for the number of childbearing women and families registered for care.

2. Shelf life of all medications and I.V. fluids shall be monitored.

3. Abusable supplies such as needles and prescription pads shall be appropriately stored and disposed of.

4. Controlled drugs shall be maintained in double locked secured cabinets with a written procedure for accountability.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 23 SANITARY ENVIRONMENT

Rule 43.23.1 The birthing center shall provide a safe and sanitary environment, properly constructed, equipped and maintained to protect the health and safety of patients.

1. An infection committee, or comparable arrangement, composed of members of the nursemidwifery and/or physician staff, nursing staffs, administration and other services of the birthing center shall be established and shall be responsible for investigating, controlling and preventing infections in the birthing center. The committee shall meet quarterly and maintain written documentation of such meetings and an attendance roster.

2. There shall be written procedures to govern the use of aseptic techniques and procedures in all areas of the birthing center.

3. To keep infections at a minimum, such procedures and techniques shall be regularly reviewed by the infection committee annually.

4. Continuing education shall be provided to all birthing center personnel on causes, effects, transmission, prevention, and elimination of infection on an annual basis.

5. A continuing process shall be enforced for inspection and reporting of any birthing center employee with an infection who may be in contact with patients on the patient's environment.

6. The birthing center shall provide adequate hand washing facilities for childbearing families and personnel.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.23.2 **CENTRAL STERILE SUPPLY:** Policies and procedures shall be maintained for method of control used in relation to the sterilization of supplies and water and a written policy requiring sterile supplies to be reprocessed at specific time periods. These areas shall be separated:

1. Receiving and clean-up, to contain a two-compartment sink with two drainboards.

2. Pack make-up shall have autoclaves, work counter and unsterile storage.

3. Sterile storage area should have pass-through to corridor.

4. When sterilization is contracted outside the birthing center, there shall be designated area for dirty, clean, and sterile supplies.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 24 PHARMACEUTICAL SERVICES

Rule 43.24.1 **Administering Drugs and Medicines**. Drugs and medicines shall not be administered to patients unless ordered by a physician or nurse-midwife duly licensed to prescribe drugs. Such orders shall be in writing and signed personally by the physician or nurse-midwife who prescribes the drug or medicine. Pain control should depend primarily on close emotional support and adequate preparation for the birth experience.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.24.2 **Medicine Storage**. Medicines and drugs maintained at the birthing center shall be properly stored and safeguarded in enclosures of sufficient size, and which are not accessible to unauthorized persons. Only authorized personnel shall have access to storage enclosures.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.24.3 **Safety**. Drug storage area shall be provided with safeguards to prevent entrance of unauthorized persons, including bars on accessible windows and lock on doors.

Controlled drugs shall be stored in a securely constructed room or cabinet or area in accordance with applicable federal and state laws.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.24.4 **Controlled Substances Permit**. If narcotics are kept at the birthing center, the center shall procure a state controlled drug permit. The permit shall be displayed in a prominent location.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.24.5 **Records**. Records shall be kept on the receipt and disposition of all controlled substances.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.24.6 **Individual controlled substance records** shall reflect the name and strength of the drug, the date and time administered, signature of the practitioner administering the drug, the name of the patient, and the balance of the drug remaining.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.24.7 **Medication Orders**. All verbal or telephone orders for medications shall be received by a Registered Nurse, Nurse-Midwife, Physician or Registered Pharmacist, and shall be reduced to writing into the patient's permanent medical record. The order shall include the physician or nurse-midwife's name accompanied by the time and data and name and title of person making the entry into the record. All verbal or telephone orders shall be countersigned by the practitioner within 48 hours of the order.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.24.8 The facility shall not dispense any medications to OUTPATIENTS. The facility may procure medications for its patients through community pharmacists. Individual medication containers shall be properly stored in individual patient medication bins/trays within a lockable area, room or cabinet.

OR

The facility may procure medications via the facility's physician's registration. Clinicians shall administer or shall order medications to be administered to patients while in the facility only. Medications for patients to take home shall be provided via written prescription by the attending physician or nurse-midwife. In any case where medication and controlled substances are stocked within the facility, a designated individual shall be responsible for the overall supervision of the handling, administration, storage, recordkeeping and final disposition of medications.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 25 LABORATORY SERVICES

Rule 43.25.1 The center may either provide a clinical laboratory or make contractual arrangements with an approved outside laboratory to perform services commensurate with the needs of the facility.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.25.2 **Qualifications of Outside Laboratory**. An approved outside laboratory may be defined as a freestanding independent laboratory or a hospital-based laboratory which, in either case, has been appropriately certified or meets equivalent standards as a provider under the prevailing regulations or P.L. 89-97, Titles XVIII and XIX (Medicare/Medicaid).

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.25.3 **Agreements**. Such contractual arrangements shall be deemed as meeting the requirements of this section so long as those arrangements contain written policies, procedures and individual chart documentation to disclose that the policies of the facility are met and the needs of the patients are being provided. Written original reports shall be a part of the patient's chart.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.25.4 **In-house Laboratories**.

1. In-house laboratories shall be well organized and properly supervised by qualified personnel.

2. The laboratory will be of sufficient size and adequately equipped to perform the necessary services of the facility.

3. Provisions shall be made for a preventative maintenance and an acceptable quality control program covering all types of analyses performed by the laboratory. Documentation will be maintained for preventative maintenance and quality control programs.

4. Written policies and procedures shall be developed and approved for all services provided by the laboratory.

5. Documentation of patient laboratory values shall be recorded on appropriate laboratory report forms and duplicate copies of these reports retained for a minimum of two (2) years in the laboratory.

6. Contractual arrangements for referral laboratory testing shall be made in accordance with 126.01 for laboratory procedures not provided by the in-house laboratory.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 26 ENVIRONMENT

Rule 43.26.1 **Adequate Space**. The birthing center shall provide adequate space for caseload and personnel and ensures privacy for women and childbearing families including but not limited to:

1. business operations
2. secure medical record storage
3. waiting reception area
4. exam rooms
5. family room and play area for children
6. bath and toilet facilities for families, laboring women and staff
7. birth rooms
8. conference area
9. staff area
10. education facilities/library
11. utility and work area
12. storage
13. area for emergency cart
14. in-house office laboratory procedures
15. accommodation for a non-ambulatory family member (non-ambulatory childbearing women are not usually cared for in birth centers)

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 27 PATIENT AREAS

Rule 43.27.1 **Birthing Rooms**.

1. Birthing rooms shall have sufficient space for a double bed, cradle, nightstand, rocking chair, cabinet for supplies and a sink, minimum of 120 square feet. A flat area for infant resuscitation should be lighted so the illumination is at least 100-foot candles at the infant's body surface and should contain:

   a. overhead source of radiant heat

   b. heating pad overlying a thin mattress on which the neonate is placed

   c. large wall clock with a clearly visible second hand

2. Ceiling height of the birthing rooms shall be 8'0" minimum.

3. Each birthing room will have immediate access to a bathroom. Tubs are recommended.

4. Birthing rooms shall be designed to provide privacy for the mother and family.

5. All walls and floors shall be suitable for washing.

6. A nurse or emergency call system shall exist.

7. Portable oxygen and suction shall be available. All outlets shall be grounded.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.27.2 **Service Area**.

1. Personnel office shall be adequate for the number of personnel; included are desks, area for supplies, bathroom and shower facilities.

2. Laboratory area is usually small because of limited use-counter and sink and storage of a few supplies.

3. Clean workroom for storage and assembly of supplies and shall contain storage cabinets or storage carts, work counter and sink.

4. Utility shall contain deep sink, work counter, waste receptacle, soiled linen receptacle.

5. Medicine area with sink, small refrigerator, locked storage, narcotic locker and work counter.

6. Clean linen storage. A closet large enough to hold adequate supply of clean linen.

7. Kitchen facilities either to be shared or in each birthing room sufficient for storage of patients prepared food and beverages.

8. Stretcher, newborn transport unit, emergency O2 and suction and emergency trays.

9. Janitors closet.

10. Laundry area for washer and dryer if outside laundry contract not used.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.27.3 **Exams Rooms**. The number of exam rooms shall be adequate for the case load. When the exam rooms are used for prenatal care, the rooms shall be situated away from the birthing rooms. At least one exam room shall be necessary for admission evaluation and shall contain an examining table with stirrups, stool, goose neck light, equipment table, sink, supply storage area.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.27.4 **Family Room and Play Area for Children**. The size and number of family rooms shall be adequate for the caseload. A couch, chairs, end table, reading lights and toy storage area shall be included.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.27.5 **Sufficient precaution for child safety** shall be employed although children are always attended to. Depending on the size of the caseload, the family area may double as a conference and/or classroom.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.27.6 **Toilet facilities shall be available**.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.27.7 **Conference Area**. Conference area shall be sufficient size for the number of personnel. It may be used for childbirth classes, staff in-service education, meetings, etc.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.27.8 **Education Facilities/Library**. The education/library room may be designated area in the family room or conference area or may be a separate room depending on the size of the caseload and numbers of personnel.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 28 GENERAL SERVICE FACILITIES

Rule 43.28.1 **Admissions Office**. There shall be a room designated as the admission office where patients may discuss personal matters in private. The admission office may be combined with the business office and medical record room if privacy can be maintained when confidential matters are being discussed. This space shall be separated from the treatment area by walls and partitions.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.28.2 **Waiting Room/Reception Area**. A waiting room in the administrative section shall be provided with sufficient seating for the maximum number of persons that may be waiting at any time. This will depend on whether prenatal care is provided in the birthing center. Public toilets/public telephones and drinking fountains, accessible to the handicapped shall be available.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 29 PLANS AND SPECIFICATIONS

Rule 43.29.1 Any birthing center licensed as a "free-standing" center shall not become a component of any hospital or other health care facility without securing a "certificate of need". When construction is contemplated, either for new buildings, conversions, additions, or major alterations to existing buildings, or portions of buildings coming within the scope of certificate of need of these rules, plans and specifications shall be submitted for review and approval to the Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.29.2 **Minor Alterations and Remodeling**. Minor alterations and remodeling which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the birthing facility is licensed, need not be submitted for approval.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.29.3 **Water Supply, Plumbing and Drainage**. 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 installations, alteration or extension have been submitted to the Mississippi State Department of Health for review and approval.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.29.4 **First Stage Submission - Preliminary Plans**.

1. First stage or preliminary plans shall include the following:

   a. Plot plan showing size and shape of entire site, location of proposed building and any existing structures, adjacent streets, highways, sidewalks, railroad, etc., all properly designated; size, characteristics, and location of all existing public utilities.

b. Floor plans showing overall dimensions of buildings; location, size and purpose of all rooms; location and size of all doors, windows and other openings with swing of doors properly indicated; and location of stairs, elevators, dumbwaiters, vertical shafts and chimneys.

c. Outline specifications listing the kind and type of materials.

2. Approval of preliminary plans and specifications shall be obtained from the Mississippi State Department of Health prior to starting final working drawings and specifications.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.29.5 **Final Stage Submission - Working Drawings and Specifications**.

1. Final stage of working drawings and specifications shall include the following:

a. Architectural drawings.

b. Structural drawings.

c. Mechanical drawings to include plumbing, heating and air-conditioning.

d. Electrical drawings.

e. Detailed specifications.

2. Approval of working drawings and specifications shall be obtained from the Mississippi State Department of Health prior to beginning actual construction.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.29.6 **Preparation of Plans and Specifications**. The preparation of drawings and specifications shall be executed by or be under the immediate supervision of an architect registered in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.29.7 **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 Mississippi State Department of Health prior to beginning work set forth in any contract modification.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.29.8 **Inspections**. The Mississippi State Department of Health and its authorized representative shall have access to the work for inspection whenever it is in preparation or progress.

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 30 GENERAL

Rule 43.30.1 **Location**. The birthing center shall be located in an attractive setting with sufficient parking space provided, with provisions for meeting the needs of the handicapped.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.2 **Local Restriction**. The birthing center shall comply with local professional or commercial zoning, building, and fire ordinances. In addition, birthing centers shall comply with all applicable state and federal laws.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.3 **Structural Soundness**. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.4 **Fire Extinguisher**. An all purpose fire extinguisher shall be provided at each exit and special hazard areas, and located so a person would not have to travel more than 75 feet to reach an extinguisher. Fire extinguishers shall be of a type approved by the local fire department or State Fair Marshall and shall be inspected at least annually. An attached tag shall bear the initials or name of the inspector and the date inspected.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.5 **Ventilation**. The building shall be properly ventilated at all times with a comfortable temperature maintained.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.6 **Garbage Disposal**. Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, containerization, removal, or by a combination of these techniques. Infectious waste materials shall be rendered noninfectious on the premises by appropriate measures.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.7 **Elevators**. Multi-story facilities shall be equipped with at least one automatic elevator of a size sufficient to carry a patient on a stretcher.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.8 **Multi-Story Buildings**. All multi-story facilities shall be of fire resistive construction in accordance with N.F.P.A. 220, Standards Types of Building Construction. If the facility is part of a series of buildings, it shall be separated by fire walls.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.9 **Doors**. Minimum width of doors to all rooms needing access for stretchers shall be two feet three inches wide and doors shall swing into rooms.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.10 **Occupancy**. No part of a birthing center may be rented, leased or used for any commercial purpose, or for any purpose not necessary or in conjunction with the operation of the facility. Food and drink machines may be maintained or a diet kitchen provided for prepared foods.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.11 **Lighting**. All areas of the facility shall have sufficient artificial lighting to prevent accidents and provide proper illumination for all services.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.12 **Emergency Lighting**. Emergency lighting systems shall be provided to adequately light corridors, exit signs, stairways, and lights on each exit sign at each exit in case of electrical power failure.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.13 **Emergency Power**. Emergency generator shall be provided to make life sustaining equipment operable in case of power failure. Emergency outlets shall be provided in all patient care areas.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.14 **Exits**. Each floor of a facility shall have two or more exit ways remote from each other, leading directly to the outside or to a two-hour fire resistive passage to the outside. Exits shall be so located that the maximum distance from any point in a floor area, room or space to an exit doorway shall note exceed 100 feet except that when a sprinkler system is installed the distance of travel shall not exceed 150 feet.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.15 **Exit Doors**. Exit doors shall meet the following criteria:

1. Shall be no less than 44 inches wide.

2. Shall swing in the direction of exit and shall not obstruct the travel along any required fire exit.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.16 **Exit Signs**. Exits shall be equipped with approved illuminated signs bearing the word "Exit" in letters at least 4 1/2 inches high. Exit signs shall be placed in corridors and passageways to indicate the direction of exit.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.17 **Interior Finish and Decorative Materials**. All combustible decorative and acoustical material to include wall paneling shall be as follows:

1. A. Materials on wall and ceiling in corridors and rooms occupied by four or more persons shall carry a flame spread rating of 75 or less and a smoke density rating of 450 or less in accordance with ASTM E-84.

2. Rooms occupied by less than four persons shall have a flame spread rating of 75 or less and a smoke density rating of 450 or less in accordance with ASTM E-84.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.18 **Floors**. Tile floors shall be free from cracks and finished so they can be easily cleaned. Carpet or the equivalent floors shall be cleaned as needed.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.19 **Carpet**. Carper assemblies (carpet and/or carpet and pad) shall carry a flame spread rating of 75 or less and smoke density rating of 450 or less in accordance with ASTM E-84, or shall conform with Section 12.6; C Chapter 26.3-33 N.F.P.A. 101, Life Safety Code, 1981.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.20 **Curtains**. All draperies shall be rendered and maintained flame retardant.

SOURCE: Miss. Code Ann. §41-77-11

Rule 43.30.21 **Handicapped Facilities**. The facility shall be accessible to the physically handicapped and shall comply with A.N.S.I. 117.1, "Making Buildings and Facilities Accessible and Usable by the Physically Handicapped".

SOURCE: Miss. Code Ann. §41-77-11

Subchapter 31 QUALITY ASSURANCE

Rule 43.31.1 **Data Collection**. Quality assurance program insures quality of care to clients and the community through an effective system for collection and analysis of data which includes but is not limited to utilization of the following services:

1. orientation sessions
2. attendees at orientation sessions
3. women registered for care
4. women attending educational program at center
5. total number of encounters/visits antepartum
6. antepartum transfers by reasons
7. women admitted to center for intrapartum care.

SOURCE: Miss. Code Ann. §41-77-11

CHAPTER 44 MINIMUM STANDARDS OF OPERATION FOR ABORTION FACILITIES

Subchapter 1 INTRODUCTION

Rule 44.1.1 **Adoption of Regulations**. Under and by virtue of authority vested in it by Mississippi Code Annotated ', the Mississippi Department of Health, as licensing agency, does hereby adopt and promulgate the following rules, regulations and standards governing abortion facilities licensed to operate in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.1.2 **Procedures Governing Amendments**. The rules, regulations, and minimum standards for abortion facilities may be amended by the licensing agency from time to time as necessary to promote the health, safety, and welfare of persons receiving services in such institutions.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.1.3 **Inspections Required**. Each abortion facility for which a license has been issued shall be inspected by the Mississippi Department of Health or by persons delegated with authority by said Mississippi Department of Health at such intervals as the Department may direct. The Mississippi Department of Health and/or its authorized representatives shall have the right to inspect construction work in progress. New abortion 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

Rule 44.1.4 **Provisions**. The provisions of this act shall not be constructed to repeal or modify any provision of Mississippi law not expressly altered by this act, and furthermore does not establish a state policy that condones abortion.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.1.5 **DEFINITIONS** A list of selected terms often used in connection with these rules, regulations, and standards follows:

1. **Abortion**. For the purpose of these regulations, "Abortion" means the use or prescription of any instrument, medicine, drug or any other substances or device to terminate the pregnancy of a woman known to be pregnant with any intention other than to increase the probability of a live birth to preserve the life or health of the child after live birth or to remove a dead fetus.

2. **Administrator**. The term "administrator" shall mean a person who is delegated the responsibility for the implementation and proper application of policies and programs established by the governing authority of the facility and is delegated responsibility for the establishment of safe and effective administrative management, control, and operation of the services provided. This definition applies to a person designated as Chief Executive Officer or other similar title.

3. **Abortion Facility**. The term "abortion facility" means a facility operating substantially for the purpose of performing abortions for outpatients and is a separate identifiable legal entity from any other health care facility. Abortions shall only be performed by physicians licensed to practice in the State of Mississippi. The term "abortion facility" term includes physicians' offices which are used substantially for the purpose of performing abortions. An abortion facility operates substantially for the purpose of performing abortions if any of the following conditions are met:

   a. The abortion facility is a provider for performing ten (10) or more abortions procedures per calendar month during any month of a calendar year, or one hundred (100) or more in a calendar year.

   b. The abortion facility, if operating less than twenty (20) days per calendar month, is a provider for performing ten (10) or more abortion procedures, or performing a number of abortion procedures which would be equivalent to ten (10) procedures per month, if the facility were operating twenty (20) or more days per calendar month, in any month of a calendar year.

   c. The facility applies to the licensing agency for licensure as a Level I or Level II abortion facility.

4. **Anesthetist**. A physician qualified and trained to administer anesthetic agents or a certified registered nurse qualified to administer anesthetic agents.

5. **Change of Ownership**. The term "change of ownership" includes, but is not limited to, intervivos gifts, purchases, transfers, leases, can an/or stock transactions or other comparable arrangements whenever the person or entity acquires an interest of fifty percent (50%) or more of the facility or services. Changes of ownership from partnerships, single proprietorships, or corporations to another form of ownership are specifically included, provided, however, "change of ownership" shall not include any inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi.

6. **Abortion Facility Charge Nurse**. The "charge nurse" means a Registered Nurse, who is currently licensed by the Mississippi Board of Nursing, with supervisory and administrative ability who is responsible to the Governing Authority of the facility.

7. **Dismemberment Abortion**. The term dismemberment abortion means, with the purpose of causing the death of an unborn child, purposely to dismember a living unborn child and extract him or her one piece at a time from the uterus through use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush and/or grasp a portion of the unborn child's body to cut or rip it off. The term dismemberment abortion does not include an abortion that uses suction to dismember the body of the unborn child by sucking fetal parts into a collection chamber, although it does include an abortion in which a dismembership abortion is used to cause the death of an unborn child but suction is subsequently used to extract fetal parts after the death of the unborn child.

8. **Governing Authority**. The term "governing authority" shall mean owner(s) associations, public bodies, board of trustees, or any other comparable designation of an individual or group of individuals who have the purpose of owning, acquiring, constructing, equipping, operating and/or maintaining abortion facilities and exercising control over the affairs, and in which the ultimate responsibility and authority of the facility is vested.

9. **Level I**. In accordance with Section 41-75-1, Mississippi Code of 1972, effective August 15, 2005, a Level I abortion facility shall be required to meet minimum standards for Level II abortion facilities and Minimum Standards of Operation For Ambulatory Surgical Facilities as established by the licensing agency.

10. **Level II**. In accordance with Section 41-75-1, Mississippi Code of 1972, effective August 15, 2005, a Level II abortion facility shall be required to meet the minimum standards for Level II abortion facilities as established by the licensing agency.

11. **Licensed Practical Nurse**. "Licensed practical nurse" (LPN) means any person licensed as such by the Mississippi State Board of Nursing.

12. **License**. The term "license" shall mean the document issued by the Mississippi Department of Health and signed by the Executive Director of the Mississippi Department of Health.

13. **Licensure** shall constitute authority to receive patients and perform the services included within the scope of these rules, regulations, and minimum standards.

14. **Licensee**. The term "licensee" shall mean the individual to whom the license is issued and upon whom rests the responsibility for the operation of the abortion facility in compliance with these rules, regulations and minimum standards.

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

16. **Medical Treatment**. Means, but is not limited to, hospitalization, laboratory tests, surgery, or prescription of drugs.

17. **Nursing Personnel**. The term "nursing personnel" shall mean registered nurses, graduate nurses, licensed practical nurses, nurses' aides, orderlies, attendants and others rendering patient care.

18. **Operating**. "Operating" an abortion facility means that the facility is open for any period of time during a day and has on site at the facility or on call, a physician licensed to practice in the State of Mississippi available to provide abortions.

19. **Patient**. The term "patient" shall mean a person admitted to the abortion facility by and upon the recommendation of a physician and who is to receive medical care recommended by the physician.

20. **Performance By Physician Required**. No termination of pregnancy shall be performed at any time except by a physician.

21. **Person**. The term "person" means any individual, firm, partnership, corporation, company, association, or joint stock association, or any licensee herein or the legal successor thereof.

22. **Pharmacy**. The term "pharmacy" shall mean a place licensed by the Mississippi Board of Pharmacy where prescriptions, drugs, medicines and chemicals are offered for sale, compounded or dispensed, and shall include all places whose titles may imply the sale, offering for sale, compounding or dispensing of prescriptions, drugs, medicines or chemicals.

23. **Pharmacist**. The term "pharmacist" shall mean a person currently licensed by the Mississippi Board of Pharmacy to practice pharmacy in Mississippi under the provisions contained in current state statutes.

24. **Physician**. The term physician shall mean a person fully licensed by the Mississippi State Board of Medical Licensure to practice medicine and surgery in Mississippi under provisions contained in current state statutes, including but not limited to, Miss. Code Ann. §41-75-1:

a. He or she must have completed a residency in family medicine, with strong rotation through OB/GYN, in a residency program approved by the accreditation counsel for graduate medical education.

b. He or she must have completed a residency in obstetrics and gynecology in a residency program approved by the accreditation counsel for graduate medical education.

c. He or she must have an M.D. or O.D. degree and at least one year of postgraduate training in a training facility with an approved residency program and an additional year of obstetrics/gynecology residency.

25. **Purposely.** The term " purposely" means that a person acts purposely with respect to a material element of an offense when:

    a. If the element involves the nature of his conduct or a result there of, it is his conscious object to engage in conduct of that nature or to cause such a result; and

    b. If the element involves the attendant circumstances, he is aware of the existence of those circumstances or he believes or hopes that they exist.

26. **Registered Nurse**. The term "registered nurse" (R.N.) shall mean a professional registered nurse currently licensed by the Mississippi Board of Nursing in accordance with the provisions contained in current state statutes.

27. **May**. The term "may" indicates permission.

28. **Serious health risk to the unborn child's mother**. This term means that in reasonable medical judgment, she has a condition that so complicates her medical condition that it necessitates the abortion of her pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions. No such condition may be determined to exist if it is based on a claim or diagnosis that the women will engage in conduct that she intends to result in her death or in substantial or irreversible physical impairment of a major bodily function.

29. **Shall**. The term "shall" indicates mandatory requirement(s).

30. **Should**. The term "should" indicates recommendation(s).

31. **Termination of Pregnancy**. Abortion procedures after the first trimester shall only be performed at a Level I abortion facility or an ambulatory surgical facility or hospital licensed to perform that service.

SOURCE: Miss. Code Ann. §41-75-138

Subchapter 2 TYPE OF LICENSE

Rule 44.2.1 **Regular License**. A license shall be issued to each abortion facility that meets the requirements as set forth in these regulations. In addition, no abortion facility may be licensed until it shows conformance to the regulations establishing minimum standards for prevention and detection of fire, as well as, for protection of life and property against fire. Compliance with the N.F.P.A. Life Safety Code 101 for doctors' office and clinics shall be required.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.2.2 **Provisional License**. Within its discretion, the Mississippi Department of Health may issue a provisional license when a temporary condition of noncompliance with these regulations exists in one or more particulars. A provisional license shall be issued only if the Mississippi Department of Health is satisfied that preparations are being made to qualify for a regular license and that the health and safety of patients will not be endangered meanwhile.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.2.3 **Level I Abortion Facility**. Level I abortion facilities shall be required to meet minimum standards for abortion facilities and The Minimum Standards of Operation For Ambulatory Surgical Facilities as established by this agency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.2.4 **Level II Abortion Facility**. Level II abortion facilities shall be required to meet minimum standards for abortion facilities as established by this agency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.2.5 The following shall be codified as Section **41-75-16**, Mississippi Code of 1972: **41-75-16**. Any abortion facility which is in operation at the time of promulgation of any applicable rules or regulations or minimum standards under this chapter shall be given a reasonable time, under the particular circumstances not to exceed six (6) months from the date such are duly adopted, within which to comply with such rules and regulations and minimal standards.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 3 LICENSING

Rule 44.3.1 **Application and Annual Report**. Application for a license or renewal of a license shall be made in writing to the Mississippi Department of Health on forms provided by the Department which shall contain such information as the Mississippi Department of Health may require. The application shall require reasonable, affirmative evidence of ability to comply with these rules, regulations, and minimum standards.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.3.2 **Fee**. In accordance with Section 41-7-209 Mississippi Code of 1972, as amended, each application for initial licensure shall be accompanied by a fee as set by the Mississippi State Board of Health, made payable to the Mississippi Department of Health, either by business check, money order, or electronic means. The fee shall not be refundable after a license has been issued.

SOURCE: *Miss. Code Ann.* § 41-75-13

Rule 44.3.3 **Renewal**. A license, unless suspended or revoked, shall be renewable annually upon payment of a renewal fee as set by the board which shall be paid to the Mississippi Department of Health, either by business check, money order, or electronic means, and upon filing by the licensee and approval by the Mississippi Department of Health of an annual report upon such uniform dates and containing such information in such form as the licensing agency requires. Each license shall be issued only for the premises and person or persons named in the application and shall not be transferable or assignable. Licenses shall be posted in a conspicuous place on the licensed premises. The fee shall not be refundable.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.3.4 **Name**. Every abortion facility designated by a permanent and distinctive name which shall be used in applying for a license and shall not be changes 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 by which the abortion facility is licensed shall be used in telephone listings, on stationery, in advertising, etc. Two or more abortion facilities shall not be licensed under similar names in the same vicinity. No freestanding abortion facility shall include the word "hospital" in its name.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.3.5 **Issuance of License**. All licenses issued by the Mississippi Department of Health shall set forth the name of the abortion facility, the location, the name of the licensee and the license number.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.3.6 **Separate License**. A separate license shall be required for abortion facilities maintained on separate premises even though under the same management. However, separate licenses are not required for buildings, on the same ground, which are under the same management.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.3.7 **Expiration of License**. Each license shall expire on June 30, following the date of issuance.

SOURCE: Miss. Code Ann. § 41-75-13

Rule 44.3.8 **Denial or Revocation of License: Hearings and Review**. The Mississippi Department of Health after notice and opportunity for a hearing to the applicant or licensee is authorized to deny, suspend, or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. **Section 6; 41-75-26**.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.3.9 **The following shall be codified as Section 41-75-26, Mississippi Code of 1972:**

1. Any person or persons or other entity or entities establishing, managing or operating an abortion facility or conducting the business of an abortion facility without the required license, or which otherwise violate any provision of this chapter regarding abortion facilities or the rules, regulations and standards promulgated in furtherance thereof shall be subject to revocation of the license of the abortion facility or non-licensure of the abortion facility. In addition, any violation of any provision of this chapter regarding abortion facilities or of the rules, regulations and standards promulgated in furtherance thereof by intent, fraud, deceit, unlawful design, willful and/or deliberate misrepresentation, or by careless, negligent or incautious disregard for such statutes or rules, regulations and standards, either by persons acting individually or in concert with others, shall constitute a misdemeanor and shall be punishable by a fine not to exceed One Thousand Dollars ($1,000) for each such offense. Each day of continuing violation shall be considered a separate offense. The venue of persecution of any such violation shall be in any county of the state wherein any such violation, or portion thereof, occurred.

2. The Attorney General, upon certification by the executive director of the licensing agency, shall seek injunctive relief in a court of proper jurisdiction to prevent violations of the provisions of this chapter regarding abortion facilities or the rules, regulations and standards promulgated in furtherance thereof in cases where other administrative penalties and legal sanctions imposed have failed to prevent or cause a discontinuance of any such violation.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 4 RIGHT OF APPEAL

Rule 44.4.1 Provision for hearing and appeal following denial or revocation of license is as follows.

1. **Administrative Decision**. The Mississippi Department of Health 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.

a. 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.

b. 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 applicant or licensee or served personally upon the applicant or licensee.

c. 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 to the Chancery Court in the county in which the facility is located, in the manner prescribed in SB2884, as amended. An additional period of time may be granted at the discretion of the licensing agency.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.4.2 **Penalties**. Any person or persons or other entity or entities establishing managing or operating an abortion facility or conducting the business of an abortion facility without the required license, or which otherwise violate any of the provisions of this act or the Mississippi Department of Health, as amended, or the rules, regulations or standards promulgated in furtherance of any law in which the Mississippi Department of Health has authority therefore shall be subject to the penalties and sanctions of **Section 41-7-209**, Mississippi Code of 1972.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 5 REPORTING REQUIREMENTS

Rule 44.5.1 **Reporting**. Each abortion facility shall report monthly to the Mississippi Department of Health such information as may be required by the department in its rules and regulations for each abortion performed by such facility.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.5.2 **Abortion Complication Reporting** A physician shall file a written report with the State Department of Health regarding each patient who comes under the physician's professional care and requires medical treatment or suffers death that the attending physician has a reasonable basis to believe is a primary, secondary, or tertiary result of an induced abortion. These reports shall be submitted within thirty (30) days of the discharge or death of the patient treated for the complication.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 6 CONSENTS REQUIRED

Rule 44.6.1 **Consents Required.** No abortion shall be performed or induced except with the voluntary and informed consent of the woman upon whom the abortion is to be performed or induced. Except in the case of a medical emergency, consent to an abortion is voluntary and informed if and only if:

1. The woman is told the following by the physician who is to perform or induce the abortion or by the referring physician, orally and in person at least twenty-four (24) hours before the abortion:

   a. The name of the physician who will perform or induce the abortion;

   b. The particular medical risks associated with the particular abortion procedure to be employed including, when medically accurate the risks of infection, hemorrhage and breast cancer and the danger to subsequent pregnancies and infertility;

   c. The probable gestational age of the unborn fetus at the time the abortion is to be performed or induced; and

   d. The medical risks associated with carrying her fetus to term.

2. The woman is informed, by the physician of his agent orally and in person, at least twenty-four (24) hours before the abortion:

   a. That medical assistance benefits may be available for prenatal care, childbirth and neonatal care;

   b. That the father is liable to assist in the support of her child, even in instances which the father has offered to pay for the abortion;

   c. That there are available services provided by public and private agencies which provide pregnancy prevention counseling and medical referrals for obtaining pregnancy prevention medications or devices; and

   d. That she has the right to review the Informed Consent Information & Resources booklet. The physician or his agent shall orally inform the woman that these materials have been provided by the State of Mississippi and that they describe the unborn fetus and list agencies that offer alternatives to abortion. If the woman chooses to view the booklet, copies of them shall be furnished to her. The physician or his agent may disassociate himself or themselves from those materials, and may comment or refrain from comment on them as he chooses. The physician or his agency shall provide the woman with the "Informed Consent Information & Resource Booklet."

3. The woman certifies in writing before the abortion that the information described in paragraphs (a) and (b) above has been furnished to her, and that she has been informed of her opportunity to review the Informed Consent Information and Resource booklet. Before the abortion is performed or induced, the physician who is to perform or induce the abortion receives a copy of the written certification prescribed by this section.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 7 PROCEDURES REQUIRED

Rule 44.7.1 **Procedures Required.**

1. Before the performance of an abortion, as defined in Paragraph 105.01, the physician who is to perform the abortion, or a qualified person assisting the physician, shall:

   a. Perform fetal ultrasound imaging and auscultation of fetal heart tone services on the patient undergoing the abortion;
   b. Offer to provide the patient with an opportunity to view the active ultrasound image of the unborn child and hear the heartbeat of the unborn child if the heartbeat is audible;
   c. Offer to provide the patient with a physical picture of the ultrasound image of the unborn child;
   d. Obtain the patient's signature on a certification form stating that the patient has been given the opportunity to view the active ultrasound image and hear the heartbeat of the unborn child if the heartbeat is audible, and that she has been offered a physical picture of the ultrasound image; and

2. Retain a copy of the signed certification form in the patient's medical record.

3. An ultrasound image must be of a quality consistent with standard medical practice in the community, shall contain the dimensions of the unborn child and shall accurately portray the presence of external members and internal organs, if present or viewable, of the unborn child.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.7.2 Rule 44.7.2 **Procedures Prohibited.** It shall be unlawful for any person to purposely perform or attempt to perform a dismemberment abortion and thereby kill an unborn child unless necessary to prevent serious health risk to the unborn child's mother.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 8 LEVEL II ABORTION FACILITY ADMINISTRATION: GOVERNING AUTHORITY

Rule 44.8.1 Each facility shall be under the ultimate responsibility and control of an identifiable governing body, person, or persons.

1. The facility's governing authority shall adopt bylaws, rules and regulations which shall:
   a. Specify by name the person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the governing authority for holding such individuals responsible.

   b. Provide for at least annual meetings of the governing authority if the governing authority consists of two or more individuals. Minutes shall be maintained of such meetings.

   c. Require policies and procedures which includes provisions for administration and use of the facility, compliance, personnel, quality assurance, procurement of outside services and consultations, patient care policies and services offered.

2. When services such as dietary, laundry or therapy services are purchased from other the governing authority shall be responsible to assure the supplier(s) meets the same local and state standards the facility would have to meet if it were providing those services itself using its own staff.

3. The governing authority shall provide for the selection and appointment of the Medicaid and dental staff and the granting of clinical privileges and shall be responsible for the professional conduct of these persons.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 9 ORGANIZATION AND STAFF

Rule 44.9.1 **Officer or Administrator**.

1. The governing authority shall appoint a qualified person as chief executive officer or administrator of the facility to represent the governing authority and shall define his/her authority and duties in writing. He/she shall be responsible for the management of the facility, implementation of the policies of the governing authority and authorized and empowered to carry out the provisions of these regulations.

2. When there is a planned change in ownership or in the chief executive officer, the governing authority of the facility shall notify the Mississippi Department of Health. The chief executive officer shall be responsible for the preparation of written facility policies and procedures.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 10 PERSONNEL POLICIES AND PROCEDURES

Rule 44.10.1 **Personnel Records**. A record of each employee should be maintained which includes the following to help provide quality assurance in the facility:

1. Application for employment.

2. Written references and/or a record of verbal references.

3. Verification of all training and experience, and licensure, certification, registration, and/or renewals.

4. Initial and subsequent health clearances.

5. Record of orientation to the facility, its policies and procedures and the employee's position.

6. Personnel records shall be confidential. Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.10.2 **Health Examination**. As a minimum, each employee shall have a pre-employment health examination by a physician. The examination is to be repeated annually and more frequently if indicated to ascertain freedom from communicable diseases. The extent of the annual examinations shall be determined by a committee consisting of the medical director, administrator and director of nursing, and documentation of the health examination shall be included in the employee's personnel folder.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 11 MEDICAL STAFF ORGANIZATION

Rule 44.11.1 **Medical Staff**. There shall be a single organized medical staff that has the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as for accounting therefore to the governing authority. The manner in which the medical staff is organized shall be consistent with the facility's documented staff organization bylaws, rules and regulations, and pertain to the setting where the facility is located. The facility must comply with all state and federal laws and regulations, including, but not limited to, provisions of MS. Code Ann. §41-75-1. The medical staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that patients are admitted to the facility only upon the recommendation of a licensed physician and that a licensed physician be responsible for diagnosis and all medical care and treatment. Physicians

performing procedures in the licensed abortion facility must meet the requirements set forth in Rule 44.1.5.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.11.2 **Professional Staff**. Each facility shall have at all times a designated medical director who shall be a physician who shall be responsible for the direction and coordination of all medical aspects of facility programs.

1. There shall be a minimum of one licensed registered nurse per six patients (at any one time) at the clinic when patients are present. During times when procedures are actually being performed, there shall be a physician and a registered nurse present on the premises.

2. All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi.

3. Anesthetic agents shall be administered by an anesthesiologist, a physician, or a certified registered nurse anesthetist under the supervision of a board-qualified or certified anesthesiologist or operating physician, who is actually on the premises. After the administration of an anesthetic, patients shall be constantly attended by a M.D., D.O., R.N., or a L.P.N. supervised directly by a R.N., until reacted and able to summon aid.

4. All employees of the facility providing direct patient care shall be trained in emergency resuscitation at least annually.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 12 PATIENT TRANSFER

Rule 44.12.1 **Transfer Agreement**. The abortion facility shall have a written agreement with one or more physicians for the express purpose of ensuring that patients who have complications will be immediately transferred to the physician's care. The physician who enters the written agreement with the abortion facility shall:

1. Have full admitting privileges with one or more acute general hospitals that shall be located within 30 minutes travel time of the abortion facility.

2. Maintain his or her primary office location within 30 minutes travel time of the abortion facility.

3. Have full credentials to handle complications of abortions with the acute general hospital(s).

4. This transfer agreement is to be kept on site at the abortion facility subject to verification on demand by the Mississippi State Board of Health. The transfer

agreement as well as the parties to the agreement or any information regarding the parties will be kept confidential by the Mississippi State Board of Health.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 13 SAFETY

Rule 44.13.1 **Written Policies and Procedures**.

1. The governing authority shall develop written policies and procedures designed to enhance safety within the facility and on its grounds and minimize hazards to patients, staff, and visitors.

2. The policies and procedures shall include establishment of the following:

   a. Safety rules and practices pertaining to personnel, equipment, gases, liquids, drugs;

   b. Provisions for reporting and the investigation of accidental events regarding patients, visitors and personnel (incidents) and corrective action taken;

   c. Provision for dissemination of safety-related information to employees and users of the facility; and

   d. Provision for syringe and needle storage, handling and disposal.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 14 HOUSEKEEPING

Rule 44.14.1 **Cleaning**. The abortion suite shall be appropriately cleaned in accordance with established written procedures after each operation. Holding rooms shall be maintained in a clean condition.

Adequate housekeeping staff shall be employed to fulfill the above requirement.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 15 LINEN AND LAUNDRY

Rule 44.15.1 **Linen and Laundry Supply**.

1. An adequate supply of clean linen or disposable materials shall be maintained.

2. Provisions for proper laundering of linen and washable goods shall be made. Soiled and clean linen shall be handled and stored separately.

3. Sufficient supply of cloth or disposable towels shall be available so that a fresh towel can be used after each hand washing. Towels shall not be shared.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 16 SANITATION

Rule 44.16.1 **Facility Sanitation**.

1. All parts of the facility, the premises, and equipment shall be kept clean and free of insects, rodents, litter, and rubbish.

2. All garbage and waste shall be collected, stored, and disposed of in a manner designed to prevent the transmission of disease. Containers shall be washed and sanitized before being returned to work areas. Disposable type containers shall not be reused.

3. Disposal of medical waste. "Infectious medical wastes" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following wastes shall be considered to be infectious medical wastes:

   a. Wastes resulting from the care of patients and animals who have Class I and/or II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined in Rules 44.16.2 & 44.16.3.

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

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

   d. Pathological wastes, such as tissues, organs, body parts and body fluids that are removed during surgery and autopsy;

   e. Contaminated carcasses, body parts and bedding of animals that were exposed to pathogens in medical research;

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

   g. Other wastes determined infectious by the generator or so classified by the Department of Health.

h. “Medical Waste” means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.16.2 **Class I Diseases - Immediate Report**:

1. Any suspected outbreak (including food borne outbreaks)

2. Anthrax (in man) Plague Botulism Poliomyelitis Cholera Rabies (human or animal) Dengue Syphilis Diphtheria Trichinosis Encephalitis Tuberculosis (active) Hepatitis A Typhoid HIV infection, including AIDS Yellow Fever Measles Meningitis or other Invasive Disease due to: Any case of rare or exotic Neisseria meningitides communicable disease Hemophilus influenza

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.16.3 **Class II Diseases - Report within one Week**:

1. Actinomycosis

2. Acute Rheumatic Fever

3. Amebiasis

4. Ascariasis

5. Blastomycosis

6. Brucellosis

7. Coccidioidomycosis

8. Congenital Rubella Syndrome

9. Cryptococcoses

10. Gonorrhea

11. Hansen's Disease (Leprosy)

12. Helicobacter (Campylobacter) Infection

13. Hepatitis B

14. Hepatitis non-A, non-B

15. Hepatitis, unspecified

16. Histoplasmosis

17. HookwormHydatidosis

18. Legionellosis

19. Leptospirosis

20. Lyme Borreliosis

21. Malaria

22. Meningitis other than

23. Meningococcal or

24. Hemophilus influenza

25. Mumps

26. Pertussis

27. Poisoning

28. Psittacosis

29. Q Fever

30. Relapsing Fever

31. Reye Syndrome

32. Rocky Mountain Spotted Fever

33. Salmonellosis

34. Shigellosis

35. Taeniasis

36. Tetanus

37. Toxoplasmosis

38. Tularemia

39. Typhus Fever

40. Vibrio Infection other than

41. Cholera

42. Viral Encephalitis in Horses

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.16.4 **Medical Waste Management Plan** All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to the following:

1. Storage and Containment of Infectious Medical Waste and Medical Waste

   a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.

   b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.

   c. Unless approved by the Mississippi Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven (7) days above a temperature of 6º C (38º F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0º C (32º F) for a period of not more than ninety (90) days without specific approval of the Department of Health.

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

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

   f. All sharps shall be contained for disposal in leak proof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.

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

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

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

j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in I.E.

2. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

a. Exposure to hot water at least 180º F for a minimum of 15 seconds.

b. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of 3 minutes:

i. Hypochlorite solution (500-ppm available chlorine).

ii. Phenolic solution (500-ppm active agent).

iii. Iodoform solution (100-ppm available iodine).

iv. Quaternary ammonium solution (400-ppm active agent).

3. Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as non-infectious waste or for other purposes except after being decontaminated by procedures as described in part (j) of this section.

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

b. Once treated and rendered non-infectious, previously defined infectious medical waste shall be classified as medical waste and may be landfilled in an approved landfill.

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

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

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

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

      ii. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121º C (250º F) for one half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually.

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

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

      v. Maintenance of records of procedures specified in (1), (2), (3) and (4) above for period of not less than a year.

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

   d. Recognizable human anatomical remains shall be deposed of by incineration or internment, unless burial at an approved landfilled is specifically authorized by the Mississippi Department of Health.

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

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

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

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

   c. All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 17 PREVENTIVE MAINTENANCE

Rule 44.17.1 **Preventive Maintenance**. A schedule of preventive maintenance shall be developed for all of the surgical equipment in the surgical suite to assure satisfactory operation when needed.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 18 DISASTER PREPAREDNESS

Rule 44.18.1 **Evacuation**.

1. The facility shall have a posted plan for evacuation of patients, staff, and visitors in case of fire or other emergency.

2. Fire drills:

   a. At least one drill shall be held every three months for every employee to familiarize employees with the drill procedure. Reports of the drills shall be maintained with records of attendance.

   b. Upon identification of procedural problems with regard to the drills, records shall show that corrective action has been taken.

   c. There shall be an ongoing training program for all personnel concerning aspects of fire safety and the disaster plan.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 19 MEDICAL RECORD SERVICES

Rule 44.19.1 **Medical Record System**. A medical record is maintained in accordance with accepted professional principles for every patient admitted and treated in the facility.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.19.2 **Facilities**. A room or area shall be designated within the facility for medical records.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.19.3 **Ownership**. Medical records shall be the property of the facility and shall not be removed except by subpoena or court order. These records shall be protected against loss, destruction and unauthorized use.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.19.4 **Preservation of Records**. Each patient's medical record shall include at least the following information:

1. Patient identification, including the patient's full name, sex, address, date of birth, next of kin, and patient number.

2. Admitting diagnosis.

3. Preoperative history and physical examination pertaining to the procedure to be performed.

4. Anesthesia reports.

5. Procedure report.

6. Pertinent laboratory and pathology reports as indicated and tests for RH Negative factor. A pregnancy test or pathological exam of tissue shall be recorded to verify pregnancy.

7. Preoperative and postoperative orders.

8. Discharge note and discharge diagnosis.

9. Informed consent.

10. Nurses' notes:

    a. Admission and preoperative.

    b. Recovery and discharge.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.19.5 **Completion of Medical Records**. All medical records shall be completed promptly. Indexes. All medical records should be properly indexed.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 20 LEVEL II ABORTION FACILITY PATIENT CARE : NURSING SERVICE

Rule 44.20.1 **Nursing Staff**. The abortion facility shall maintain an organized nursing staff to provide high quality nursing care for the needs of the patients and be responsible to the ambulatory surgical facility for the professional performance of its members. The abortion facility nursing service shall be under the direction of a legally and professionally qualified registered nurse. There shall be a sufficient number of duly licensed nurses on duty at all times to plan, and provide nursing care for the patient.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.20.2 **The Nursing Supervisor**. The nursing supervisor shall be a currently licensed Registered Professional Nurse.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.20.3 **Staffing Pattern**. The staffing pattern shall provide for sufficient nursing personnel and for adequate supervision and direction by a registered nurse(s) consistent with the size and complexity of the abortion facility.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.20.4 **Nursing Care**. A registered nurse must plan, supervise, and evaluate the nursing care of each patient from admission to discharge.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.20.5 **Licensed Practical Nurse**. Licensed practical nurses, who are currently licensed to practice within the state, as well as other ancillary nursing personnel, may be used to give nursing care that does not require the skill and judgment of a registered nurse. Their performance shall be supervised by one or more registered nurses.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.20.6 **Policies and Procedures**. Written nursing care and administrative policies and procedures shall be developed to provide the nursing staff with acceptable methods of meeting its responsibilities and achieving projected goals through realistic, attainable goals.

1. In planning, decision-making, and formulation of policies that affect the operation of nursing service, the nursing care of patients, or the patient's environment, the recommendations of representatives of nursing service shall be considered.

2. Nursing care policies and procedures shall be consistent with professionally recognized standards of nursing practice and shall be in accordance with Nurse Practice Act of the State of Mississippi and the Association of PeriOperative Registered Nurses (AORN) Standards of Practice.

3. Policies shall include statements relating to at least the following:

   a. Noting diagnostic and therapeutic orders.

   b. Assignment of preoperative and postoperative care of patients.

   c. Administration of medications.

   d. Charting of nursing personnel.

   e. Infection control.

   f. Patient and personnel safety.

4. Written copies of the procedure manual shall be available to the nursing staff in every nursing care unit and service area and to other services and departments in the ambulatory surgical facility.

5. The abortion facility nursing policies and procedures shall be developed, periodically reviewed, and revised as necessary.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 21 SURGERY

Rule 44.21.1 **Policies and Procedures**. The abortion facility shall have effective policies and procedures regarding surgical privileges, maintenance of the operating rooms and evaluation of the clinic patient.

1. The abortion room register shall be complete and up-to-date.

2. There shall be a minor history and physical work-up in the chart of every patient prior to surgery plus documentation of a properly executed informed patient consent (by law).

3. There shall be adequate provision for immediate postoperative care.

4. An operative report describing techniques and findings shall be written or dictated immediately following surgery and signed by the surgeon.

5. A procedure shall exist in establishing a program for identifying and preventing infections, maintaining a sanitary environment, and reporting results to appropriate authorities. The operating surgeon shall be required to report back to the facility an infection for infection control follow-up.

6. The abortion rooms shall be supervised by an experienced registered professional nurse.

7. The following equipment shall be available to the abortion suite: emergency call system, oxygen, assistance equipment, including airways and manual breathing bag, sonography, emergency drugs and supplies specified by the medical staff. Personnel trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available whenever there is a patient in the abortion facility.

8. Appropriate surgical attire will be worn in the abortion room.

9. Rules and regulations or policies related to the abortion room shall be available for abortion facility personnel and physicians.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 22 ANESTHESIA

Rule 44.22.1 **Policies and Procedures**. The clinic shall have effective policies and procedures regarding staff privileges, the administration of anesthetics, and the maintenance of strict safety control.

1. A preoperative evaluation of the patient within 24 hours of surgery shall be done by a physician to determine the risk or anesthesia and of the procedure to be performed.

2. Before discharge from the abortion facility, each patient shall be evaluated by the physician for proper anesthesia recovery and discharged in the company of a responsible adult unless otherwise specified by the physician.

3. Anesthetic agents shall be administered by only a physician qualified to administer anesthetic agents or a Certified Registered Nurse Anesthetist (CRNA).

4. The operating physician shall be responsible for all anesthetic agents administered in the abortion facility.

5. The professional staff shall assume the responsibility of establishing general policies and supervising the administration of anesthetic agents.

6. Safety precautions shall be in accordance with N.F.P.A. Bulletin 56-A, 1981.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 23 SANITARY ENVIRONMENT

Rule 44.23.1 **Environment**. The abortion facility shall provide a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.

1. An infection committee, or comparable arrangement, composed of physician, Registered Nurse and Administrator, shall be established and shall be responsible for investigating, controlling, and preventing infections in the abortion facility.

2. There shall be written procedures to govern the use of aseptic techniques and procedures in all areas of the abortion facility.

3. Continuing education shall be provided to all abortion facility personnel on causes, effects, transmission, prevention, and elimination of infection on an annual basis.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 24 CENTRAL STERILE SUPPLY

Rule 44.24.1 **Sterilization**. Policies and procedures shall be maintained for method of control used in relation to the sterilization of supplies and water and a written policy requiring sterile supplies to be reprocessed at specific time periods.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 25 PHARMACEUTICAL SERVICES

Rule 44.25.1 **Administering Drugs and Medicines**. Drugs and medicines shall not be administered to patients unless ordered by a physician duly licensed to prescribe drugs. Such orders shall be in writing and signed personally by the physician who prescribes the drug or medicine.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.25.2 **Medicine Storage**. Medicines and drugs maintained on the nursing unit for daily administration shall be properly stored and safeguarded in enclosures of sufficient size, and which are not accessible to unauthorized persons. Only authorized personnel shall have access to storage enclosures.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.25.3 **Safety**. Pharmacies and drug rooms shall be provided with safeguards to prevent entrance of unauthorized persons, including bars on accessible windows and locks on doors. Controlled drugs shall be stored in a securely constructed room or cabinet, in accordance with applicable federal and state laws.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.25.4 **Narcotic Permit**. An in-house pharmacy shall procure a state controlled drug permit if a stock of controlled drugs is to be maintained. The permit shall be displayed in a prominent location.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.25.5 **Records**. Records shall be kept of all stock supplies of controlled substances giving an accounting of all items received and/or administered.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.25.6 **Medication Orders**. All oral or telephone orders for medications shall be received by a registered nurse, a physician or registered pharmacist and shall be reduced to writing on the physician's order record reflecting the prescribing physician and the name and title of the person who wrote the order. Telephone or oral orders shall be signed by the prescribing physician within 48 hours. The use of standing orders will be according to written policy.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 26 CONTROLLED SUBSTANCES: ANESTHETIZING AREAS:

Rule 44.26.1 **Dispensing Controlled Substances**. All controlled substances shall be dispensed to the responsible person (nursing supervisor), designated to handle controlled substances in the abortion room by a registered pharmacist in the abortion facility. When the controlled substance is dispensed, the following information shall be recorded into the Controlled Substance (proof-of-use) Record.

1. Signature of pharmacist dispensing the controlled substance.
2. Signature of designated licensed person receiving the controlled substance.
3. The date and time controlled substance is dispensed.
4. The name, the strength, and quantity of controlled substance dispensed.
5. The serial number assigned to that particular record, which corresponds to same number recorded in the pharmacy's dispensing record.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.26.2 **Security/Storage of Controlled Substances**. When not in use, all controlled substances shall be maintained in a securely locked, substantially constructed cabinet or area. All controlled substance storage cabinets shall be permanently affixed. Controlled substances removed from the controlled substance cabinet shall not be left unattended.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.26.3 **Controlled Substance Administration Accountability**. The administration of all controlled substances to patients shall be carefully recorded into the anesthesia record. The following information shall be transferred from the anesthesia record to the controlled substance record by the administering practitioner during the shift in which the controlled substance was administered.

1. The patient's name.
2. The name of the controlled substance and the dosage administered.
3. The date and time the controlled substance is administered.
4. The signature of the practitioner administering the controlled substance.
5. The wastage of any controlled substance.
6. The balance of controlled substances remaining after the administration of any quantity of the controlled substance.
7. Day-ending or shift-ending verification of count of balances of controlled substances remaining, and controlled substances administered shall be accomplished by two (2) designated licensed persons whose signatures shall be affixed to a permanent record.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 27 LABORATORY SERVICES

Rule 44.27.1 **Laboratory Services**. The facility may either provide a clinical laboratory or make contractual arrangements with an approved outside laboratory to perform services commensurate with the needs of the facility.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.27.2 **Qualifications of Outside Laboratory**. An approved outside laboratory may be defined as a freestanding independent laboratory or a hospital-based laboratory which in either case has been appropriately certified or meets equivalent standards as a provider under the prevailing regulations of 42 CFR Part 493, Clinical Laboratory Improvement Amendment, 1988.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.27.3 **Agreements**. Such contractual arrangements shall be deemed as meeting the requirements of this section so long as those arrangements contain written policies, procedures and individual chart documentation to disclose that the policies of the facility are met and the needs of the patients are being provided. Written original reports shall be a part of the patient's chart.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.27.4 **In-House Laboratories**.

1. In-house laboratories shall be well organized and properly supervised by qualified personnel.

2. The laboratory will be of sufficient size and adequately equipped to perform the necessary services of the facility.

3. Provisions shall be made for preventive maintenance and an acceptable quality control program covering all types of analyses performed by the laboratory. Documentation will be maintained.

4. Written policies and procedures shall be developed and approved for all services provided by the laboratory.

5. When tissue removed in surgery is examined by a pathologist, either macroscopically or microscopically, as determined by the treating physician and the pathologist, the pathology report shall be made a part of the patient's record.

6. Arrangements shall be made for immediate pathological examinations, when appropriate.

7. The laboratory must provide pathologists' services, as necessary.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 28 LEVEL II ABORTION FACILITY ENVIRONMENT : PATIENT AREAS

Rule 44.28.1 **Treatment Facilities**.

1. **Examination Room(s)**. Rooms for examination shall have a minimum floor area of 80 square feet, excluding vestibules, toilets, and closets. Room arrangement should permit at least 2 feet 8 inches clearance at each side and at the foot of the examination table. A hand-washing fixture shall be provided.

2. **Procedure Room**. Procedure rooms shall have a minimum floor area of 120 square feet, excluding vestibule, toilet, and closets. The minimum room

dimension shall be 10 feet. A scrub sink with knee, elbow, wrist, or foot control, soap dispenser, and single service towel dispenser will be available. All finishes shall be capable of repeated cleaning.

3. **Recovery Room**. One or more recovery rooms containing sufficient beds for recovering patient shall be provided. Reclining type vinyl upholstered chairs may be substituted in lieu of beds. Direct visual observation of the patients shall be possible from a central vantage point, yet patients shall have a reasonable amount of privacy.

4. **Clean Workroom**. A clean workroom shall be provided sufficient in size to process and store clean and sterile supply material and equipment, and must contain a work counter and sink. A system for sterilizing equipment shall be provided. Sterilizing procedures may be done on or off site, or disposables may be used to satisfy functional needs.

5. **Soiled Workroom**. A separate soiled workroom is not required; however, facilities shall be provided for closed clean storage which prevents contamination by soiled materials and for storage and handling of soiled linens and other soiled materials.

6. **Toilets**. At least one toilet and lavatory with soap dispenser and towel dispenser shall be provided in the recovery room area. Recovering patients shall have easy access to toilet facilities. Toilet facilities shall be provided at no less than one water closet and lavatory per ten recovery beds.

7. **Housekeeping Room**. At least one housekeeping room or closet shall be provided. It shall contain a service sink and storage for housekeeping supplies and equipment.

8. **The examination room, procedure room, and recovery room** may be combined, provided that the combined room meets the requirements of Paragraphs 1, 2 and 3.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 29 General Service Facilities

Rule 44.29.1 **Admission Office**. There shall be a room designated as the admission office where patients may discuss personal matters in private. The admission office may be combined with the business office and medical record room if privacy can be maintained when confidential matters are being discussed. This space shall be separated from the treatment area by walls and partitions.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.29.2 **Waiting Room**. A waiting room in the administrative section shall be provided with sufficient seating for the maximum number of persons that may be waiting at

any time. Public toilets/public telephones and drinking fountains, accessible to individuals with disabilities shall be available.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 30 Plan And Specifications

Rule 44.30.1 **New Construction, Additions, and Major Alterations**. When construction is contemplated, either for new buildings, conversions, additions, or major alterations to existing buildings, or portions of buildings coming within the scope of these rules, plans and specifications shall be submitted for review and approval to the Mississippi Department of Health.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.30.2 **Minor Alterations and Remodeling**. Minor alterations and remodeling which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the surgical facility is licensed need not be submitted for approval.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.30.3 **Water Supply, Plumbing, and Drainage**. 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 submitted to the Mississippi Department of Health for review and approval.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.30.4 **First Stage Submission - Preliminary Plans**.

1. First stage or preliminary plans shall include the following:

   a. Plot plans showing size and shape of entire site, location of proposed building and any existing structures, adjacent streets, highways, sidewalks, railroad, etc., all properly designated; size, characteristics, and location of all existing public utilities.

   b. Floor plans showing overall dimensions of buildings; location, size and purpose of all rooms; location and size of all doors, windows, and other openings with swing of doors properly indicated; and location of stairs, elevators, dumbwaiters, vertical shafts, and chimneys.

   c. Outline specifications listing the kind and type of materials.

2. Approval of preliminary plans and specifications shall be obtained from the Mississippi Department of Health prior to starting final working drawings and specifications.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.30.5 **Final Stage Submission - Working Drawings and Specifications**.

1. Final stage or working drawings and specifications shall include the following:

   a. Architectural drawings.

   b. Structural drawings.

   c. Mechanical drawings to include plumbing, heating, and air conditioning.

   d. Electrical drawings.

   e. Detailed specifications.

2. Approval of working drawings and specifications shall be obtained from the Mississippi Department of Health prior to beginning actual construction.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.30.6 **Preparation of Plans and Specifications**. The preparation of drawings and specifications shall be executed by or be under the immediate supervision of an architect registered in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.30.7 **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 Mississippi Department of Health prior to beginning work set forth in any contract modification.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.30.8 **Inspections**. The Mississippi Department of Health and its authorized representative shall have access to the work for inspection whenever it is in preparation or progress.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 31 GENERAL

Rule 44.31.1 **Location**. The abortion facility shall be located in an attractive setting with sufficient parking space provided, with provisions for meeting the needs of the individuals with disabilities. The facility shall be located within 30 minutes

travel time from a hospital which has an emergency room and shall not be located within one thousand five hundred (1,500) feet from the property on which any church, school or kindergarten is located. Site approval by the licensing agency must be secured before construction begins.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.2 **Local Restriction**. The abortion facility shall comply with local zoning, building, and fire ordinances. In additional, ambulatory surgical facilities shall comply with all applicable state and federal laws.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.3 **Structural Soundness**. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.4 **Fire Extinguisher**. An all purpose fire extinguisher shall be provided at each exit and special hazard areas, and located so a person would not have to travel more than 75 feet to reach an extinguisher.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.5 **Fire extinguishers** shall be of a type approved by the local fire department or State Fire Marshall and shall be inspected at least annually. An attached tag shall bear the initials or name of the inspector and the date inspected.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.6 **Ventilation**. The building shall be properly ventilated at all times with a comfortable temperature maintained.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.7 **Garbage Disposal**. Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, containerization, removal, or by a combination of these techniques. Infectious waste materials shall be rendered noninfectious on the premises by appropriate measures.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.8 **Elevators**. Multi-story facilities shall be equipped with at least one automatic elevator of a size sufficient to carry a patient on a stretcher.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.9 **Multi-Story Building**. All multi-story facilities shall be of fire resistive construction in accordance with N.F.P.A. 220, Standards Types of Building Construction. If the facility is part of a series of buildings, it shall be separated by firewalls.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.10 **Doors**. Minimum width of all doors shall be 3 feet.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.11 **Corridors**. Minimum public corridor with shall be 5 feet. Work corridors less than 6 feet in length may be 4 feet wide. Source:

SOURCE: Miss. Code Ann. § 41-75-13

Rule 44.31.12 **Occupancy**. No part of an abortion facility may be rented, leased, or used for any commercial purpose, or for any purpose not necessary or in conjunction with the operation of the facility. Food and drink machines may be maintained or a diet kitchen provided.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.13 **Lighting**. All areas of the facility shall have sufficient artificial lighting to prevent accidents and provide proper illumination for all services.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.14 **Emergency Lighting**. Emergency lighting systems shall be provided to adequately light corridors, operating rooms, exit signs, stairways, and lights on each exit sign at each exit in case of electrical power failure.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.15 **Exits**. Each floor of a facility shall have two or more exit ways remote from each other, leading directly to the outside or to a two-hour fire resistive passage to the outside. Exits shall be so located that the maximum distance from any point in a floor area, room, or space to an exit doorway shall not exceed 100 feet except that when a sprinkler system is installed the distance of travel shall not exceed 150 feet.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.16 **Exit Doors**. Exit doors shall be a minimum of 3 feet wide, shall swing in the direction of egress, and shall not obstruct the travel along any required fire exit.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.17 **Exit Signs**. Exits shall be equipped with approved illuminated signs bearing the word "Exit" in letters at least 42 inches high. Exit signs shall be placed in corridors and passageways to indicate the direction of exit.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.18 **Interior Finish and Decorative Materials**. All combustible decorative and acoustical material to include wall paneling shall be as follows:

1. Materials on wall and ceiling in corridors and rooms occupied by four or more persons shall carry a flame spread rating of 25 or less and a smoke density rating of 450 or less in accordance with ASTM E-84.

2. Rooms occupied by less than four persons shall have a flame spread rating of 75 or less and a smoke density rating of 450 or less in accordance with ASTM E-84.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.19 **Floors**. All floors in abortion suite and holding areas shall be smooth resilient tile and be free from cracks and finished so that they can be easily cleaned. All other floors shall be covered with hard tile resilient tile or carpet or the equivalent. Carpeting is prohibited as floor covering in abortion and holding areas.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.20 **Carpet**. Carpet assemblies (carpet and/or carpet and pad) shall carry a flame spread rating of 75 or less and smoke density rating of 450 or less in accordance with ASTM E-84, or shall conform with paragraph 6-5, N.F.P.A. 101, Life Safety Code, 1981.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.21 **Curtains**. All draperies and cubicle curtains shall be rendered and maintained flame retardant.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.22 **Facilities for Individuals with Disabilities**. The facility shall be accessible to individuals with disabilities and shall comply with A.N.S.I. 117.1, "Making Buildings and Facilities Accessible and Usable by Individuals with Disabilities."

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.23 **Smoke Free Environment**. NO SMOKING of tobacco products will be allowed within the abortion facility.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.24 **Ceiling**. The minimum ceiling height shall be 7 feet 8 inches.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.25 **Facilities for Individuals with Disabilities**. The facility shall comply with the Americans with Disabilities Act Accessibility Guidelines.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.26 **Wheelchair Storage**. The facility shall provide space for the storage of wheelchairs and such storage space shall be out of the direct line of traffic.

SOURCE: Miss. Code Ann. §41-75-13

Rule 44.31.27 **Disaster Preparedness Plan**

1. The facility shall maintain a written disaster preparedness plan that includes procedures to be followed in the event of fire, train derailment, explosions, severe weather, and other possible disasters as appropriate for the specific geographic location. The plan shall include:

   a. Written evidence that the plan has been reviewed and coordinated with the licensing agency's local emergency response coordinator and the local emergency manager;

   b. Description of the facility's chain of command during emergency management, including 24-hour contact information and the facility's primary mode of emergency communication system;

   c. Written and signed agreements that describe how essential goods and services, such as water, electricity, fuel for generators, laundry, medications, medical equipment, and supplies, will be provided;

   d. Shelter or relocation arrangements, including transportation arrangements, in the event of evacuation; and

   e. Description of recovery, i.e., return of operations following an emergency.

2. The disaster preparedness plan shall be reviewed with new employees during orientation and at least annually.

3. Fire drills shall be conducted quarterly. Disaster drills shall be conducted at least annually.

SOURCE: Miss. Code Ann. §41-75-13

Subchapter 32 LEVEL II ABORTION FACILITY LICENSING AGENCY CONDITIONS

Rule 44.32.2 Conditions which have not been covered in the standards shall be enforced in accordance with the best practices as interpreted by the licensing agency. The licensing agency reserves the right to:

1. Review the payroll records of each abortion facility for the purpose of verifying staffing patterns.

2. Grant variances as it deems necessary for facilities existing prior to July 1, 1997.

3. Information obtained by the licensing agency through filed reports, inspection or as otherwise authorized, shall not be disclosed publicly in such a manner as to identify individuals or institutions, except in proceedings involving the questions of licensure. In proceedings involving questions of licensure, confidentiality of patient identifying information shall be maintained through redaction of any identifying information from records and the use of AJohn Doe@ or AJane Doe, @ etc., in the proceeding, the use of protective orders or placing appropriate parts of the file or any transcript of the proceeding under seal, or all of the above as may be appropriate, unless a written consent in waiver of confidentiality is executed.

4. The licensing agency shall reserve the right to review any and all records and reports of any abortion facility, as deemed necessary to determine compliance with these minimum standards of operation.

SOURCE: Miss. Code Ann. §41-75-13

CHAPTER 45 MINIMUM STANDARDS FOR INSTITUTIONS FOR THE AGED OR INFIRM

Subchapter 1 GENERAL NURSING HOMES: LEGAL AUTHORITY

Rule 45.1.1 **Adoption of Rules, Regulations, and Minimum Standards**. By virtue of authority vested in it by Mississippi Code Annotated §43-11-1 through §43-11-17, or as otherwise amended, the Mississippi State Department of Health (otherwise known as the licensing agency), does hereby adopt and promulgate the following Rules, Regulations, and Minimum Standards for Institutions for the Aged or Infirm (hereinafter referred to as facility/ies). Upon adoption of these Rules, Regulations, and Minimum Standards for Institutions for the Aged or Infirm, any former rules, regulations and minimum standards, in conflict therewith, previously adopted by the licensing agency are hereby repealed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.1.2 **Codes and Ordinances**. Every facility located inside the boundaries of a municipality shall comply with all local municipal codes and ordinances applicable thereto. In addition, each facility shall comply with all applicable state and federal laws.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.1.3 **Fire Safety**. No facility may be licensed until it shows conformance to the safety regulations providing minimum standards for prevention and detection of fire as well as for protection of life and property against fire.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.1.4 **Duty to Report**. All fires, explosions, natural disasters as well as avoidable deaths or avoidable, serious, or life-threatening injuries to residents 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 facility 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 facility, and attached thereto shall be all police, fire, or other official reports.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 2 Definitions

Rule 45.2.1 **Administrator**. The term "administrator" shall mean a person who is delegated the responsibility for the interpretation, implementation, and proper application of policies and programs established by the governing authority and are delegated responsibility for the establishment of safe and effective administrative management, control, and operation of the services provided. The administrator may be titled manager, superintendent, director, or otherwise. The administrator shall be duly licensed by the Mississippi State Board of Nursing Home Administrators.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.2 **Bed Capacity**. The term "bed capacity" shall mean the largest number which can be installed or set up in a facility at any given time for use of residents, as printed on the certificate of licensure. The bed capacity shall be based upon space designed and/or specifically intended for such use whether or not the beds are actually installed or set up.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.3 **Bed Count**. The term "bed count" shall mean the number of beds that are actually installed or set up for residents in a facility at a given time.

SOURCE: Miss. Code Ann. §43-11-1

Rule 45.2.4 **Change of Ownership**. The term "change of ownership" includes, but is not limited to, intervivos gifts, purchases, transfers, leases, cash and/or stock transactions or other comparable arrangements whenever the person or entity acquires a majority interest (Fifty percent [50%] or more) of the facility or services. Changes of ownership from partnerships, single proprietorships or corporations to another form of ownership are specifically included. Provided, however, "Change of Ownership" shall not include inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.5 **Criminal History Record Checks**.

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

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

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

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

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

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

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

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.6 **Day Shift**. The term "day shift" shall mean a minimum eight (8) hour period between 6:00 a.m. and 6:00 p.m.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.7 **Dentist**. The term "dentist" shall mean a person currently licensed to practice dentistry in Mississippi by the State Board of Dental Examiners.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.8 **Dietitian**. The term "dietitian" shall mean a person who is licensed as a dietitian in the State of Mississippi, or a Registered Dietitian exempted from licensure by statute.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.9 **Existing Facility**. The term "existing facility" shall mean a facility that has obtained licensure prior to the adoption of these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.10 **Governing Authority**. The term "governing authority" shall mean owner(s), Board of Governors, Board of Trustees, or any other comparable body duly organized and constituted for the purpose of owning, acquiring, constructing, equipping, operating and/or maintaining a facility, and exercising control over the internal affairs of said facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.11 **Infectious Medical Waste**. The term "infectious medical waste" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this regulation, the following wastes shall be considered to be infectious medical wastes:

1. Wastes resulting from the care of residents and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi State Department of Health;

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.12 **Institutions for the Aged or Infirm (Facility/ies)**. The term "institution for the aged or infirm" (hereinafter referred to as facility or facilities) shall mean a place either governmental or private which provides group living arrangements for four (4) or more persons who are unrelated to the operator and who are being provided food, shelter, and personal care whether any such place be organized or operated for profit or not. The term "institution for the aged or infirm" includes nursing homes, pediatric skilled nursing facilities, psychiatric residential treatment facilities, convalescent homes and homes for the aged, provided that these institutions fall within the scope of the definition set forth above. The term “institutions for the aged or infirm" does not include hospitals, clinics, or mental institutions devoted primarily to providing medical service.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.13 **License**. The term "license" shall mean the document issued by the licensing agency and signed by the State Health Officer of the Mississippi State Department of Health. Licensure shall constitute authority to receive residents and perform the services included within the scope of these rules, regulations, and minimum standards.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.14 **Licensed Facility Representative**: For the purposes of regulations governing informal dispute resolutions, the term "licensed facility representative" shall mean an employee of the licensed facility (i.e., including, but not limited to, administrator, assistant administrator, director of nursing, director of social services, and others), as designated by the administrator of the licensed facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.15 **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. §43-11-13

Rule 45.2.16 **Licensee**. The term "licensee" shall mean the person to which the license is issued and upon whom rests the responsibility for the operation of the institution in compliance with these rules, regulations, and minimum standards.

Rule 45.2.17 **IGRA(s) (Interferon-Gamma Release Assay(s).** A whole blood test used in to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.18 **Licensing Agency**. The term "licensing agency" shall mean the Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.19 **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.20 **Medical Waste**. The term "medical waste" means all waste generated in direct resident care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.21 **New Facility**. The term "new facility" shall mean a facility that applies for licensure after the adoption of these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.22 **Nurse Practitioner/Physician Assistant**. The term “nurse practitioner” shall mean a person who is currently licensed by the Mississippi Board of Nursing as a nurse practitioner. The term “physician assistant” shall mean a physician assistant who is currently licensed as such by the Mississippi Board of Medical Licensure.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.23 **Nursing Facility**. The term "nursing facility" shall mean a facility in which nursing care is under the supervision of a registered nurse. Either a registered nurse or a licensed practical nurse shall be on active duty at all times.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.24 **Nursing Unit**. The maximum nursing unit shall be sixty (60) beds.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.25 **Patient**. The term "patient" shall mean any person admitted to a facility for care.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.26 **Person**. The term "person" shall mean any individual, firm, partnership, corporation, company, association, or joint stock association, or any licensee herein or the legal successor thereof.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.27 **Personal Care**. The term “personal care” shall mean assistance rendered by personnel of the facility for residents in performing one or more of the activities of daily living which includes, but is not limited to, the bathing, walking, excretory functions, feeding, personal grooming, and dressing of such residents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.28 **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. §43-11-13

Rule 45.2.29 **Physician**. The term "physician" shall mean any person currently licensed in Mississippi by the Mississippi State Board of Medical Licensure.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.30 **Qualified Dietary Manager**.

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.31 **Registered Nurse**. The term "registered nurse" shall mean a person who is currently licensed by the Nurses' Board of Examination and Registration of Mississippi Board of Nursing as a registered nurse.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.32 **Resident**. The term "resident" is synonymous with patient.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.33 **Restraint.** The term "restraint" shall include any means, physical or chemical, which is intentionally used to restrict the freedom of movement of a person.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.34 **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 institutions for the aged and infirm.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.35 **Significant Tuberculin Skin Test**. An induration of five (5) millimeters or greater is significant (or positive) in the following:

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

2. Close contacts of a person with infectious tuberculosis.

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.36 **Two-step Testing**. A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.2.37 **Ventilator Dependent Patient.** A patient who is dependent upon mechanical life support because of inability to breathe effectively. A ventilator is used when the patient cannot breathe well enough to maintain normal levels of oxygen and carbon dioxide in the blood.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 3 INSPECTION

Rule 45.3.1 **Inspections Required**. Each facility for which a license has been issued shall be inspected by the licensing agency by persons delegated with authority by the licensing agency at such intervals as the licensing agency may direct. The licensing agency and/or its authorized representatives shall have the right to inspect construction work in progress. New institutions shall not be licensed without having first been inspected for compliance with these rules, regulations, and minimum standards.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 4 CLASSIFICATION OF INSTITUTIONS FOR THE AGED OR INFIRM AS NURSING FACILITY: NURSING FACILITY

Rule 45.4.1 **Nursing Facility**. To be classified as a facility, the institution shall comply with the following staffing requirements:

1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio.

2. Each facility shall have the following licensed personnel as a minimum:

   a. Seven (7) day coverage on the day shift by a registered nurse.

   b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility.

   c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse.

   d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse.

   e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse.

   f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse.

g. For facilities providing care to ventilator dependent patients/residents, the facility shall provide, on a twenty-four hour basis, an adequate number of registered nurses and respiratory therapist(s) who are trained and competent to take care of a ventilator dependent patient. Such training and the competency evaluation must be conducted by a respiratory therapist or a pulmonologist and records of said training maintained by the facility.

3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements.

4. There shall be at least two (2) employees in the facility at all times in the event of an emergency.

SOURCE: Miss. Code Ann. §43-11-13

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 5 THE LICENSE

Rule 45.5.1 **License**. A license shall be issued to each facility that meets the requirements as set forth in these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 6 APPLICATION FOR LICENSE

Rule 45.6.1 **Application**. Application for a license or renewal of a license shall be made in writing to the licensing agency on forms provided by the licensing agency which shall contain such information as the licensing agency may require. The application shall require reasonable, affirmative evidence of ability to comply with these rules, regulations, and minimum standards.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.6.2 **Fees**. Each initial and renewal licensure application, unless suspended or revoked, shall be accompanied by a fee as set by the Board, made payable to the Mississippi State Department of Health, either by business check, money order, or electronic means. Renewal of licenses shall occur on an annual basis. Fees are non-refundable.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.6.3 **Name of Institution**. Every facility or infirm shall be designated by a permanent and distinctive name which shall be used in applying for a license and shall not be changed without first notifying the licensing agency in writing and receiving written approval of the change from the licensing agency. Such notice shall specify the name to be discontinued as well as the new name proposed. The words "hospital", "sanatarium", "sanatorium", "clinic" or any other word which would

reflect a different type of facility shall not appear in the title of a facility. Only the official name by which the facility is licensed shall be used in telephone listings, stationery, advertising, etc. Two or more facilities shall not be licensed under a similar name.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.6.4 **Number of Beds**. Each application for license shall specify the maximum number of beds in the facility as determined by Rule 45.19.2 of these regulations. The maximum number of beds for which the facility is licensed shall not be exceeded.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 7 LICENSING

Rule 45.7.1 **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 institution, the type of building, the bed capacity for which the institution is licensed, and the license number.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.7.2 **Separate License**. Separate license shall be required for institutions maintained on separate premises even though under the same management. However, separate license are not required for buildings on the same grounds which are under the same management.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.7.3 **Posting of License**. The license shall be posted in a conspicuous place on the license premises and shall be available for review by an interested person.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.7.4 **License Not Transferable**. The license for a facility is not transferable or assignable to any other person except by written approval of the licensing agency and shall be issued only for the premises named in the application. The license shall be surrendered to the licensing agency on change of ownership, licensee, name or location of the institution, or in the event that the institution ceases to be operated as a facility. In event of change of ownership, licensee, name or location of the facility, a new application shall be filed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.7.5 **Expiration of License**. Each license shall expire on March 31 following the date of issuance.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.7.6 **Renewal of License**. License shall be renewable by the licensee.

1. Filing of an application for renewal of licensee.

2. Submission of appropriate licensure renewal fee as mandated in Rule 45.6.2.

3. Approval of an annual report by the licensing agency.

4. Maintenance by the institution of minimum standards in its physical facility, staff, services and operation as set forth in these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 8 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

Rule 45.8.1 **Denial or Revocation of License**: Hearing and Review. The licensing agency after notice and opportunity for a hearing to the applicant or licensee is authorized to deny, suspend, or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. Also, the following shall be grounds for denial or revocation of license.

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

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

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

4. Conviction of the licensee of a felony.

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

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

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

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

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

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

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

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

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

g. Admission of a resident whose condition demands care beyond the level of care provided by the facility as determined by its classification.

SOURCE: Miss. Code Ann. §43-11-13

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

Rule 45.9.1 **Administrative Decision**. The licensing agency will provide an opportunity for a fair hearing to every applicant or licensee who is dissatisfied with administrative decisions made in the denial or revocation of a license, or who qualifies pursuant to Subchapter 8 to appeal from an adverse determination in an informal dispute resolution proceeding.

1. The licensing agency shall notify the applicant or licensee by certified mail or personal service the particular reasons for the proposed denial or revocation of license, or of the findings in the informal dispute resolution proceeding. 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, denying the application or license, or upholding the findings of the informal dispute resolution proceeding shall become final thirty (30) days after it is so mailed or served upon the applicant or licensee; however in matters involving the revocation, suspension, or denial of an application or license, or an enforcement action, the applicant or licensee may within such thirty (30) day period, appeal the decision to the Chancery Court pursuant to §43-11-23 of the Mississippi Code of 1972, as amended. An additional period of time may be granted at the discretion of the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.9.2 **Penalties**. Any person establishing, conducting, managing, or operating a facility without a license shall be declared in violations of these regulations and Chapter 451 of the Laws of Mississippi of the Regular Legislative Session of 1979 and subject to the penalties specified in §18 thereof.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 10 ADMINISTRATION: THE AUTHORITY FOR ADMINISTRATION FOR INSTITUTION FOR THE AGED OR INFIRM

Rule 45.10.1 **Responsibility**. The governing authority, the owner, or the person(s) designated by the governing authority or the owner shall be the supreme authority in a facility responsible for the management, control, and operation of the institution including the appointment of a qualified staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.10.2 **Organization**. Each facility should establish a written organizational plan, which may be an organizational chart that clearly establishes a line of authority, responsibilities, and relationships. Written personnel policies and job descriptions shall be prepared and given to each employee.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.10.3 **Relationship of staff to Governing Authority**. The administrator, personnel, and all auxiliary organizations shall be directly or indirectly responsible to the governing authority.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 11 THE LICENSEE

Rule 45.11.1 **Responsibility**. The licensee shall be the person who the licensing agency will hold responsible for the operation of the home in compliance with these regulations. The licensee may serve as the administrator or may appoint someone to be the administrator. The licensee shall be responsible for submitting to the licensing agency the plans and specifications for the building, the applications for license, and such reports as are required.

1. **Initial Application**. The licensee shall submit the following with his initial application:

   a. References in regard to this character, temperament, and experience background from three (3) responsible persons not related to him. The licensing agency reserves the right to make investigations from its own source regarding the character of the applicant.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 12 ADMINISTRATOR

Rule 45.12.1 **Responsibility**.

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

2. There shall be a qualified individual present in the facility responsible to the administrator in matters of administration who shall represent him during the absence. The persons shall not be a resident of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.12.2 **Qualifications**. The administrator shall be chosen primarily for his administrative ability to establish proper working relationship with physicians, nurse practitioners, and employees of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 13 FINANCIAL

Rule 45.13.1 **Accounting**. Accounting methods and procedures should be carried out in accordance with a recognized system of good business practice. The method and procedure used should be sufficient to permit annual audit, accurate determination of the cost of operation and the cost per resident per day.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.13.2 **Financial Structure**. All facilities shall have a financial plan which guarantees sufficient resources to meet operating cost at all times and to maintain standards required by these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.13.3 **Admission Agreement**. Prior to or at the time of admission, the administrator and the resident or the resident's responsible party shall execute in writing a financial agreement. This agreement shall be prepared and signed in two or more copies, one copy given to the resident or his sponsor, and one copy placed on file in the license facility.As a minimum this agreement shall contain:

1. Basic charges agreed upon (room, board, laundry, nursing, and/or personal care).

2. Period to be covered in the charges.

3. Services for which special charges are made.

4. Agreement regarding refund for any payments made in advance.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.13.4 No agreement or contract shall be entered into between the licensee and the resident or his responsible party which will relieve the licensee of responsibility for the protection of the person and of the rights of the individual admitted to the facility for care, as set forth in these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.13.5 A record of all sums of money received from each resident shall be kept up-to-date and available for inspection.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.13.6 The resident or his lawful agent shall be furnished a receipt signed by the lawful agent of the institution for all sums paid over to the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.13.7 Neither the licensee or any employee shall misuse or misappropriate any property real or personal, belonging to a resident of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.13.8 Undue influence or coercion shall not be used in procuring a transfer of funds or property or in procuring a contract or agreement providing for payment of funds or delivery of property belonging to a resident of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.13.9 Agreements between a facility and a resident relative to cost of care shall include adequate arrangements for such emergency medical or hospital care as may be required by the resident.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.13.10 No licensee, owner, or administrator of a facility; a member of their family; an employee of the facility; or a person who has financial interest in the home shall act as the legal guardian for a resident of the facility. This requirement shall not apply if the resident is related within the third degree as computed by civil law.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.13.11 **Resident Admission**. Prior to initial licensure of each facility, a written schedule for resident admission shall be developed and submitted to the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 14 EMERGENCY OPERATIONS PLAN (EOP)

Rule 45.14.1 The licensed entity shall develop and maintain a written preparedness plan utilizing the "All Hazards" approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Preparedness and Response, Mississippi State Department of Health, or their designates, for conformance with the "All Hazards Emergency Preparedness and Response Plan." Particular attention shall be given to critical areas of concern which may arise during any "all hazards" emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six (6) critical areas of consideration are:

1. Communications - Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.

2. Resources and Assets

3. Safety and Security

4. Staffing

5. Utilities

6. Clinical Activities.

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.14.2 **Facility 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 for the facility shall be posted in each facility in a conspicuous place and kept current.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 15 PHYSICAL FACILITIES

Rule 45.15.1 **Administration Facilities**. Each facility shall provide an office space and/or administrative office(s).

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

2. Facilities caring for twenty-five (25) or more residents should provide a separate room(s) for these facilities.

3. Each facility should provide a waiting room or space for the public.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.15.2 **Communication Facilities**. Each facility shall have an adequate number of telephones and extensions to summon help in case of fire or other emergency, and these shall be located so as to be quickly accessible from all parts of the building. The telephone shall be listed under the official licensed name of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 16 RECORDS AND REPORTS

Rule 45.16.1 **General**. Each facility shall submit such records and reports as the licensing agency may request.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.16.2 **Annual Report**. An annual report shall be submitted to the licensing agency by each facility upon such uniform dates and shall contain such information in such form as the licensing agency prescribes.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.16.3 **Criminal History Record Checks**. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be preformed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on:

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

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

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

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

   a. possession or sale of drugs

   b. murder

   c. manslaughter

   d. armed robbery

   e. rape

   f. sexual battery

   g. sex offense listed in Section 45-33-23(g), Mississippi Code of 1972

   h. child abuse

   i. arson

   j. grand larceny

k. burglary

l. gratification of lust

m. aggravated assault

n. felonious abuse and/or battery of vulnerable adult

5. Documentation of verification of the employee's disciplinary status, if any, with the employee's professional licensing agency as applicable, and evidence of submission of the employee's fingerprints to the licensing agency must be on file and maintained by the 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, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

6. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (3) above.

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

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

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

demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility.

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.16.4 **Employee Health Screening**. All staff of a facility shall receive a health screening by a licensed physician, registered nurse, or nurse practitioner/physician assistant prior to employment and annually thereafter. The extent of the screening shall be determined by committee consisting of at least a licensed physician, nurse practitioner/physician assistant or a registered nurse, and the facility's administrator.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.16.5 **Testing for Tuberculosis**

1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, 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 facility where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered,/read and assessment for signs and symptoms completed.

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

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 residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.16.6 **Admission Record-Personal Information**. Each facility shall prepare a record on each resident at the time of admission on which the following minimum information shall be recorded: name; date of admittance; address at the time of admittance; race; sex; marital status; religious preference; date of birth; name; address, and telephone number of person responsible for resident and his/her relationship to him/her; and name and telephone number of physician or nurse practitioner/physician assistant. The date and reason for discharge shall be entered upon discharge of a resident.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.16.7 **Reporting of Tuberculosis Testing**. The facility shall report and comply with the annual MSDH TB Program surveillance procedures.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 17 RESIDENTS RIGHTS

Rule 45.17.1 **General**. The facility shall maintain written policies and procedures regarding the rights and responsibilities of residents. These written policies and procedures shall be established in consultation with residents or responsible parties. Written

policies and procedures regarding residents' rights shall be made available to residents or their guardian, next of kin, sponsoring agency or agencies, or lawful representative and to the public. There shall be documented evidence that the staff of the facility is trained and involved in the implementation of these policies and procedures. In-service on residents' rights and responsibilities shall be conducted annually. These rights and responsibilities shall be posted throughout the facility for the benefit of all staff and residents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.17.2 **Residents' Rights**. The residents' rights policies and procedures ensure that each resident admitted to the facility:

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

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

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

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

5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to

facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

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

7. is free from mental and physical abuse;

8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident 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 facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;

9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

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

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

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

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

16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.17.3 All rights and responsibilities specified in paragraph (1) through (16) of Section Rule 45.17.2, as they pertain to (1) a resident adjudicated incompetent in accordance with State law, (2) a resident who is found by his physician or nurse practitioner/physician assistant to be medically incapable of understanding these rights, or (3) a resident who exhibits a communication barrier, devolve to and shall be exercised by the resident's guardian, next of kin, sponsoring agencies, or representative payee (except when the facility is representative payee).

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 18 STAFF DEVELOPMENT

Rule 45.18.1 **Orientation**. Each employee shall receive thorough orientation to the position, the facility, and its policies.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.18.2 **In-service Training**. Appropriate in-service education programs shall be provided to all employees on an on-going basis.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.18.3 **Training Records**. A written record shall be maintained of all orientation and in-service training sessions.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.18.4 **Administrator Mentoring**. Administrators shall be scheduled to spend two (2) concurrent days with the licensing agency for the purpose of training and mentoring. Placement of an administrator with the licensing agency may include, but not be limited to, assignments within the licensing agency's central offices or placement with a survey team. Any costs associated with placements for the purposes of this section shall be borne by the licensed facility at which the administrator is employed. The administrator shall keep confidential and not disclose to any other persons any identifying information about any person or entity that he/she learned while observing operations as required by this section, except as otherwise mandated by law.

1. This section shall apply to administrators who:

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

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

2. This section shall not apply to administrators who:

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

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

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

4. This section shall go into effect January 1, 2002 and thereafter.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.18.5 **Surveyor Mentoring**. Surveyors shall be scheduled to spend two (2) concurrent days with a licensed facility for the purpose of training and mentoring. Selection of a licensed facility for placement of the surveyor shall be done at the discretion of the licensing agency, except no licensed facility shall be required to accept more than two (2) placements in any calendar year. Upon completion of said training, the surveyor shall not participate in a survey of the same licensed facility for a period not to exceed one year from the date of training placement. Any costs associated with the placement of a surveyor for the purposes of this section shall be borne by the licensing agency. The surveyor shall keep confidential and not disclose to any other persons any identifying information about any person or entity that the surveyor learned while observing operations as required by this section, except as otherwise mandated by law.

1. This section shall apply to surveyors who have been employed by the licensing agency in a surveyor capacity for less than six (6) months, during which time the placement must be completed.

2. This section shall not apply to surveyors who were previously employed by a licensed facility.

3. Failure to successfully complete the placement required under this section shall disqualify the surveyor from serving in such capacity for the licensing agency until a placement is completed.

SOURCE: Miss. Code Ann. §43-11-13

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

Rule 45.19.1 **Nursing Unit**. Medical, nursing, and personal service shall be provided in a specifically designated area which shall include bedrooms, special care room(s), nurses' station, utility room, toilet and bathing facilities, linen and storage closets, and wheelchair space. The maximum nursing unit shall be sixty (60) beds.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.19.2 **Bedrooms**.

1. **Location**.

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

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

   c. Resident bedrooms shall be directly accessible from the main corridor of the nursing unit providing that accessibility from any public space other than the dining room will be acceptable. In no case shall a resident bedroom be used for access to another resident bedroom.

   d. All resident bedrooms shall be so located that the resident 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 resident bedroom.

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

3. **Provisions for Privacy**.

   a. Existing Facilities. Cubicle curtains, screening, or other suitable provisions for privacy shall be provided in multi-bed resident bedrooms.

   b. Initial Licensure, New Construction, Additions and Renovations. Cubicle curtains, screening, or other suitable provisions for privacy shall be provided in multi-bed resident bedrooms. Cubicle curtains shall completely enclose the bed from three (3) sides.

4. **Accommodations for Residents**. The minimum accommodations for each resident shall include:

   a. Bed. The resident shall be provided with either an adjustable bed or a regular single bed, according to needs of the resident, with a good grade mattress at least four (4) inches thick. Beds shall be single except in case of special

approval of the licensing agency. Cots and roll-a-way beds are prohibited for resident use. Full and half bed rails shall be available to assist in safe care of residents.

b. Pillows, linens, and necessary coverings.

c. Chair.

d. Bedside cabinet or table.

e. Storage space for clothing, toilet articles, and personal belongings including rod for clothes hanging.

f. Means at bedside for signaling attendants.

g. Bed pans or urinals for residents who need them.

h. Over-bed tables as required.

5. **Bed Maximum**. Bedrooms in new facilities shall be limited to two (2) beds.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.19.3 **Special Care Room**. Each facility shall have a special care room which shall be a single bedroom with at least a private half bath (lavatory and water closet). There shall be a special care room for each thirty (30) beds or major fraction thereof. A special care room shall meet the requirements of Rule 45.20.2(3) and may be located anywhere in the building rather than a certain number per station.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.19.4 **Nurses' Station**.

1. Each facility shall have a nurses' station for each nursing unit. The nurses' station includes as minimum the following:

a. Annunciator board or other equipment for resident's call.

b. The minimum areas of the medicine storage/preparation room shall be seventy-five (75) square feet.

c. Storage space for residents' medical records and nurses' charts.

d. Lavatory or sink with disposable towel dispenser.

e. Desk or counter top space adequate for recording and charting purposes by physicians, nurse practitioners/physician assistants, and nurses.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.19.5 **Utility Room**. Each facility shall provide a separate utility room for soiled and clean resident care equipment, such as bed pans, urinals, etc. The soiled utility room shall contain, as a minimum, the following equipment.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.19.6 **Toilet and Bathing Facilities**.

1. Lavatory, toilet and bathing facilities shall be provided in each nursing unit as follows:

   a. Bathing Facilities 2 per nursing unit

   b. Combination toilet and lavatory 2 per nursing unit

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

3. Handrails shall be provided for all tubs, showers, and commodes.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.19.7 **Other rooms and areas**. In addition to the above facilities, each nursing unit shall include the following rooms and areas:

1. linen closet;

2. wheelchair space.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 20 REQUIREMENTS FOR ADMISSION

Rule 45.20.1 **Physical Examination Required**. Each resident shall be given a complete physical examination 30 days prior to admission and annually thereafter, including a history of tuberculosis exposure and an assessment for signs and symptoms of tuberculosis, by a licensed physician or nurse practitioner/physician assistant. The findings shall be entered as part of the Admission Record. The report of the examination shall include:

1. Orders, dated and signed, by a physician or nurse practitioner/physician assistant for the immediate care of the resident to include medication treatment, activities, and diet.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.20.2 **Tuberculosis (TB).** Admission Requirements to Rule Out Active Tuberculosis (TB)

1. The following are to be performed and documented within 30 days prior to the resident'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 a written interpretation.

2. Admission to the facility shall be based on the results of the required tests as follows:

   a. **Residents with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the "Licensed 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. **Residents with a normal chest x-ray and no signs or symptoms of TB** shall have a baseline IGRA test (blood test) OR a TST performed with the initial step of ~~a~~ the two-step Mantoux TST placed on or within 30 days prior to the

day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).

c. **Residents 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. **Residents 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. **Residents 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 resident 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. Resident has prior documentation of a significant TST/ positive IGRA.

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

iii. Resident is excluded by a physician, nurse practitioner/physician assistant due to medical contraindications.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.20.3 **Transfer to another facility or return of a resident to respite care** shall be based on the above tests (Rule 47.12.3) if done within the past 12 months and the patient has no signs and symptoms of TB.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.20.4 **Transfer to a Hospital or Visit to a Physician Office.** If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the licensed facility shall notify the MSDH, the hospital, transporting staff and the physician's office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident 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. §43-11-13

Subchapter 21 RESIDENT CARE

Rule 45.21.1 **Service Beyond Capability of the Home**. Whenever a resident requires hospitalization or medical, nursing, or other care beyond the capabilities and facilities of the home, prompt effort shall be made to transfer the patient/resident to a hospital or other appropriate medical facility. In regard to the transfer of a ventilator dependent patient to another hospital or other location, the facility shall assure that equipment as necessary and a trained and competent registered nurse, respiratory therapist, nurse practitioner, physician's assistant or a physician accompany the patient/resident to the receiving hospital/location.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.21.2 **Activities of daily living**. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to:

1. Bath, dressing and grooming;
2. Transfer and ambulate;
3. Good nutrition, personal and oral hygiene; and
4. Toileting.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.21.3 **Pressure sores**. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.21.4 **Urinary incontinence**. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident's clinical condition indicates that catheterization is necessary.

These residents shall receive treatment and services to prevent urinary tract infections.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.21.5 **Range of motion**. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.21.6 **Mental and psycho-social**. A resident who displays adjustment difficulty receives appropriate treatment and services to address the assessed problem.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.21.7 **Gastric feeding**. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.21.8 **Accidents**. The facility shall ensure that the residents' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.21.9 **Nutrition**. Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner/physician assistant. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.21.10 **Hydration**. Each resident shall be provided sufficient fluid intake to maintain proper hydration and health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.21.11 **Special needs**. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections;

parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 22 PHYSICIAN SERVICES

Rule 45.22.1 **General.** A physician shall personally approve in writing a recommendation that an individual be admitted to a facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.22.2 **Designated physician**. Each resident shall have a designated physician or nurse practitioner/physician assistant who is responsible for their care. In the absence of the designated physician or nurse practitioner/physician assistant, another physician or nurse practitioner/physician assistant shall be designated to supervise the resident medical care.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.22.3 **Emergency physician**. The facility shall arrange for the provision of physician or nurse practitioner/physician assistant services twenty-four (24) hours a day in case of an emergency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.22.4 **Physician visit**. The resident shall be seen by a physician or nurse practitioner every sixty (60) days.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 23 REHABILITATIVE SERVICES

Rule 45.23.1 **Rehabilitative services**. Residents shall be provided rehabilitative services as needed upon the written orders of an attending physician or nurse practitioner.

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

2. Appropriate equipment and supplies shall be provided.

3. Each resident'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. §43-11-13

Subchapter 24 PHARMACY SERVICES

Rule 45.24.1 **General**. The facility shall provide routine drugs, emergency drugs and biologicals to its residents or obtain them by agreement.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.24.2 **Policies and procedures**. Each facility shall have policies and procedures to assure the following:

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.24.3 **Consultation**. Each facility shall obtain the services of a licensed pharmacist who will be responsible for:

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.24.4 **Labeling of drugs**. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.24.5 **Disposal of drugs**.

1. Unused portions of medicine may be given to a discharged resident or the responsible party upon orders of the prescribing physician or nurse practitioner/physician assistant.

2. Drugs and pharmaceuticals discontinued by the written orders of an attending physician or nurse practitioner/physician assistant or left in the facility on discharge or death of the resident will be disposed of according to the Mississippi State Board of Pharmacy disposal requirements.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.24.6 **Poisonous Substances**. All poisonous substances such as insecticides, caustic cleaning agents, rodenticide, and other such agents must be plainly labeled and kept in locked cabinet or closet. No substances of this type shall be kept in the following areas: kitchen, dining area, food storage room or pantry, medicine cabinet or drug room, resident's bedroom or toilet, public rooms, or spaces.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 25 MEDICAL RECORDS SERVICES

Rule 45.25.1

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

2. A sufficient number of personnel, competent to carry out the functions of the medical record service, shall be employed.

3. The facility shall safeguard medical record information against loss, destruction, or unauthorized use.

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

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

6. All clinical information pertaining to the residents stay shall be centralized in the resident's medical records.

7. Medical records of discharged residents shall be completed within sixty (60) days following discharge.

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

9. A resident index, including the resident's full name and birth date, shall be maintained.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 26 SOCIAL SERVICES AND RESIDENT ACTIVITIES

Rule 45.26.1 **Program**. Each facility shall provide services to assist all residents in dealing with social and related problems through one or more case workers on the staff of the facility or through arrangements with an appropriate outside agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.26.2 **Records**. Social services information concerning each resident shall be obtained and kept. This information shall cover social and emotional factors related to the resident's condition and information concerning his home situation, financial resources and relationships with other people.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.26.3 **Training**. All nursing personnel and employees having contact with resident shall receive social service orientation and in-service training toward understanding emotional problems and social needs of residents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.26.4 **Personnel**. At least one person in each facility shall be designated as being responsible for the social services aspect for care in the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.26.5 **Office Space**. Office space shall be provided for social service personnel. The office shall be accessible to residents and ensure privacy for interviews.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 27 RESIDENT ACTIVITIES

Rule 45.27.1 **Activity Coordinator**. An individual shall be designated as being in charge of resident activities. This individual shall have experience and/or training in group activities, or shall have consultation made available from a qualified recreational therapist or group activity leader.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.27.2 **Activity Program**. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.27.3 **Supplies and Equipment**. The facility shall make available a variety of supplies and equipment adequate to satisfy the individual interests of residents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.27.4 **Living and/or Recreational Room(s)**.

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

2. Dining area. A dining area shall be provided in facilities adequate to set at least three-fourths of the maximum capacity of the facility. 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 fifteen (15) square feet per person for three-fourths (3/4) of the capacity of the facility shall be provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.27.5 **Special Activities Area**. Each facility should provide space for hobbies and activities that cannot be included in a day room, living room, or recreational room.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.27.6 **Outside Area**. Adequate outside space should be provided for the use of residents in favorable weather.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 28 FOOD SERVICES: GENERAL

Rule 45.28.1 **Direction and Supervision**. Food service is one of the basic services provided by the facility to its residents. Careful attention to adequate nutrition and prescribed modified diets contribute appreciably to the health and comfort to the resident and stimulate his desire to achieve and maintain a higher level of self-care. The facility shall provide residents with well-planned, attractive, and satisfying meals which will meet their nutritional, social, emotional, and

therapeutic needs. The dietary department of a facility shall be directed by a Registered Dietitian, a certified dietary manager, or a qualified dietary manager. If a qualified dietary manager is the director, he/she must receive frequent, regularly scheduled consultation from a licensed dietitian, or a registered dietitian exempted from licensure by statute.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 29 FOOD HANDLING PROCEDURES

Rule 45.29.1 **Safe Food Handling Procedures**. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 30 MEAL SERVICE

Rule 45.30.1 **Meal and Nutrition**. At least three (3) meals in each twenty-four (24) hours shall be provided. The daily food allowance shall meet the current recommended dietary allowance of the Food and Nutrition Board of the National Research Council of the National Academy of Science adjusted for individual needs. A standard food planning guide (e.g., food pyramid) or Nutrient Based Menu (determined by nutritional analysis) shall be used for planning and food purchasing. It is not intended to meet the nutritional needs of all residents. This guide must be adjusted to consider individual differences. Some residents will need more or less due to age, size, gender, physical activity, or state of health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.30.2 **Meal Planning Guidelines**. Daily Food Guide. The daily food allowance for each resident shall include:

1. Protein food. A minimum of 2-3 servings of meat, poultry, fish, dried beans, eggs, or meats. (4-6 oz daily).

2. Milk, yogurt, and cheese group: A minimum of 2 servings daily.

3. Vegetables and fruits: A minimum of 5 servings daily of fruits and vegetables. This shall include a Vitamin C source daily and a Vitamin A source 3-4 times weekly.

4. Breads, cereals, and pastas: A minimum of 6 servings daily.

5. Fat, oil, and sweets: As needed for additional calories and flavor.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.30.3 Nutrient-Based Menu may be used in lieu of using a standard food planning guide. Nutritional analysis of menus shall meet current recommended dietary allowances of the Food and Nutrition Board of the National Research Council of the national Academy of Science for age and gender.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.30.4 **Menu**. The menu shall be planned and written at least one week in advance. The current week's menu shall be approved by the dietitian, dated, posted in the kitchen and followed as planned. Substitutions and changes on all diets shall be documented in writing. Copies of menus and substitutions shall be kept on file for at least thirty (30) days.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.30.5 **Timing of Meals**. A time schedule for serving meals to residents shall be established. Meals shall be served during customarily-accepted timeframes. There shall be no more than fourteen (14) hours between evening meal and breakfast meal. There may be 16 hours between the evening meal and breakfast meal if approved by the resident involved and a substantial snack (including protein) is served before bedtime.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.30.6 **Modified Diets**. Modified diets which are a part of medical treatment shall be prescribed in written orders by the physician or nurse practitioner/physician assistant. All modified diets shall be planned in writing and posted along with regular menus. Liberalized Geriatric Diets are encouraged for elderly residents when there is a need for moderate diet therapy. A current diet manual shall be available to personnel. The dietitian shall approve all modified diet menus and the diet manual used in the nursing home.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.30.7 **Food Preparation**. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.30.8 **Food Supply**. Supplies of perishable foods for at least a twenty-four (24) hour period and or non-perishable foods for a three (3) day period shall be on the premises to meet the requirements of the planned menus. The non-perishable foods shall consist of commercial type processed foods.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.30.9 **Serving of Meals**.

1. Table should be of a type to seat not more than four (4) or six (6) residents. Residents who are not able to go to the dining room shall be provided sturdy tables (not TV trays) of proper heights. For those who are bedfast or infirm tray service shall be provided in their rooms with the tray resting on a firm support.

2. Personnel eating meals or snacks on the premises shall be provided facilities separate from and outside of food preparation, tray service, and dishwashing areas.

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 31 PHYSICAL FACILITIES

Rule 45.31.1 **Floors**. Floors in food service areas shall be of such construction so as to be easily cleaned, sound, smooth, non-absorbent, and without cracks or crevices. Also, floors shall be kept in good repair.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.31.2 **Walls and Ceilings**. Walls and ceilings of food service areas shall be of tight and substantial construction, smoothly finished, and painted in a light color. The walls and ceilings shall be without horizontal ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows that will prevent the entrance of rain or dust during inclement weather.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.31.3 **Screens and Outside Openings**. Openings to the outside shall be effectively screened. Screen doors shall open outward and be equipped with self-closing devices.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.31.4 **Lighting**. The kitchen, dishwashing area, and dining room shall be provided with well distributed and unobstructed natural light or openings. Artificial light properly distributed and of an intensity of not less than thirty (30) foot candles shall be provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.31.5 **Ventilation**. The food service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes, and prevent excessive condensations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.31.6 **Employee Toilet Facilities**. Toilet facilities with lockers shall be provided for employees. Toilet rooms shall not open directly into any room in which food is prepared, stored, displayed or served, nor into any room in which utensils are washed or stored. Toilet rooms shall have a lavatory and shall be well lighted and ventilated.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.31.7 **Hand washing Facilities**. Hand washing facilities with hot and cold water, soap dispenser and a supply of soap, and disposable towels shall be provided in all kitchens. The use of a common towel is prohibited. Hands shall not be washed in sinks where food is prepared or where utensils are cleaned.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.31.8 **Refrigeration Facilities**. Adequate refrigeration facilities, automatic in operation, for the storage of perishable foods shall be provided. Where separate refrigeration can be provided, the recommended temperatures for storing perishable foods are thirty-two (32) to forty (40) degrees Fahrenheit for meats and dairy products, and forty (40) degrees Fahrenheit to forty-five (45)for fruits and vegetables. If it is impractical to provide separate refrigeration, the temperature shall be maintained at forty-one (41) degrees Fahrenheit. Freezers shall be maintained at zero (0) degrees Fahrenheit or below. All refrigerators shall be provided with a thermometer. Homes with more than twenty-four (24) beds shall have commercial or institutional type refrigeration.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.31.9 **Equipment and Utensil Construction**. Equipment and utensils shall be constructed so as to be easily cleaned and shall be kept in good repair.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.31.10 **Separation of Kitchen from Resident Rooms and Sleeping Quarters**. Any room used for sleeping quarters shall be separated from the food service area by a solid wall. Sleeping accommodations such as a cot, bed, or couch shall not be permitted within the food service area.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 32 AREAS AND EQUIPMENT

Rule 45.32.1 **Location and Space Requirements**. Food service facilities shall be located in a specifically designated area and shall include the following rooms and/or spaces: kitchen, dishwashing, food storage, and dining room.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.32.2 **Kitchen**.

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

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

   b. Avoid overcrowding and congestion of operations.

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

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

2. **Equipment**. Minimum equipment in kitchen shall include:

   a. Range and cooking equipment. Facilities with more than twenty-four (24) beds shall have institutional type ranges, ovens, steam cookers, fryers, etc., in appropriate sizes and number to meet the food preparation needs of the facility. The cooking equipment shall be equipped with a hood vented to the outside as appropriate.

   b. Refrigerator and Freezers. Facilities with more than twenty-four (24) beds shall have sufficient commercial or institutional type refrigeration/freezer units to meet the storage needs of the facility.

c. Bulletin Board.

d. Clock.

e. Cook's table.

f. Counter or table for tray set-up.

g. Cans garbage (heavy plastic or galvanized).

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

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

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

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

l. Ice Machine. At least one ice machine shall be provided. If there is only one (1) ice machine in the facility it shall be located adjacent to but not in the kitchen. If there is an ice machine located at nursing station, then ice machine for dietary shall be located in the kitchen.

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

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

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

p. Ice Cream Storage.

q. Mixer. Institutional type mixer of appropriate size for facility.

r. Food Processor.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.32.3 **Dishwashing**. Commercial or institutional type dishwashing equipment shall be provided in homes with more than twenty-four (24) beds. The dishwashing area

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.32.4 **Food Storage**. A food-storage room with cross ventilation shall be provided. Adequate shelving, bins, and heavy plastic or galvanized cans shall be provided. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water leakage, or any other source of contamination. The food-storage room should be adjacent to the kitchen and convenient to the receiving area. The minimum area for a food-storage room shall equal two and one-half (2 1/2) square feet per bed and the width of the aisle shall be a minimum of three (3) feet.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 33 SANITATION AND MEDICAL WASTE: SANITATION

Rule 45.33.1 **Water Supply**.

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

2. Water under pressure sufficient to operate fixtures at the highest point during maximum demand periods shall be provided. Water under pressure of at least fifteen (15) pounds per square inch shall be piped to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water.

3. It is recommended that the water supply into the facility can be obtained from two (2) separate water lines if possible.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.33.2 **Disposal of Liquid and Human Wastes**.

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.33.3 **Premises**. The premises shall be kept neat, clean, and free of an accumulation of rubbish, weeds, ponded water, or other conditions which would have a tendency to create a health hazard.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.33.4 **Control of insects, rodents, etc**. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.33.5 **Toilet Room Cleanliness**. Floors, walls, ceilings, and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an accumulation of rubbish, cleaning supplies, toilet articles, etc.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.33.6 **Garbage Disposal**.

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

2. Proper disposition of infectious materials shall be observed.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 34 REGULATED MEDICAL WASTE

Rule 45.34.1 **Standards and Requirements.** All the requirements of the standards set forth in this section shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.34.2 **Medical Waste**.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.34.3 **Medical Waste Management Plan**. All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:

1. Storage and Containment of Infectious Medical Waste and Medical Waste:

   a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.

   b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.

   c. Unless approved by the licensing agency or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven days above a temperature of six (6) degrees Celsius (equivalent to thirty-eight [38] degrees Fahrenheit). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of zero (0) degrees Celsius (equivalent to thirty-two [32] degrees Fahrenheit) for a period of not more than ninety (90) days without specific approval of the licensing agency.

   d. Containment of infectious medical waste shall be separate from other wastes. Enclosures or containers used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be

marked with prominent warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using language to be determined by the licensing agency and legible during daylight hours.

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

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

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

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

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

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

ii. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of three (3) minutes:

a. Hypochlorite solution (500 ppm available chlorine).

b. Phenolic solution (500 ppm active agent).

c. Iodoform solution (100 ppm available iodine).

d. Quaternary ammonium solution (400 ppm active agent).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 35 HOUSEKEEPING AND PHYSICAL PLANT

Rule 45.35.1 **Housekeeping Facilities and Services**.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.35.2 **Bathtubs, Showers, and Lavatories**. Bathtubs, showers, and lavatories shall be kept clean and in proper working order. They shall not be used for laundering or for storage of soiled materials. Neither shall these facilities be used for cleaning mops, brooms, etc.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.35.3 **Resident Bedrooms**. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. All sweeping should be damp sweeping, all dusting should be damp dusting with a good detergent or germicide.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.35.4 **Storage**.

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 36 LAUNDRY: GENERAL

Rule 45.36.1 **Commercial Laundry**. Facilities may use commercial laundries or they may provide a laundry within the institution.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 37 PHYSICAL FACILITIES

Rule 45.37.1 **Location and Space Requirements**. Each facility shall have laundry facilities unless commercial laundries are used. The laundry shall be located in a specifically designated area, and there shall be adequate room and space for sorting, processing, and storage of soiled material. Laundry rooms or soiled linen storage areas shall not open directly into a resident bedroom or food service area. Soiled materials shall not be transported through the food service area. If commercial laundry is used, separate satisfactory storage areas shall be provided for clean and soiled linens. There shall be provided a clean linen storage area separate from the laundry area.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.37.2 **Ventilation**. Provisions shall be made for proper mechanical ventilation of the laundry. Provisions shall be made to prevent the recirculation of air through the heating and air condition systems.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.37.3 **Lint Traps**. Adequate and effective lint traps shall be provided for driers.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.37.4 **Laundry Chutes**. When laundry chutes are provided they shall have a minimum diameter of two (2) feet; and they shall be installed with flushing ring, vent, and drain.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.37.5 **Laundry Equipment**. Laundry equipment shall be of the type to adequately perform the laundry needs of the institution. The equipment shall be installed to comply with all local and state codes.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 38 PHYSICAL PLANT: GENERAL

Rule 45.38.1 **Building Classification**.

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

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

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

   c. Authority to Waiver. The licensing agency may waive certain requirements in the regulations at its discretion for facilities licensed as a facility in a state-owned and state-operated mental institution provided the health and safety of residents will not be endangered.

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.38.2 **Location**. All facilities established or constructed after the adoption of these regulations shall be located so that they are free from undue noise, smoke, dust, or foul odors and shall not be located adjacent to disposal plants, cemeteries, main line railroads, funeral home, airport, etc.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.38.3 **Site**. The proposed site for a facility must be approved by the licensing agency. Factors to be considered in approving a site in addition to the above may be

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.38.4 **Local Restrictions**. The site and structure of all facilities shall comply with local building, fire and zoning ordinances. Evidence to this effect signed by local building, fire, and zoning officials shall be presented.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.38.5 **Transportation**. Facilities shall be located on streets or roads which have all weather surface. They should be located convenient to public transportation facilities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.38.6 **Communication**. There shall be not less than one telephone in the home and such additional telephones as are necessary to summon help in event of fire or other emergency. The telephone shall be listed under the official licensed name or title of the home.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.38.7 **Occupancy**. No part of the facility may be rented, leased, or used for any commercial purpose not related to the operation of the home.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.38.8 **Basement**.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 39 SUBMISSION OF PLANS AND SPECIFICATIONS

Rule 45.39.1 **New Construction, Additions, and Renovations**. When construction is contemplated either for new buildings, conversions, additions, or alterations to existing buildings, one set of plans and specifications shall be submitted to the licensing agency for review and approval. The submission shall be made in not less than two stages preliminary and final. Floor plans shall be drawn to scale of one-eight (1/8) inch to equal one (1) foot or one-fourth (1/4) inch to equal one (1) foot.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.39.2 **Minor Alterations and Remodeling**. Minor alterations and remodeling which do not affect the structural integrity of the building, change functional operation, affect fire safety, or add beds or facilities or those for which the facility is licensed do not need to have plans submitted for review provided that a detailed explanation of the proposed alteration or remodeling is submitted to and approved by the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.39.3 **First Stage Submission-Preliminary Plans**.: First stage or preliminary plans shall include:

1. Plot plant showing size and shape of entire site; location of proposed building and any existing structure(s); adjacent streets, highways, sidewalks, railroads, etc., all properly designated; and size, characteristics, and location of all existing public utilities.

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

   a. Outline specifications giving kinds and types of materials.

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.39.4 **Final Stage Submission-Working Drawings and Specifications**.: Final stage or working drawings and specifications shall include:

1. Architectural drawings

2. Structural drawings

3. Mechanical drawings to include plumbing, heat, and air-conditioning

4. Electrical drawings

5. Detailed specifications

6. Approval of working drawings and specifications shall be obtained from the licensing agency in writing prior to the beginning of actual construction.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.39.5 **Preparation of Plans and Specifications**. The preparation of drawings and specifications shall be executed by or under the immediate supervision of an architect who shall supervise construction and furnish a signed statement that construction was performed according to plans and specifications approved by the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.39.6 **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.39.7 **Notification of Start of Construction**. The licensing agency shall be informed in writing at the time construction is begun.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.39.8 **Inspections**. The licensing agency or its authorized representatives shall have access at all times to the work for inspection whenever it is in preparation or progress, and the owner shall ascertain that proper facilities are made available for such access and inspection.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.39.9 **Limit of Approval**. In construction delayed for a period of exceeding six (6) months from the time of approval of final working plans and specifications, a new evaluation and/or approval shall be obtained from the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.39.10 **Water Supply, Plumbing, Sewerage Disposal**. The water supply and sewerage disposal shall be approved by the local county health department and/or the Division of Sanitary Engineering, Mississippi State Department of Health. No system of water supply, plumbing, sewerage, garbage, or refuse disposal shall be installed nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration, or extension have

been so approved and submitted to the licensing agency for review and final determination.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.39.11 **Availability of Approved Plans:** Every licensed facility shall maintain, on the premises and available for inspection, a copy of current approved architectural plans and specifications.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 40 GENERAL BUILDING REQUIREMENTS

Rule 45.40.1 **Scope**. The provision of this section shall apply to all facilities except for those sections or paragraphs where a specific exception is granted for existing facilities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.40.2 **Structural Soundness and Repair; Fire Resistive Rating**. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at sufficient intervals to be reasonably attractive inside and out.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.40.3 **Temperature**. Adequate heating and cooling shall be provided in all rooms used by residents so that a minimum temperature of seventy-five (75) to eighty (80) degrees Fahrenheit may be maintained.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.40.4 **Lighting**. Each resident's room shall have artificial light adequate for reading and other uses as needed. There should be a minimum of ten (10) foot-candles of lighting for general use in resident's room and a minimum of thirty (30) foot-candles of lighting for reading purposes. All entrances, corridors, stairways, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all corridors, stairways, toilets, and bathing rooms.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.40.5 **Screens**. All screen doors and non-stationary windows shall be equipped with tight fitting full length, sixteen (16) mesh screens. Screen doors shall swing out and shall be equipped with self-closing devices.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.40.6 **Floors**. All floors shall be smooth and free from defects such as cracks and be finished so that they can be easily cleaned.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.40.7 **Walls and Ceilings**. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.40.8 **Ceiling Height**. All ceilings shall have a height of at least eight (8) feet except that a height of seven (7) feet and six (6) inches may be approved for corridors or toilets and bathing rooms where the lighting fixtures are recessed. Exception may be made for existing facilities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.40.9 **Handrails**. Handrails shall be installed on both sides of all corridors and hallways used by residents. The handrails should be installed from thirty-two (32) inches to thirty-six (36) inches above the floors. The handrails should have a return to the wall at each rail ending. Exception may be made for existing facilities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.40.10 **Ramps and Inclines**. Ramps and inclines, where installed for the use of residents, shall not exceed one (1) foot of rise in twelve (12) feet of run, shall be furnished with a non-slip floor, and shall be provided with handrails on both sides. Exception may be granted for existing ramps and inclines on existing facilities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.40.11 **Call System**. A call system shall be in place at the nurses' station to receive resident calls through a communication system to include audible and visual signals from bedrooms, toilets, and bathing facilities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.40.12 **Trash Chutes**. The installation and/or use of trash chutes is prohibited.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 41 FIRE SAFETY AND CONSTRUCTION

Rule 45.41.1 **Date of Construction and Life Safety Code Compliance**.

1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction.

2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.41.2 **Required Rooms and Areas**.

1. **Resident bedroom**. (See Rule 45.20.2)

2. **Special care room**. (See Rule 45.20.3)

3. **Nurses' Station**. (See Rule 45.20.4)

4. **Utility room**. (See Rule 45.20.5)

5. **Toilet and bathing facilities.** (See Rule 40.20.6)

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

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

8. **Kitchen**. (See Rule 45.33.2-45.33.4)

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

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

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

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

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

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

15. **Laundry**. If laundry is done in the institution, a laundry room shall be provided. Adequate equipment for the laundry load of the home shall be installed. The sorting, washing, and extracting process should be separated from the folding and ironing area-preferably in separate rooms.

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

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

18. **Food Service Supervisors Office**.

19. **Social Services Office**.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 42 ENFORCEMENT: DEFINITIONS FOR LICENSURE-ONLY NURSING FACILITIES

Rule 45.42.1 **Substandard Quality of Care**. One or more deficiencies related to the regulatory requirements in Rule 45.1.3, 45.18.1 and Subchapter 22, which constitute either immediate jeopardy to resident health or safety, or a pattern or widespread deficiencies at a Level 3 severity, or widespread deficiencies at a Level 2 severity.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.2 **Substandard Facility**. A facility which is found to be in violation of any of the regulations in Rule 45.1.3, 45.18.1 and Subchapter 22, on the current licensure visit and has been found to be in violation of any of the afore cited regulations during the previous regular re-licensure visit, or any intervening revisit or complaint investigation.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.3 **Ban on All Admissions**. A ban on all admissions to a facility may be imposed by the licensing agency when it has been determined by the licensing agency that the facility is providing substandard quality of care as defined in Rule 45.9.2 above.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.4 **Division Director**. The Division Director is the Director of the Mississippi State Department of Health (otherwise known as the licensing agency), Division of Health Facilities Licensure and Certification.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.5 **Informal Dispute Resolution**. Procedures set forth in Rule 45.24.1 provide facilities with one opportunity to dispute findings of licensure violations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.6 **Temporary Manager**. If a facility is designated as a substandard facility, the licensing agency may select a temporary manager in order to oversee correction of deficient practices cited as violations by the agency and assure the health and safety of the facility's residents while corrections are being made. A temporary manager may also be appointed to oversee the orderly closure of a facility. No temporary manager shall be appointed pursuant to these regulations unless the licensing agency finds Widespread Level-3 Severity deficiency or deficiencies pursuant to Rule 45.9.11 and Rule 45.9.12 or Isolated, Pattern, or Widespread Level-4 deficiency or deficiencies pursuant to Rule 45.9.10, Rule 45.9.11 and Rule 45.9.12. Temporary management shall not be imposed unless other less intrusive remedies will not result in compliance, or have failed to cause the facility to achieve compliance.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.7 **State Monitor**. In lieu of a temporary manager, the licensing agency may appoint a state monitor to oversee the correction of cited deficiencies in a facility as a safeguard against further harm to residents, or when the potential for harm exists as a result of cited licensure violations at any level of severity or scope.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.8 **Directed Plan of Correction**. A Directed Plan of Correction is a plan which the licensing agency, or the temporary manager, develops to require a facility to take action within specified time frames.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.9 **Substantial Compliance**. A level of compliance which does not entail the imposition of an enforcement remedy.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.10 **Pattern**. Pattern is the scope of licensure violations when more than a limited number of residents are affected, and/or more than a limited number of staff are involved, and/or the situation has occurred in several locations, and/or the same resident(s) have been affected by repeated occurrences of the same deficient practice. The effect of the deficient practice is not found to be pervasive through the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.11 **Widespread**. Widespread is the scope of licensure violations when the problems causing the violations are pervasive in the facility and/or represent systemic failure that affected or has the potential to affect a large portion or all of the facility's residents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.12 **Severity**.

1. **Level 1** - Potential for causing no more than a minor negative impact on the resident(s).

2. **Level 2** - Noncompliance that results in minimal physical, mental, and/or psycho-social discomfort to the resident and/or has the potential (not yet realized) to compromise the resident's ability to maintain and/or reach his/her highest practicable physical, mental and/or psycho-social well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.

3. **Level 3** - Noncompliance that results in a negative outcome that has compromised the resident's ability to maintain his/her highest practicable physical, mental and psycho-social well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.

4. **Level 4** - Immediate jeopardy, a situation in which immediate corrective action is necessary because the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.13 **Directed In-Service Training**. The purpose of directed in-service training is to provide basic knowledge to achieve compliance and remain in compliance with the requirements of these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.42.14 **Bureau Director.** The Bureau Director is the Director of the Mississippi State Department of Health (otherwise known as the licensing agency), Bureau of Health Facilities Licensure and Certification.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 43 DEFINITIONS FOR LICENSED AND CERTIFIED NURSING FACILITIES

Rule 45.43.1 **General**. The Mississippi State Department of Health (otherwise known as the licensing agency), Bureau of Licensure and Certification is authorized to certify

healthcare facilities for participation in the Medicare and Medicaid programs, pursuant to the Social Security Act at 42.U.S.C. Sections 1819(h)(2), 1819(g)(2), 1919 (g)(2), 1919(h), and 42 CFR. 488.415, 488.425, 488.310, 488.331, and 488.417(a).

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.43.2 **Substandard Quality of Care**. One or more deficiencies related to participation requirements under 42 CFR 483.13, Resident Behavior and Facility Practices, 42 CFR 483.15, Quality of Life, or 42 CFR 483.25, Quality of Care which, constitute either immediate jeopardy to resident health or safety, or a pattern or widespread deficiencies at a Level 3 severity, or widespread deficiencies at Level 2 severity.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.43.3 **Poor Performing Facility**. If a facility is found noncompliant with any deficiency with a scope and severity at the level of actual harm or higher on the current survey and the facility had a deficiency at the level of actual harm or higher on any intervening survey (i.e., any survey between the last standard survey and the current one), the facility will be considered a poor performing facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.43.4 **Immediate Jeopardy** (Serious and Immediate to Health and Safety). A situation in which the facility's failure to meet one or more requirements of participation in the Medicare/Medicaid program has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.43.5 **Ban on all Admissions** A ban on all admissions to a facility shall be imposed by the licensing agency when it has been determined by the licensing agency that the facility is not in compliance with a Level 2, widespread deficiency or Level 3, pattern or widespread deficiency, or any deficiency cited as a Level 4, immediate jeopardy. These deficiencies must be determined as Substandard Quality of Care as defined under Rule 45.9.1 or Immediate Jeopardy as defined under Rule 45.24.1. The licensing agency will also recommend to the state Medicaid agency denial of payment for new admissions.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 44 INFORMAL DISPUTE RESOLUTION

Rue 45.44.1 **Informal Dispute Resolution**. Procedures set forth in Rule 45.24.1 provide facilities with one opportunity to dispute survey findings.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 45 TEMPORARY MANAGER

Rule 45.45.1. **Temporary Manager**. A temporary manager may be selected as a remedy when a facility has been determined as having immediate jeopardy or widespread actual harm that does not constitute immediate jeopardy in order to oversee the correction of deficient practices cited by the licensing agency and assure the health and safety of the facility's residents while the corrections are being made. A temporary manager may also be imposed to oversee orderly closure of a facility. Temporary management shall not be imposed unless other less intrusive remedies will not result in compliance, or have failed to cause the facility to achieve compliance.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 46 STATE MONITORING

Rule 45.46.1 **State Monitoring**. A State Monitor oversees the correction of cited deficiencies in a facility as a safeguard against further harm to residents when harm or a situation with a potential for harm has occurred.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 47 DIRECTED PLAN OF CORRECTION

Rule 45.47.1 A Directed Plan of Correction is a plan which the licensing agency, or the temporary manager, develops to require a facility to take action within specified time frames.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 48 SUBSTANTIAL COMPLIANCE

Rule 45.48.1 A level of compliance which does not entail the imposition of an enforcement remedy.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 49 PATTERN

Rule 45.49.1 Pattern is the scope of deficiencies when more than a limited number of residents are affected, and/or more than a limited number of staff are involved, and/or the situation has occurred in several locations, and/or the same resident(s) have been affected by repeated occurrences of the same deficient practice. The effect of the deficient practice is not found to be pervasive through the facility.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 50 WIDESPREAD

Rule 45.50.1 Widespread is the scope of deficiencies when the problems causing the deficiencies are pervasive in the facility and/or represent systemic failure that affected or has the potential to affect a large portion or all of the facility's residents.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 51 SEVERITY

1. **Level 1** - Potential for causing no more than a minor negative impact on the resident(s).

2. **Level 2** - Noncompliance that results in minimal physical, mental, and/or psycho-social discomfort to the resident and/or has the potential (not yet realized) to compromise the resident's ability to maintain and/or reach his/her highest practicable physical, mental and/or psycho-social well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.

3. **Level 3** - Noncompliance that results in a negative outcome that has compromised the resident's ability to maintain his/her highest practicable physical, mental and psycho-social well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.

4. **Level 4** - Immediate jeopardy, a situation in which immediate corrective action is necessary because the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.51.2 **Directed In-Service Training**. The purpose of directed in-service training is to provide basic knowledge to achieve compliance and remain in compliance with requirements of federal guidelines and state regulations, when applicable.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.51.3 **Bureau Director**. The Bureau Director is the Director of the Mississippi State Department of Health (otherwise known as the licensing agency), Bureau of Health Facilities Licensure and Certification.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 52 BAN ON ADMISSIONS PROCEDURE

Rule 45.52.1 **Ban on Admissions**. If a facility is found to be providing substandard quality of care or immediate jeopardy exists at a facility, as applicable, written notice of the determination shall be provided by the licensing agency to the facility, along with

the notification that a ban on all admissions is to be imposed five calendar (5) days after the receipt of the notice by the facility unless a hearing is requested within that five (5) calendar day period. If a hearing is requested by the facility, the informal dispute resolution procedures established under Rule 45.24.1 shall be applied.

1. If the licensing agency's determination of noncompliance with Substandard Quality of Care or Immediate Jeopardy on the day of the licensure visit/ survey is confirmed, a ban on all admissions shall be imposed until the facility achieves compliance and such compliance is verified by the licensing agency. The licensing agency will verify the facility's corrective actions as soon as possible after the licensing agency receives an allegation of compliance from the facility but no later than fifteen (15) days after the receipt of said notice. If the hearing determines that the facility was not providing Substandard Quality of Care or that Immediate Jeopardy did not exist, as applicable, on the day of the licensure/survey visit, no ban on all admissions will be imposed.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 53 STATE MONITORING

Rule 45.53.1 **State Monitoring**. Monitors are identified by the licensing agency as appropriate professionals to monitor cited deficiencies. A monitor shall meet the guidelines regarding conflicts of interests as follows:

1. The monitor does not currently work, or, within the past two (2) years, has worked as an employee, as employment agency staff at the facility, or as an officer, consultant, or agent for the facility to be monitored.

2. The monitor has no financial interest or any ownership interest in the facility.

3. The monitor has no immediate family member who has a relationship with the facility to be monitored.

4. The monitor has no immediate family member who is a resident in the facility. If a facility has not achieved substantial compliance within five (5) months of the annual licensure visit/standard survey date, the remedy of state monitoring will be imposed as determined by the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.53.2 **Compensation and Per Diem Costs**. All compensation and per diem costs of the State Monitor shall be paid by the facility. The licensing agency shall bill the facility for the costs of the State Monitor after termination of the monitoring services. The costs of the State Monitor for any weekly forty (40) hour period (forty [40] hours per week) shall not exceed the maximum allowable owner/administrator salary of a like sized facility as described in the Mississippi State Medicaid Plan. Within fifteen (15) days of receipt of the bill, the facility

shall pay the bill or request an informal dispute resolution procedure to contest the costs for which it was billed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.53.3 **Recommendation**. If the facility has not achieved substantial compliance within six (6) months from the annual survey date, the licensing agency shall revoke the license of the facility and if applicable shall recommend to the State Medicaid Agency termination of participation in the Medicare/Medicaid programs.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 54 DIRECTED IN-SERVICE TRAINING

Rule 45.54.1 **Directed In-Service Training**. If the remedy of Directed In-Service Training is imposed by the licensing agency for a facility to achieve substantial compliance, guidelines for accepting Plans of Correction to the Statement of Deficiencies shall be as follows:

1. Corporate facilities and consultant firms may only use staff to conduct the directed in-service training when the staff person has not had a direct or indirect involvement in the deficient practice and does not conduct in-services on a routine basis.

2. Corporate facilities and consultant firms may use staff/consultants from other nursing homes of the corporation if that person has not been directly involved in routine in-services of the facility in question. Also, the staff/consultant is and has no history of involvement with a Substandard or Poor Performing Facility.

3. If hospital-owned facilities use hospital staff to conduct the in-service, the staff must not have been involved in the routine in-services and/or care of the residents.

4. All other facilities may use staff or consultants from other facilities if the other facility's staff/consultant is not/has not been involved in a facility that is a Substandard Facility or Poor Performer.

5. Nursing homes with individual private consultants may not use the contracted consultant when directed In-Service is imposed.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 55 DIRECTED PLAN OF CORRECTION

Rule 45.55.1 **Directed Plan of Correction**. Directed Plan of Correction as defined under Rule 45.14.1 may be imposed as follows:

1. The facility will be provided one (1) opportunity to submit an acceptable Plan of Correction. If the licensing agency does not receive an acceptable plan of

correction, the licensing agency may impose one or more of the following remedies:

a. Directed Plan of Correction;

b. Revocation of State License; and/or

c. Recommend termination of participation in the Medicaid/Medicare programs if applicable.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 56 TEMPORARY MANAGEMENT

Rule 45.56.1 **Recommendation for Appointment of Temporary Management**. If the licensing agency recommends the appointment of a temporary manager, the recommendation shall specify the grounds upon which such recommendation is based, including an assessment of the capability of the facility's current management to achieve and maintain compliance with all Licensure and/or Certification requirements.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.56.2 **Notice of Imposition of Temporary Management**. A temporary manager may be imposed fifteen (15) days after the facility receives notice of the recommendation from the licensing agency and two (2) days after a facility which is licensed and certified receives notice where a determination that immediate jeopardy exists has been made.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.56.3 **Conditions of Temporary Management**. The facility's management must agree to relinquish control to the temporary manager and to pay his/her salary before the temporary manager can be installed in the facility.

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

2. The temporary manager must be given access to all facility bank accounts.

3. In certified facilities, where immediate jeopardy exists, if a facility refuses to relinquish control to the temporary manager, the facility will be terminated from participation in medicare/medicaid within twenty-three (23) calendar days of the last day of the survey visit if the immediate jeopardy is not removed.

4. The temporary manager's salary must be at least equivalent to the prevailing annual salary of nursing home administrators in the facility's geographic area, plus the

additional costs that would have reasonably been incurred by the provider if the temporary manager had been in an employment relationship (e.g., the cost of a benefits package, prorated for the amount of time that the temporary manager spends in the facility). The licensing agency is responsible for determining what a facility's geographic area is.

5. All compensation and per diem costs of the temporary manager shall be paid by the facility. The licensing agency shall bill the facility for the costs of the temporary manager after termination of temporary management. The costs of the temporary manager for any thirty (30) day period shall not exceed the maximum allowable owner/administrator salary of a like size facility as described in the Mississippi State Medicaid State Plan. Within fifteen (15) days of receipt of the bill, the facility shall pay the bill or request an informal dispute resolution procedure to contest the costs for which it was billed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.56.4 **Selection of Temporary Manager**. The licensing agency shall compile and maintain a list of individuals eligible to serve as temporary managers. The temporary manager must possess a Mississippi nursing home administrator's license. A contractual agreement will be executed between the temporary manager and the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.56.5 **Eligibility of Temporary Manager**. The following individuals are not eligible to serve as temporary managers:

1. Any individual who has been found guilty of misconduct by any licensing board or professional society in any State; or

   a. Any individual who has, or whose immediate family members have, any financial interest in or pre-existing fiduciary duty to the facility to be managed. Indirect ownership interest, such as through a mutual fund, does not constitute financial interest for the purpose of this restriction; or

   b. Any individual who currently serves or, within the past two (2) years, has served as a member of the staff of the facility or has a pre-existing fiduciary duty to the facility; or

   c. Any individual who does not possess sufficient training, expertise, and experience in the operation of a nursing facility as would be necessary to achieve the objectives of temporary management; or

   d. Any individual who at the time of the imposition of temporary management could stand to gain an unfair competitive advantage by being appointed as temporary manager of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.56.6 **Condition of Appointment**. As a condition of appointment, the temporary manager must agree not to purchase, lease, or manage the facility for a period of two (2) years following the end of the temporary management period.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.56.7 **No Limitation**. Nothing contained in these sections shall limit the right of any facility owner to sell, lease, mortgage, or close any facility in accordance with all applicable laws.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.56.8 **Authority and Powers Of the Temporary Manager**.

1. A temporary manager has the authority to direct and oversee the correction of the deficiencies/licensure violations; to oversee and direct the management, hiring, reassignment and/or discharge of any consultant or employee, including the administrator of the facility; to direct the expenditure of or obligate facility funds in a reasonable and prudent manner; to oversee the continuation of the business and the care of the residents; to oversee and direct those acts necessary to accomplish the goals of the licensure and/or certification requirements; to alter facility procedures; and to direct and oversee regular accountings and the provision of periodic reports to the licensing agency.

2. A temporary manager shall provide reports to the licensing agency by the fifteenth (15th) day of each month showing the facility's compliance status.

3. A temporary manager shall observe the confidentiality of the operating policies, procedures, employment practices, financial information, and all similar business information of the facility, except that the temporary manager shall make reports to the licensing agency as provided for in this section.

4. The temporary manager shall be liable for gross, willful or wanton negligence, intentional acts or omissions, unexplained shortfalls in the facility's funds, and breaches of fiduciary duty. The temporary manager shall be bonded in an amount equal to the facility's total revenues for the month preceding the appointment of the temporary manager.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.56.9 **Authority of Temporary Manager**. The temporary manager shall not have the authority to do the following:

1. To cause or direct the facility or its owner to incur debt or to enter into any contract with a duration beyond the term of the temporary management of the facility;

2. To cause or direct the facility to encumber its assets or receivables, or the premises on which it is located, with any lien or other encumbrances;

3. To cause or direct the sale of the facility, its assets, or the premises on which it is located;

4. To cause or direct the facility to cancel or reduce its liability or casualty insurance coverage;

5. To cause or direct the facility to default upon any valid obligations previously undertaken by the owners or operators of the facility, including but not limited to, leases, mortgages, and security interests; and

6. To incur capital expenditures in excess of two-thousand dollars ($2,000.00) without the permission of the owner of the facility and the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.56.10 **Duration of Temporary Manager**. Temporary management shall continue until a license is revoked and or the facility is terminated from participation in the Medicare or Medicaid programs, or the facility achieves substantial compliance and is capable of remaining in substantial compliance. The licensing agency may replace any temporary manager whose performance, in the discretion of the licensing agency, is deemed unsatisfactory. No formal procedure is required for such removal or replacement but written notice of any action shall be given to the facility, including the name of any replacement manager.

1. A facility subject to temporary management may petition the licensing agency for replacement of a temporary whose performance it considers unsatisfactory. The licensing agency shall respond to a petition for replacement within three (3) business days after receipt of said petition.

2. Otherwise, the licensing agency shall not terminate temporary management until it has determined that the facility has the management capability to ensure continued compliance with all licensure and/or certification requirements or until the facilities license is revoked or the facility's participation in the medicare/medicaid program is terminated.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 57 INFORMAL DISPUTE RESOLUTION

Rule 45.57.1 **Informal Dispute Resolution**.

1. The purpose of the informal dispute resolution (IDR) process is to comply with 42 CFR 488.331 by giving licensed facilities an additional opportunity to refute cited deficiencies/licensure violations after any survey, or after notification of billing issues in situations involving state monitors or temporary managers. The IDR is

not intended to be an evidentiary hearing since licensed facilities are afforded such at the federal level. Licensed facilities may not use the IDR to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including:

a. The scope and severity assessments of deficiencies with the exception of scope and severity assessments that constitute substandard quality of care or immediate jeopardy;

b. Remedies imposed by the licensing agency;

c. Alleged failure of the survey team to comply with a requirement of the survey process;

d. Alleged inconsistency of the survey team in citing deficiencies among facilities; and

e. Alleged inadequacy or inaccuracy of the informal dispute resolution process.

2. All requests for an IDR must follow the procedures set forth herein.

3. All official statements of deficiencies/licensure violations requiring a response from the licensed facility, and billing statements for state monitors or temporary managers, shall be mailed by the licensing agency via certified mail, return receipt requested. Each official statement of deficiencies/licensure violations shall be accompanied by a copy of these Informal Dispute Resolution Procedure Regulations.

4. The licensed facility shall notify the Division Director that it requests an IDR. The request shall be in writing and must be received in the office of the licensing agency no later than ten (10) calendar days after the licensed facility's receipt of the official statement of deficiencies/licensure violations or billing statement. The request shall specify which deficiencies/licensure violations or charges are disputed. The request shall also specify whether the licensed facility requests that the IDR be (1) in person; (2) via a telephone conference or by other electronic means (i.e., via video teleconference, if such service is available to all parties); or (3) by means of a written response to the official statements of deficiencies/licensure violations. The request must also designate a licensed facility representative for purposes of further communications regarding the IDR.

5. Every IDR shall be conducted by the licensing agency. If the IDR will be conducted in person, it shall be conducted at offices designated by the licensing agency.

6. The licensing agency shall notify the licensed facility representative by telephone or facsimile of the date, time, location, and format of the IDR. The IDR shall be held within ten (10) working days after the receipt by the licensing agency of the request. The IDR shall be conducted by a three (3) person panel, known as the

IDR Panel, consisting of a provider representative of the long term care community, a member of the medical community (physician or nurse practitioner/physician assistant), and a member of the Licensure staff who is SMQT qualified and who does not survey nor have supervisory capacity over the district of the related survey. In the event of a position vacancy, an alternate member may serve on the IDR panel as directed by the State Health Officer.

7. At the IDR, the licensed facility representative shall present any additional documentation or statements in support of its contention that a cited deficiency/licensure violation or billing charge may be incorrect. Additional employees of the licensed facility may participate in the IDR, including consultants utilized by the licensed facility as may be required by the regulations (i.e., dietary consultant, social work consultant, and others). Because the IDR is intended to be informal (1) IDR participants should be able to speak freely concerning deficiencies/licensure violations; (2) cross-examination of the IDR participants is not allowed, and (3) legal counsel for the licensed facility is not allowed to participate in the IDR.

8. The Bureau Director shall designate staff members from the survey/licensure visit team which performed the survey/licensure visit in question to attend the IDR and present any additional documentation or statements in support of the cited deficiency/licensure violation. In the case of billing disputes, the staff members who prepared the bill will present the any additional documentation or statements in support of the charges. Any other staff members as required and designated by the Bureau Director may attend the IDR.

9. At the conclusion of the IDR, a written report shall be prepared and forwarded to the Bureau Director, indicating the final determination regarding the validity of any disputed deficiencies/licensure violations. The decision of the IDR Panel regarding the disputed deficiencies/licensure violations shall be mailed, via certified mail, to the licensed facility representative within ten (10) calendar days of the conclusion of the IDR. Facilities which are licensed but not certified may appeal the decision of the IDR Panel regarding the disputed licensure violations if the violations are at a scope and severity level of G or above and enforcement remedies have been imposed by the licensing agency. The decision of the ICR Panel regarding the disputed deficiencies/licensure violations may be appealed pursuant to the administrative procedures outlined in Rule 45.10.1 of these regulations.

10. If the IDR Panel determines that a deficiency/licensure violation should not have been cited, the following steps shall be taken:

    a. The official statement of deficiencies/licensure violations shall be marked "deleted," signed, and dated by the branch manager for the district where the facility is located.

b. A revised copy of the official survey/licensure violation form shall be issued to the licensed facility which shows the adjusted scope and severity assessment to reflect the outcome of the IDR.

c. Any enforcement action imposed solely on an incorrect deficiency/licensure violation citation shall be rescinded.

11. If the IDR Panel determines that any charges for state monitoring or temporary management are inaccurate or disallowed, a revised copy of the bill will be issued to the licensed facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.57.2 **Effect of Informal Dispute Resolution Procedures on Corrective Plans and Enforcement Actions**. A request for an IDR does not stay the obligation of the licensed facility to submit an acceptable Plan of Correction to the licensing agency within ten (10) calendar days of the licensed facility's receipt of the official statement of deficiencies. The licensing agency's failure to complete the IDR timely will not delay the effective date of any enforcement action against a licensed facility. A licensed facility may not seek a delay of any enforcement action against it on the grounds that an IDR has not been completed before the effective date of the enforcement. A licensed facility may not use this procedure to challenge any other aspect of the survey/licensure process, including but not limited to:

1. Classification of deficiencies (i.e., scope and severity of harm assessments);

2. Remedy imposed or recommended by the licensing agency;

3. Failure of the survey/licensure team to comply with the survey/licensure process;

4. Inconsistency of the survey/licensure team in citing deficiencies/licensure violations among facilities; or

5. Inadequacy or inaccuracy of the informal dispute resolution process.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.57.3 **Post Informal Dispute Resolution Survey Procedures**. If a follow up survey/licensure visit is conducted regarding deficiencies/licensure violations which have been the subject of an informal dispute resolution procedure, and the follow-up survey/licensure visit indicates that the facility has not corrected the deficiencies/licensure violation which was the subject of the informal dispute resolution procedure, the facility shall not be entitled to another informal dispute resolution procedure hearing. However, if a follow-up survey is conducted and deficiencies are discovered which were not cited on the original official statement of deficiencies/licensure violations the facility is entitled to utilize the informal dispute resolution procedure with regard to any previously uncited deficiencies.

SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 46 MINIMUM STANDARDS OF OPERATION FOR HOME HEALTH AGENCIES

Subchapter 1 GENERAL

Rule 46.1.1 **HOME HEALTH AGENCIES.** The following minimum standards of operation for home health agencies have been promulgated pursuant to Mississippi Code Annotated §41-71-1 through §41-71-19 (Supplement 1986), and are to be followed by persons operating a home health agency. They are minimum requirements that home health agencies will adopt new and improved methods and practices as they develop without waiting for improvements in the Standards. Regulatory in nature by necessity, they are designed to be educational in character and are intended to be reasonable and practicable. Laws and Standards are limited in what they can do in meeting the manifold health needs of individuals. Each home health agency bears a strong moral responsibility for providing the best possible care for the patients it serves.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 2 LEGAL AUTHORITY

Rule 46.2.1 **Adoption of Minimum Standards of Operation**. By virtue of authority vested in it by the Legislature of the State of Mississippi as per House bill #427 enacted by the Regular 1981 Session of the Legislature of the State of Mississippi, as amended in 1986, the Mississippi Department of Health does hereby adopt and promulgate the following Minimum Standards of Operation for Home Health Agencies.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.2.2 **Effective date of Minimum Standards of Operation for Home Health Agencies**. The Mississippi Department of Health does hereby adopt these Minimum Standards of Operation for Home Health Services. These Minimum Standards of Operation are effective as of September 21, 1981. Any home health agency which is in operation on July 1, 1981, shall be given a reasonable time under the particular circumstances, not to exceed one (1) year from July 1, 1981, within which to comply with the provisions of the Mississippi Department of Health Act of 1979, as amended, and these Minimum Standards of Operation for Mississippi Home Health Agencies.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 3 DEFINITIONS. As used in these minimum standards, the words and terms hereinafter set forth, shall be defined as follows:

Rule 46.3.1 **Administrator** shall mean an individual who is delegated the responsibility for the interpretation, implementation, and proper application of policies and programs established by the governing authority and is delegated responsibility for the establishment of safe and effective administrative management, control, and operation of the services provided. This individual shall be one of the following:

1. An individual with a baccalaureate degree and at least one year of administrative experience in home health care or in a related health provider program, occurring within the last three (3) years;

2. An incumbent administrator as of July 1, 1981;

3. An individual with a minimum of three (3) years of administrative experience in a health related field, one year of which shall be full-time in a home health setting, occurring within the last three (3) years.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.2 **Audiologist** shall mean an individual who meets the educational and experience requirements for a Certificate of Clinical Competence granted by the American Speech and Hearing Association and is currently licensed as an audiologist in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.3 **Branch Office** shall mean a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and is located sufficiently close to share administration, supervision and services in a manner that renders it unnecessary to obtain a separate license as a home health agency. A branch office shall be staffed with at least one (1) registered nurse on a full-time basis.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.4 **Care Team** shall mean a group of individuals responsible for the development of each patient's care plan. The care team shall consist of, but not be limited to, the physician or podiatrist, pertinent members of the agency staff, the patient and member of his/her family.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.5 **Certified Respiratory Therapy Technician** shall mean an individual who has passed the National Board of Respiratory Therapy certification examination and renders services under consultation from a registered respiratory therapist.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.6 **Change of Ownership** means but is not limited to, intervivos gifts, purchases transfers, leases, cash and/or stock transactions or other comparable arrangements whenever the person or entity acquires a majority interest (fifty percent (50%) or more) of the facility or service. Changes of ownership from partnerships, single proprietorships or corporations to another form of ownership are specifically included. Provided, however, "Change of Ownership" shall not include any inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi. The change of IRS exemption status also constitutes a change of ownership.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.7 **Clinical Note** shall mean a written notation, dated and signed by the appropriate member of the health team, of a contact with a patient, containing a description of signs and symptoms, treatment and/or drugs given, the patient's reaction and any changes in physical or emotional condition. Clinical notes are written on the day service is rendered and incorporated into the patient's clinical records at least weekly.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.8 **Clinical Record** shall mean a legal document containing all pertinent information relating to the care of an individual patient.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.9 **Consumer** shall mean a person who is neither an owner nor employee of the agency.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.10 **Coordinated** when used in conjunction with the phrase, Home Health Services, shall mean the integration of the multidisciplinary services provided by patient care team members directed toward meeting the home health needs of the patient.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.11 **Criminal History Record Checks**.

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

2. **Employee**. For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a covered entity. The term employee”, also includes any individual who by contract with the covered entity provides direct patient care in a patient’s , resident’s, or client’s room or in

treatment rooms. The term employee does not include healthcare professional/technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

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

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

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

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

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

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

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

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

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

Rule 46.3.12 **Director of Nursing** shall mean the individual responsible for the coordination of all patient services rendered by parent, sub-unit and branches as applicable. He/she shall be currently licensed in Mississippi with:

1. A baccalaureate degree in nursing and two (2) years of registered nursing experience, or

2. A graduate of a diploma school of nursing with two (2) years of registered nursing experience, or

3. An associate degree of nursing with four (4) years of registered nursing experience, or

4. An incumbent Director of Nursing as of July 1, 1981.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.13 **Directly** shall mean providing home health services through salaried employees of the home health agency or through personnel under hourly or per visit contracts or the equivalent. Where an hourly or per visit contract is made, Subchapter 28 must be followed to ensure adequate control and supervision by the home health agency.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.14 **Direct Supervision** shall mean that a registered nurse or appropriate health professional is physically present in the immediate area where the patient is being provided services.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.15 **Discharge Summary** shall mean the written report of condition of patient, services rendered, pertinent goals achieved during the entire service provided and final disposition at the time of discharge from the service.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.16 **Geographic Area** shall mean the land area, for which the agency shall be licensed. The geographic area shall be expressed in Mississippi counties.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.17 **Governmental Agency** for licensure purposes shall mean an agency operated by a federal, state or local government and is not connected to a hospital.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.18 **Governing Authority** means the organization, person or persons designated to assume full legal and financial responsibility for the policy determination, management, operation, and financial viability of the home health agency.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.19 **Governing Body Bylaws** shall mean a set of rules adopted by the governing body of the home health agency for governing the agency's operation.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.20 **Home Health Agency** shall mean a public or privately owned agency or organization or a subdivision of such an agency or organization, properly authorized to conduct business in Mississippi, which is primarily engaged in providing to individuals, at the written direction of a licensed physician or podiatrist, in the individual's place of resident, skilled nursing services provided by or under the supervision of a registered nurse licensed to practice in Mississippi and one or more of the following part-time intermittent services or items:

1. Physical, occupational, or speech therapy;
2. Medical Social Services;
3. Home Health aide services;
4. Other services as approved by the licensing agency;
5. Medical supplies, other than drugs and biologicals, and the use of medical appliances;
6. Medical services provided by a resident in training at a hospital under a teaching program of such hospital.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.21 **Home Health Aide** shall mean a non-professional individual who has completed a home health aide training program meeting requirements as specified in Subchapter 29. The home health aide provides personal care services for a person in the home, under the supervision of a registered nurse or therapist of the agency. The care must relate to the type of supervision.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.22 **Hospital Based Agency**. To be classified as a hospital based agency, the agency must be a clearly definable separate department of a hospital.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.23 **License of Home Health Agency** shall mean the document issued by the Mississippi Department of Health and signed by the Executive Director of the Mississippi Department of Health and the Chief of the Division of Licensure and Certification. Licensure shall constitute authority to perform the services included within the scope of these minimum standards of operation.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.24 **Licensed Practical Nurse** shall mean an individual who is currently licensed as such in the State of Mississippi and is a graduate of an approved school of practical nursing, performing selected acts, as defined in the Mississippi Nurse Practice Act under the supervision of a registered nurse.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.25 **Licensee** shall mean the defined persons to whom the license is issued and upon whom rests the responsibility for the operation of the agency in compliance with these minimum standards of operation.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.26 **Licensing Agency** shall mean the Mississippi Department of Health.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.27 **May** shall mean permission.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.28 **Medical Equipment and Supplies** shall mean items which, due to their therapeutic or diagnostic characteristics, are essential in enabling a home health agency to carry out patient care.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.29 **Medical Social Worker** shall mean a person who has a master's degree or bachelor's degree from a school of social work accredited by the Council on Social Work Education or Southern Association of Colleges and Schools and is licensed by the State of Mississippi as such and who has one year of social work experience in a health care setting.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.30 **Occupational Therapist** shall mean a person who is currently licensed as such in the State of Mississippi and is performing therapy duties in accordance with the Mississippi Occupational Therapy Practice Act.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.31 **Occupational Therapy Assistant** shall mean a person who is currently licensed as such by the State of Mississippi and is performing therapy duties in accordance with the Mississippi Occupational Therapy Practice Act.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.32 **Owner** shall mean a person who owns five percent (5%) or more of the interest in the agency.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.33 **Parent Home Health Agency** shall mean the agency that develops and maintains administrative control of sub-units and/or branches.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.34 **Part-time or Intermittent Care** shall mean home health services given to a patient at least once every sixty (60) days or as frequently as a few hours a day, several times a week. This does not mean eight (8) hour shifts in the home.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.35 **Patient** shall mean any individual whose condition is of such severity that the individual should be confined to his/her place of residence because of acute or chronic illness or injury or individuals with disabilities, convalescent or infirm, or who is in need of rehabilitative, obstetrical, surgical, medical, nursing, or supervisory care in their place of residence and under the care of a physician or podiatrist.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.36 **Patient Care Plan** shall mean a written coordinated plan of rendering care to the patient prepared by the combined as appropriate with each discipline providing service and the patient and/or family.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.37 **Patient's Residence** shall mean the place where the patient makes his home, such as his own apartment or house, a relative's home but shall not include a hospital, nursing home or other extended care facility with the exception of services provided through outpatient therapy in a nursing home.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.38 **Person** shall mean an individual, firm, partnership, corporation, company, association, or joint stock association, or any licensee herein or the legal successor thereof.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.39 **Physical Therapist** shall mean an individual who is currently licensed to practice physical therapy in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.40 **Physical Therapist Assistant** shall mean an individual who is currently licensed to practice as such in the State of Mississippi under the supervision of a Licensed Physical Therapist.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.41 **Physician** shall mean an individual currently licensed by the proper authority in his state to practice medicine or osteopathy.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.42 **Podiatrist** shall mean an individual currently licensed by the proper authority in the state of Mississippi to practice podiatry.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.43 **Physician's or Podiatrist's Summary Report** shall mean a concise statement reflecting the care, treatment, frequency of treatment, and response in accordance with the patient's plan of care as prescribed by the physician or podiatrist. The statement should include written notations of any unusual occurrences that have or have not been previously reported and submitted to the physician or podiatrist at least every 60 days.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.44 **Plan of Treatment** shall mean the written instructions, signed and reviewed at least every 60 days or more often if the patient's condition so warrants, by the physician or podiatrist for the provision of services.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.45 **Private Non-Profit Agency** means agency that is exempt from federal income taxation under Section 501 of the Internal Revenue Code of 1954.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.46 **Professional Advisory Committee Bylaws** shall mean a set of rules adopted by the advisory committee governing the committee's operation.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.47 **Progress Note** shall mean a written, signed and dated notation by the profession providing care, summarizing the information about the care provided by all the disciplines and the patient's response to the care during a given period of time.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.48 **Professional Advisory Committee** shall mean a group, which includes at least one physician, one registered nurse, agency staff, professional not associated with the agency, consumers, and preferably other health professionals representing at least the scope of the program, which will advise the agency on professional issues, evaluate the agency and serve as liaison with the community.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.49 **Proprietary Agency** shall mean a private organization not exempt from federal ncome taxation under Section 501 of the Internal Revenue Code of 1954.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.50 **Registered Dietitian** shall mean a person who has successfully completed the national examination for dietitians and maintains their registration by meeting continuing education requirements.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.51 **Registered Nurse** shall mean an individual who is currently licensed as such in the State of Mississippi and is performing nursing duties in accordance with the Mississippi Nurse Practice Act.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.52 **Registered Respiratory Therapist** shall mean an individual who has passed the National Board of Respiratory Therapy Examination.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.53 **Shall** shall mean mandatory requirement(s).

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.54 **Should** shall mean recommendation(s).

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.55 **Skilled Nursing Services** shall mean patient care services pertaining to the curative, restorative, and preventive aspects of nursing performed by or under the supervision of a registered nurse pursuant to the plan of treatment established in

consultation with appropriate members of the care team. Skilled nursing service is nursing care emphasizing a high level of nursing direction, observation and skill.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.56 **Speech Pathologist** shall mean an individual who meets the educational and experience requirements for a Certificate of Clinical Competence granted by the American Speech and Hearing Association or is fulfilling the Supervised Professional Employment requirements for a Certificate of Clinical Competence as dictated by the American Speech and Hearing Association and is currently licensed as such by the State of Mississippi.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.57 **Subdivision** shall mean a component of a multi-functional health facility, such as the home health department of a hospital or a health department, which independently meets the licensure standards for home health agencies.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.58 **Sub-Unit** shall mean a component of a multi-functional health facility, such as the home health department of a hospital or a health department, which independently meets the licensure standards for home health agencies.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.59 **Supervising Nurse** shall mean a registered nurse currently licensed in Mississippi, with:

1. A baccalaureate degree in nursing and one (1) year of registered nursing experience, or

2. A graduate of a diploma school of nursing with one (1) year of registered nursing experience, or

3. An associate degree of nursing with three (3) years of registered nursing experience, or

4. An incumbent supervising nurse as of July 1, 1981.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.60 **Supervision** shall mean authoritative procedural guidance by a qualified person of the appropriate discipline on a timely basis.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.61 **Utilization Review** shall mean systematic evaluation of clinical records to determine the appropriateness and timeliness of services rendered as they relate to the plan of treatment and the person's needs.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.62 **Under Arrangement** shall mean the procedure enabling public and nonprofit home health agencies to provide services through contractual arrangements with other agencies or organizations, including proprietary agencies or organizations. (Part V, Section H).

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.3.63 **Under Contract** shall mean the provision of services through a written contract with an individual.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 4 PROCEDURE GOVERNING ADOPTION AND AMENDMENT

Rule 46.4.1 **Authority**. The Mississippi Department of Health shall have the power to adopt, amend, promulgate and enforce such minimum standards of operation as it deems appropriate, within the law.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.4.2 **Amendments**. The minimum standards of operation for home health agencies may be amended by the licensing agency from time to time as necessary to promote the health, safety, and welfare of persons receiving services in compliance with the Administrative Procedures Act of the State.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 5 INSPECTION

Rule 46.5.1 **Inspections Required**. Each home health agency shall be inspected by the State Department of Health delegated with authority by said Department of Health at such intervals as the Department of Health may direct. New agencies shall not be licensed without first having been inspected for compliance with these minimum standards.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 6 CLASSIFICATION OF HOME HEALTH AGENCIES

Rule 46.6.1 **General**. For the purposes of these minimum standards of operation, home health agencies shall be classified as:

1. Private non-profit agency

2. Proprietary agency

3. Hospital based agency

4. Governmental agency

SOURCE: Miss. Code Ann. §41-71-13:

Subchapter 7 THE LICENSE

Rule 46.7.1 **Regular License**. A regular license shall be issued to each home health agency that meets the requirements as set forth in these minimum standards. The license shall show the classification of the agency (private non-profit, proprietary, hospital based or governmental agency).

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.7.2 **Provisional License**. Within its discretion, the Mississippi Department of Health may issue a provisional license when a temporary condition of non-compliance with these minimum standards exists in one particular. A provisional license shall be issued only if the Department of Health is satisfied that preparations are being made to qualify for a regular license and that the health and safety of patients will not be endangered meanwhile. A provisional license may be reissued only if it is satisfactorily proven to the Department of Health that efforts are been made to fully comply with these minimum standards by a specified time.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 8 APPLICATION FOR LICENSE

Rule 46.8.1 **Application**. Application for a license or renewal of license shall be made in writing to the licensing agency on forms provided by the Department of Health which shall contain such information as the Department of Health may require. The application shall require reasonable affirmative evidence of ability to comply with these minimum standards. Each application for licensure and relicensure shall contain but not be limited to the following:

1. Complete ownership information

2. Geographic area to which services are provided.

3. Services to be provided directly or through arrangement

4. Information on numbers and types of personnel employed

5. Utilization statistics (renewal applications only)

6. Name of licensee

7. Evidence of Certificate of Need

8. Location of branch offices and/or sub-units

9. Location and name of parent agency (if a sub-unit)

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.8.2 **Fee**. Each initial and renewal licensure application, unless suspended or revoked, shall be accompanied by a fee as set by the Board, made payable to the Mississippi State Department of Health either by business check, money order or electronic means. Renewal of licenses shall occur on an annual basis. Fees are non-refundable.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 9 THE LICENSEE

Rule 46.9.1 **Responsibility**. The Licensee shall be the individual, firm, partnership, corporation, company, association, or joint stock association responsible for the operation of the home health agency. The licensee shall designate, in writing, one (1) individual as the responsible party for the conducting of the business of the home health agency in accordance with these Minimum Standards of Operation and for the conducting of the business of the home health agency with the licensing agency.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.9.2 **Name of Institution**. Every Home Health agency 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 by which the agency is licensed shall be used in telephone listing, on stationery, in advertising, etc. Two or more agencies shall not be licensed under similar names.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 10 LICENSURE

Rule 46.10.1 **Issuance of License**. All licenses issued by the Department of Health shall set forth the name of the agency, the location, the name of the licensee, the classification of the agency, the geographic area served, the license number, services provided, and the name of the responsible party.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.10.2 **Geographic Area**. The service area of each home health agency shall consist of the counties listed on the agency's license. Should a home health agency desire to render services outside this service area, a Certificate of Need shall be obtained and a sub-unit established.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.10.3 **Separate License**. Separate licenses shall be required for each agency and each sub-unit. However, separate licenses are not required for branch offices. Sub-units shall not operate branch offices.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.10.4 **Posting of License**. The license shall be posted in a conspicuous place on the licensed premises and shall be available for review by any and all interested individuals.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.10.5 **License Not Transferable**. The license for a home health agency is not transferable or assignable to any other person except by written approval of the licensing agency and shall be issued only for the person and location named in the application. The license shall be surrendered to the Department of Health on change of ownership, name or location of the agency or in the event that the agency ceases to be operated as a home health agency. In event of a change of ownership, name or location of the agency, or change in services, a new application shall be filed at least thirty (30) days prior to the effective date of the change.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.10.6 **Expiration of License**. Each license shall expire on June 30 following the date of issuance.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.10.7 **Renewal of License**. License shall be renewable annually upon:

1. Filing of an application for renewal by the licensee.
2. Submission of appropriate licensure renewal fee as mandated in Section B.
3. Approval of an annual report by the licensing agency.
4. Maintenance by the agency of minimum standards in its staff, services, and operation as set forth in these minimum standards.
5. Evidence of Certificate of Need, when applicable.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 11 RECORDS AND REPORTS

Rule 46.11.1 **General**. Each home health agency shall submit such records and reports as the Department of Health may request.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.11.2 **Daily Patient Census**. Each agency shall maintain on a daily basis a current patient census log that accurately reflects admissions and discharges.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.11.3 **Annual Report**. Prior to relicensure, each agency shall submit to the licensing agency an annual report for the previous calendar year period, which shall include statistics as the Department of Health may direct.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 12 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

Rule 46.12.1 **Denial or Revocation of License**. Hearings and Review. The licensing agency after notice and opportunity for a hearing to the applicant or licensee is authorized to deny, suspend, or revoke a license in any case in which it finds that there has been a failure to comply with the requirements established under the law and these minimum standards. Also, the following may be grounds for denial or revocation of license:

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

2. Violations by the licensee of the minimum standards established by the Department of Health.

3. Publicly misrepresenting the agency and/or its services.

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

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

   b. Misappropriations of the money or property of a patient.

   c. Inadequate staff to provide safe care and supervision of any patient.

   d. Failure to call a physician or podiatrist when required by patient's condition.

5. Failure to comply with the requirements of the Mississippi Commission Act of 1979, amended.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 13 PROVISION FOR HEARING AND APPEAL

Rule 46.13.1 **Administrative Decision**. The Mississippi Department of Health will provide an opportunity for a hearing to every applicant or licensee who is dissatisfied with administrative decisions made in the 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 in any case in which it finds that the applicant or licensee has failed to comply with the requirements established by this act or the rules, regulations or standards promulgated in furtherance of this act. Such notice shall be given by registered mail, or by personal service, setting forth the particular reasons for the proposed action and fixing a date of not less than thirty (30) days from the date of such mailing or such personal service, at which times the applicant or licensee shall be given an opportunity for a prompt and fair hearing. On the basis of any 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 or served personally upon the applicant or licensee. The decision revoking, suspending or denying the license or application shall be come 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 to the chancery court pursuant to Section 6 of House Bill #427 of the 1981 Legislative Session. The procedure governing hearings shall be in accordance with rules and regulations promulgated by the licensing agency.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.13.2 **Penalties**. Any person or persons or other entity or entities establishing, managing or operating a home health agency or conducting the business of a home health agency without the required license, or which otherwise violates any of the provisions of this act or the rules, regulations or standards promulgated and established in furtherance of this act, shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than five hundred dollars ($500.00) for each offense. Each day of a continuing violation shall be considered a separate offense. The licensing agency may seek injunctive relief in the event it deems such action necessary after consulting with the State Attorney General.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 14 TERMINATION OF OPERATION

Rule 46.14.1 **General**. In the event that Home Health Agency ceases operation, voluntarily or otherwise, the agency shall:

1. Inform the attending physician or podiatrist, patient, and persons responsible for the patient's care in ample time to provide for alternate methods of care.

2. Provide the receiving facility or agency with a complete copy of the clinical record.

3. Inform the community through public announcement of the termination.

4. Ensure the safekeeping, confidentiality, and storage of all clinical records for a period of seven (7) years, following discharge.

5. Return the license to the licensing agency.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 15 PHYSICAL FACILITIES: ADMINISTRATIVE OFFICES.

Rule 46.15.1 **Physical Facilities**. Each Home Health office shall be commensurate in size for the volume of staff, patients, and services provided. Offices shall be well lighted, heated, and cooled. Offices should be accessible to individuals with disabilities.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.15.2 **Administrative Offices**. Each Home Health Agency shall provide adequate office space and equipment for all administrative and health care staff. An adequate number of desks, chairs, filing cabinets, telephones, tables, etc., shall be available.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 16 STORAGE FACILITIES.

Rule 46.16.1 **Storage**. Each Home Health Agency shall provide sufficient areas for the storage of:

1. Administrative records and supplies

2. Clinical Records

3. Medical equipment and supplies.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 17 TOILET FACILITIES.

Rule 46.17.1 **Toilet Rooms**. Each Home Health office shall be equipped with an adequate number of toilet rooms. Each toilet room shall include: lavatories, soap, towels, and water closets.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 18 COMMUNICATION FACILITIES.

Rule 46.18.1 **Communication**. Each Home Health Agency shall have an adequate number of telephones and extensions, located so as to be quickly accessible from all parts of the building. The telephone shall be listed under the official licensed name of the agency.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 19 REGULATED MEDICAL WASTE

Rule 46.19.1 **Infectious medical wastes** includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following wastes shall be considered to be infectious medical wastes:

1. Wastes resulting from the care of patients and animals who have Class I and/or II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi Department of Health;

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

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

4. Pathological wastes, such as tissues, organs, body parts, and body fluids that are removed during surgery and autopsy;

5. Contaminated carcasses, body parts, and bedding of animals that were exposed to pathogens in medical research;

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

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

8. "Medical Waste" means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.19.2 **Medical Waste Management Plan**. All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:

1. Storage and Containment of Infectious Medical Waste and Medical Waste

a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide breeding place or a food source for insects and rodents, and minimizes exposure to the public.

b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.

c. Unless approved by the Mississippi Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven (7) days above a temperature of 6 C (38F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0 C (32F) for a period of not more than ninety (90) days without specific approval of the Department of Health.

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

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

f. All sharps shall be contained for disposal in leakproof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.

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

h. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered non-infectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution

itself and shall not be placed for storage or transport in a portable or mobile trash compactor.

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

j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in I. E.

2. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

a. Exposure to hot water at least 180 F for a minimum of 15 seconds.

b. Exposure to a chemical sanitizer by rinsing with a immersion in one of the following for a minimum of three (3) minutes:

i. Hypochlorite solution (500 ppm available chlorine).

ii. Phenolic solution (500 ppm active agent).

iii. Iodoform solution (100 ppm available iodine).

iv. Quaternary ammonium solution (400 ppm active agent).

3. Reusable pails, drums, or bins used for containment of infections waste shall not be used for containment of waste to be disposed of as non-infectious waste or for other purposes except after being decontaminated by procedures as described in part (J) of this section.

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

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

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

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

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

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

   ii. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121 C (250 F) for one-half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually.

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

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

   v. Maintenance of records of procedures specified in (1), (2), (3), and (4) above for period of not less than a year.

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

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

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

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

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

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

c. All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 20 GOVERNING BODY AND ADMINISTRATION: EMERGENCY OPERATIONS PLAN

Rule 46.20.1 The licensed entity shall develop and maintain a written preparedness plan utilizing the "All Hazards" approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Preparedness and Response, Mississippi State Department of Health, or their designates, for conformance with the "All Hazards Emergency Preparedness and Response Plan." Particular attention shall be given to critical areas of concern which may arise during any "all hazards" emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six (6) critical areas of consideration are:

1. Communications - Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP

a. Resources and Assets

b. Safety and Security

c. Staffing

d. Utilities

e. Clinical Activities

2. Emergency Operations Plans (EOPs) must be exercised and reviewed annually or as directed by the 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.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 21 GOVERNING BODY

Rule 46.21.1 **General**. The Home Health Agency shall have an organized governing body so functioning which is legally responsible for the conduct of the agency. The administrator and all personnel shall be directly or indirectly responsible to this governing body. The ownership of the home health agency shall be fully disclosed to the State licensure authority. The governing body shall ensure that the agency complies with all applicable local, state and federal laws and regulations and similar requirements. Staff of the Agency shall be currently licensed or registered in accordance with applicable laws of the State of Mississippi. The governing body shall be responsible for periodic administrative and professional evaluations of the agency. The governing body shall receive, review and take action on recommendations made by the evaluating groups and so document the governing body shall adopt and enforce bylaws, or an acceptable equivalent thereof, in accordance with legal requirements. The bylaws, shall be written, revised as needed, and made available to all members of the governing body, the State licensure authority, and the advisory group. The terms of the bylaws shall cover at least the following:

1. The basis upon which members of the governing body are selected, their terms of office, and their duties and responsibilities.

2. A provision specifying to whom responsibilities for administration and supervision of the program and evaluation of practices may be delegated and the methods established by the governing body for holding such individuals responsible.

3. A provision specifying the frequency of board meetings and requiring that minutes be taken at each meeting.

4. A provision requiring the establishment of personnel policies and an organizational chart, clearly establishing lines of authority and relationships.

5. The agency's statement of objectives.

6. Provisions for appointment of an advisory committee.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.21.2 **Agency Policies**. The governing body shall adopt agency policies, including admission, discharge, and care of patients.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 22 ADMINISTRATOR

Rule 46.22.1 **Administrator**. The governing body shall be legally responsible for the appointment of a qualified administrator and the delegation of responsibility and authority. The governing body shall assure that the administrator has sufficient freedom from other responsibilities to permit adequate attention to the overall direction and management of the agency. When there is a change of the

administrator, the governing authority shall immediately notify the licensing agency in writing of the change. The duties and responsibilities of the agency administrator shall include at least the following:

1. Implementing the policies approved and/or developed by the governing body;

2. Organizing and coordinating the administrative functions of the services, including implementing adequate budgeting and accounting procedures;

3. Maintaining an ongoing liaison with the professional advisory committee and the agency staff;

4. Coordinating service components to be provided by contractual agreement; and

5. Arranging employee orientation, continuing education and in-service training programs.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.22.2 **Designee**. In order to provide administrative direction at all times, the agency's governing body or administrator shall designate in writing an individual to act for the administrator in his absence.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 23 SUPERVISING NURSE

Rule 46.23.1 **Qualified Supervising Nurse**. Each Home Health Agency shall employ a qualified supervising nurse on a full-time basis. The supervising nurse shall be a registered nurse licensed to practice in Mississippi, who shall be readily available through the agency office to advise the professional and patient care staff. The supervising nurse shall be employed full-time in home health activities. A qualified alternate is designated in writing to serve in his/her absence. The supervising nurse shall:

1. Direct, supervise and coordinate the skilled nursing services and other therapeutic services provided by the agency.

2. Be given the authority and responsibility to:

   a. Develop and revise written patient care objectives policies, and procedure manuals;

   b. Assist in development of job description;

   c. Assist in recruitment and selection of personnel;

   d. Recommend to administrator number of levels of agency staff;

e. Plan and conduct orientation and continuing education for agency staff engaged in patient care;

f. Evaluate agency staff performance;

g. Assist in planning and budgeting for provision of services;

h. Assist in establishing agency criteria for admission and discharge of patients.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.23.2 **Director of Nursing Services**. Larger agencies should employ a Director of Nursing Services on a full-time basis to assume the duties of the supervising nurse listed above.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.23.3 **Ratio of Patients**. The following criteria should be used as a minimum standard in developing the ratio of patients to a supervising nurse:

1. The supervising nurse may serve both as the administrator and the supervising nurse until the patient census reaches 25 patients, then

2. The supervising nurse may have a regularly scheduled patient load until the patient census reaches 50, then

3. The supervising nurse may not render regularly scheduled patient services when the patient census is over 50, but shall devote full-time to supervisory duties. Those duties may include admission and discharge of patients as well as PRN visits and to fill in when another employee is absent.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 24 PROFESSIONAL ADVISORY COMMITTEE

Rule 46.24.1 **General**. The governing body shall appoint a multidisciplinary advisory committee to perform a systematic professional and administrative review and program evaluation of the services. Licensed hospitals may establish a committee specifically for this purpose or they may assign the responsibility to an existing committee. Bylaws or the equivalent for this committee shall be initially adopted and annually reviewed. Membership on the professional advisory committee shall include but not be limited to the following:

1. A licensed practicing physician;

2. A registered nurse;

3. Preferably, an appropriate number of members from other professional disciplines, who are representative of the scope of services offered;

4. A consumer; and

5. A professional who is neither an owner nor employee of the agency.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.24.2 **Meetings**. The professional advisory committee shall meet at regular intervals, but not less than every six months.

1. Dated written minutes of each committee meeting shall be maintained and made available to the licensing agency upon request; and

2. The agency administrator or his designee shall attend all meetings of the committee.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.24.3 **Duties**. The duties and responsibilities of the professional advisory committee shall include but not be limited to the following:

1. Annual review and reevaluation for the program objectives as required;

2. Annual evaluation of the appropriateness of the scope of services offered;

3. Annual review of admission, discharge and patient care policies and procedures;

4. Annual review of the findings of a random sample of medical records (performed by in-house staff members of professional advisory committee) and written evaluation on quality of services provided;

5. Annual review of staffing qualifications, responsibilities and needs;

6. Annual review of survey findings;

7. Review of quarterly utilization statistics and findings of quarterly clinical record review, and

8. Written recommendations to the governing body and the agency administrator for any revisions in policies and procedures and changes in delivery of care; and written recommendations on items such as methods for and participation in a continuing public education program to acquaint the community, the health care professions and public and private community resources on the scope, availability and appropriate utilization of home health services.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 25 POLICY AND PROCEDURE MANUAL

Rule 46.25.1 **Manual**.

1. The home health agency administrator with advice from the professional advisory committee and the director of nursing/supervising nurse shall develop a policy and procedure manual.

2. Written policies and procedures shall include provisions covering at least the following:

   a. Definition of the scope of services offered;

   b. Admission and discharge policies;

   c. Medical direction and supervision;

   d. Plans of treatment;

   e. Staff qualifications, assignments and responsibilities;

   f. Medication administration;

   g. Medical records;

   h. Patient safety and emergency care;

   i. Administrative records;

   j. Agency evaluation;

   k. Provisions for after hours emergency care (on call);

   l. Patients rights policies and procedures; and

   m. Provisions for the proper collection, storage and submission of all referral laboratory samples collected on home health patients.

3. Patient admission and discharge policies shall include but not be limited to the following:

   a. Patient shall be accepted for health service on a part-time or intermittent basis upon a plan of treatment established by the patient's physician or podiatrist. Patients accepted for admission should be essentially home bound and in need of skilled services.

   b. Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence.

   c. When services are to be terminated by the home health agency, the patient and the physician or podiatrist are to be notified in advance of the date of

termination stating the reason and a plan shall be developed or a referral made for any continuing care.

d. Services shall not be terminated without an order by the physician or podiatrist in consultation with the registered nurse and/or the appropriate therapist. Except in cases of non-payment, where the specific and approved plan of care has been documented as completed, where the patient refuses treatment, in the event of an unsafe environment, or should the patient require the services beyond the capability of the agency. In any event, the physician or podiatrist shall be notified of the termination of services. Arrangements shall be made for continuing care when deemed appropriate.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 26 FINANCIAL

Rule 46.26.1 **Accounting**. Accounting methods and procedures shall 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 for the cost of operation, and the cost per patient visit.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.26.2 **Financial Structure**. All home health agencies shall have an annual operating budget which assures sufficient resources to meet operating cost at all times and to maintain standards required by these regulations.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.26.3 **Annual Budget**.

1. The annual operating budget shall include all anticipated income and expenses related to the overall operation of the program.

2. The overall plan and budget shall be reviewed and updated at least annually by the governing body.

3. A budget committee consisting of, but not limited to, the following members shall meet and document in minutes the planning of a yearly budget:

   a. Representative of the governing body.

   b. Representative of the administrative staff.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 27 PERSONNEL POLICIES

Rule 46.27.1 **Personnel Policies**. Each home health agency shall adopt and enforce personnel policies applicable requirements of the Civil Rights Act of 1964:

1. Fringe benefits, hours of work and leave time;
2. Requirements for initial and periodic health examinations;
3. Orientation to the home health agency and appropriate continuing education;
4. Job descriptions for all positions utilized by the agency;
5. Annual performance evaluations for all employees;
6. Compliance with all applicable requirements of the Civil Rights Act of 1964;
7. Provision for confidentiality of personnel records.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.27.2 **Personnel Records**. Each licensed agency shall maintain complete personnel records for all employees on file at each licensed site. Personnel records for all employees shall include an application for employment including name and address of the employee, social security number, date of birth, name and address of next of kin, evidence of qualifications, (including reference checks), current licensure and/or registration (if applicable), performance evaluation, evidence of health screening, evidence of orientation, and a contract (if applicable), date of employment and separation from the agency and the reason for separation. Home Health agencies that provide other home health services under arrangement through a contractual purchase of services shall ensure that these services are provided by qualified personnel; currently licensed and\or registered if applicable, under the supervision of the agency.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.27.3 **Criminal History Record Checks**.

1. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be preformed 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 patient care or services and who is employed on or after July 01, 2003, and

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

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

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

   a. possession or sale of drugs

   b. murder

   c. manslaughter

   d. armed robbery

   e. rape

   f. sexual battery

   g. sex offense listed in Section 45-33-23(g), Mississippi Code of 1972

   h. child abuse

   i. arson

   j. grand larceny

   k. burglary

   l. gratification of lust

   m. aggravated assault

   n. felonious abuse and/or battery of vulnerable adult

4. 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, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

5. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (c) above.

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

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

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

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

10. Should results of an employee applicant's criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks two (2) weeks of the notification of no disqualifying event, provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant's suitability for employment based on his or her criminal history record

check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi Department of Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant's criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history check as required in this subsection.

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

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

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.27.4 **Insurance Coverage**. For the protection of owner, administrator, and the patients served, it is strongly recommended that every home health agency carry liability insurance coverage.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.27.5 **Employee Health Screening**. Every employee of a home health agency who comes in contact with patients shall receive a health screening by a licensed physician or nurse practitioner/physician assistant prior to employment and annually thereafter.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.27.6 **Staffing Pattern**. Each home health agency sub-unit, and branch shall maintain on site current staffing patterns for all health care personnel including full-time, part-time, contract staff and staff under arrangement. The staffing pattern shall be developed at least one week in advance, updated as needed, and kept on file for a period of one year. The staffing pattern shall indicate the following for each working day:

1. Name and position of each staff member.

2. Patients to be visited.

3. Scheduled supervisory visits.

4. Staff on call after office hours. The staffing pattern shall be updated daily by each home health agency in order to reflect actual staff activities on the previous day.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 28 CONTRACT SERVICES FOR PART-TIME, HOURLY OR PER VISIT PERSONNEL-SERVICES BY ARRANGEMENT

Rule 46.28.1 **Contract Services**. Services provided to the agency by contract shall be documented by means of a written contract with the individual or organization providing the service. The written contract shall include provisions covering at least the following:

1. Specification of services covered by the agreement or contract;

2. Effective date and length of the contract and terms of reimbursement;

3. Statement that patients will be accepted for care only by the home health agency;

4. Statement that services are to be provided only in accordance with the patient's plan of treatment and that the patient's plan for treatment will not be altered by the contracted individual or agency;

5. Statement that the quality of services provided and the qualifications of personnel who will provide services shall be consistent with the agency's applicable personnel and program policies and procedures;

6. Identification of parties responsible for supervision of personnel covered by the agreement or contract; and

7. Specification for procedures for, and frequency of, exchanging patient care information between parties to the contract and their agents, including submitting clinical notes, progress notes, scheduling of visits, periodic patient evaluation and participating in developing patient care plans.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 29 STAFF DEVELOPMENT

Rule 46.29.1 **Orientation**. Upon employment each employee of the home health agency shall receive thorough orientation to his position; the agency's organization, policies and objectives; the functions of other agency health personnel and how they relate to each other in caring for the patient; relationship of the home health agency to other community agencies; standards of ethical practice; confidentiality; and patient's rights.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.29.2 **Home Health Aide Training Program**. Home Health aides, employed by the home health agency shall have previous work experience as a nurses aide or home health aide and/or have completed a special program for home health aides. As a part of the orientation for home health aides, each home health agency employing unqualified home health aides shall develop and implement a training program for newly employed home health aides or require that the aide complete a program outside the agency that meet Medicare requirements regarding duration and subject matter. The aide training program shall be approved by the Department of Health. Each home health aide shall complete the basic training program prior to the provision of services in the home. Faculty for the training program shall consist of: A registered nurse to provide training in personal care services, and, as appropriate, physicians, dietitians, physical therapists, medical social workers, and other health personnel to provide training in the appropriate areas of health care. The following topics shall be included in the home health aide training program:

1. The role of the home health aide as a member of the health services team;
2. Instruction and supervised practice in personal care services of the sick at home, including personal hygiene and activities of daily living;
3. Principles of good nutrition and nutritional problems of the sick and elderly;
4. Preparation of meals including special diets;
5. Information on the process of aging and behavior of the aged;
6. Information on the emotional problems accompanying illness;
7. Principles and practices of maintaining a clean, healthy and safe environment;
8. What to report to the supervisor, and
9. Record keeping.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.29.3 **In-Service Training**. The home health agency shall provide an on-going in-service education program, which should be directly related to home health care and which shall be designed to improve the level of skills of all staff members involved in direct patient care. Full-time and part-time nurses and home health aides shall participate in a minimum of twelve (12) hours of pertinent continuing education programs per year.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.29.4 **Documentation of Training**. A written record of all orientation, basic training, and in-service education programs shall be maintained. Records shall reflect content of and attendance at all programs, as well as beginning and ending times.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 30 STANDARDS OF ETHICAL PRACTICE

Rule 46.30.1 **General**. Each home health agency shall maintain the highest level of ethical standards in its business practices. The governing body of each home health agency shall adopt written standards of ethical practice, which shall be strictly adhered to by all employees and owners of the agency. These standards shall be posted in each agency office in order to facilitate review by any interested individual. At a minimum, every home health agency shall include the following items in the agency's standards of ethical practice:

1. Neither the owner nor any home health agency employee shall knowingly mislead a patient, family member or caretaker concerning services, charges, or use of equipment.

2. Neither the owner nor any home health agency employee shall misuse or misappropriate any property-real or personal-belonging to any patient, family member or caretaker.

3. Neither the owner nor any home health agency employee shall knowingly and actively recruit a patient under the care of another home health agency.

4. No employee or patient of a home health agency shall be coerced into participating in agency fund raising activities.

5. The home health agency shall accept patient referrals in a professional manner with no remuneration provided to the referring party.

6. Patient clinical records, administrative records, and financial records shall not be falsified by any individual for any reason.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 31 PATIENTS' RIGHTS

Rule 46.31.1 **General**. The agency shall maintain written policies and procedures regarding the rights and responsibilities of patients. These written policies and procedures shall be established in consultation with the Professional Advisory Committee. Written policies regarding patients' rights shall be made available to patients and/or their guardian, next of kin, sponsoring agency or agencies, or lawful representative and to the public. There shall be documented evidence that the staff of the agency is trained and involved in the implementation of these policies and procedures. In-service on patient's rights and responsibilities shall be

conducted annually. The patients' rights policies and procedures ensure that each patient admitted to the agency:

1. Is fully informed, as evidenced by the patient's written acknowledgment, prior to or at the time of admission, of these rights and of all rules and regulations governing patient conduct and responsibilities;

2. Is fully informed prior to or at the time of admission and during the course of treatment of services available through the agency, and of related charges including any charges for services not covered under titles XVIII or XIX of the Social Security Act, or any other third party.

3. Is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;

4. Is transferred or discharged only for medical reasons, or for his welfare, or for non-payment (except as prohibited by Titles XVIII or XIX of the Social Security Act), or on the event of an unsafe environment, or should the patient refuse treatment, and is given advance notice to ensure orderly transfer to discharge, and such actions are documented in his clinical record;

5. May voice grievances and recommend changes in policies and services to agency staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

6. Is assured confidential treatment of his personal and clinical records, and may approve or refuse their release to any individual outside the agency, except, in case of his transfer to another health care institution or agency or as required by law or third-party payment contract;

7. Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care of his personal needs;

8. No person shall be refused service because of age, race, religious preference, sex, marital status or national origin.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 32 PLANNING FOR PATIENT TREATMENT: PLAN OF TREATMENT

Rule 46.32.1 **Development of Plan of Treatmen**t. Each home health agency shall establish policies and procedures for assuring that services and items to be provided are specified under a plan of treatment established and regularly reviewed by the physician or podiatrist who is responsible for the care of the patient. Other agency personnel shall have input into the development of the plan of treatment as deemed appropriate by the physician or podiatrist. The original plan of treatment shall be signed by the physician or podiatrist who is responsible for the care of the

patient and incorporated in the record maintained by the agency for the patient. The total plan is reviewed by the attending physician or podiatrist, in consultation with agency professional personnel at such intervals as the severity of the patient's illness requires but in any instance, at least once every two (2) months. The registered nurse, and other health professional shall bring to the attention of the physician or podiatrist changes in the patient's condition which indicate the need for altering the treatment plan or for terminating services. No medication, treatment or services shall be given except on signed order of a person lawfully authorized to give such an order.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.32.2 **Plan of Treatment Content**. The plan of treatment shall include:

1. Diagnoses relevant to the provision of home health services;

2. Functional limitations and rehabilitation potential;

3. Prognosis;

4. Services authorized by the physician or podiatrist, including frequency and duration;

5. Medications ordered by the physician or podiatrist to include dosage, route of administration and frequency;

6. Treatment, if applicable, including modality, frequency and duration; drug and food allergies;

7. Activities permitted;

8. Diet;

9. Specific procedures deemed essential for the health and safety of the patient;

10. The attending physician or podiatrist's signature;

11. Long term goals and discharge plans;

12. Mental status; and

13. Equipment required.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.32.3 **Periodic Review of the Plan of Treatment**. The professional person responsible for any specific treatment shall notify the attending physician or podiatrist, other professional persons, and responsible agency staff of significant changes in the patient's condition. The plan shall be reviewed by the agency care team at least

every sixty (60) days and a written summary report sent to the attending physician or podiatrist containing home health services provided, the patient status, recommendations for revision of the plan of treatment, and the need for continuation or termination of services. The attending physician or podiatrist shall be consulted to approve additions or modifications to the original plan. When a patient is transferred to a hospital and readmitted to the agency, the plan of treatment shall be reviewed by the physician or podiatrist. If the diagnosis of the patient has not changed (as documented in the agency's discharge/transfer summary, the hospital's discharge summary and reassessment of the patient), a statement to continue previous orders will suffice. At the end of the sixty (60) day period, new orders shall be written.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 33 PATIENT PLAN

Rule 46.33.1 **General**. A patient care plan shall be written for each patient by the registered nurse or other disciplines as needed based upon an assessment of the patient's significant clinical findings, resources, and environment. The initial assessment for patients requiring skilled nursing services is to be made by a registered nurse. Assessments by other care team members shall be made on orders of the physician or podiatrist. The patient care plan shall be updated as often as the patient's condition indicates at least every sixty (60) days and shall be maintained as a permanent part of the patient's record.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.33.2 **Content of Patient Care Plan**. The patient care plan shall include:

1. Patient problems;

2. Anticipated goals and time frames;

3. Approaches; and

4. The discipline responsible for a given element of service.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 34 SERVICES PROVIDED: GENERAL

Rule 46.34.1 Each agency shall provide skilled nursing service and at least one other home health service on a part-time or intermittent basis. The skilled nursing service shall be provided directly by agency staff. Other home health services may be provided by agency staff directly or provided under arrangement through a contractual purchase of services. All services shall be provided in accordance with order of the patient's physician or podiatrist and under a plan of treatment established by such physician or podiatrist.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 35 SKILLED NURSING

Rule 46.35.1 **General**. Skilled nursing services shall be provided by or under the supervision of registered nurses currently licensed in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.35.2 **Duties of the Registered Nurse**. The duties of the Registered Nurse shall include, but not be limited to the performance and documentation of the following:

1. Evaluate and regularly reevaluate the nursing needs of the patient;

2. Develop and implement the nursing component of the patient care plan;

3. Provide nursing services, treatments, and diagnostic and preventive procedures requiring substantial specialized skill;

4. Initiate preventive and rehabilitative nursing procedures as appropriate for the patient's care and safety;

5. Observe and report to the physician or podiatrist when appropriate, signs and symptoms, reaction to treatments and changes in the patient's physical or emotional condition;

6. Teach, supervise, and counsel the patient and family members regarding the nursing care needs and other related problems of the patient at home; check all medications to identify ineffective drug therapies, adverse reactions, significant side effects, drug allergies and/or contraindicated medications. Promptly report any problems to the physician or podiatrist.

7. Provide supervision and training to other nursing service personnel;

8. Provide supervision of the Licensed Practical Nurse in the home of each patient seen by the LPN at least once a month. It is not a requirement for the licensed practical nurse to be present at the supervisory visit by the RN; however, it does not preclude the licensed practical nurse from being present. In addition, the supervising RN must be accessible by telecommunications to the LPN at all times while the LPN is treating patients.

9. Make supervisory visits to the patient's residence at least every other week with the aide alternately present and absent, to provide direct supervision and to assess relationships and determine whether goals are being met; and

10. Ensures that the patient's nursing care and progress is recorded in the clinical record.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 36 LICENSED PRACTICAL NURSING SERVICES

Rule 46.36.1 **General**. Licensed Practical Nursing Services shall be provided by a trained licensed practical nurse working under the supervision of a registered nurse. The duties of the Licensed Practical Nurse shall include, but not limited to the following:

1. Observe, record and report to supervisor on the general physical and mental conditions of the patient;

2. Administer prescribed medications and treatments in accordance with the plan of treatment;

3. Assist the physician or podiatrist and/or registered nurse in performing specialized procedures;

4. Assist the patient with activities of daily living and encourage appropriate self-care; and

5. Prepare progress notes and clinical notes.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 37 STUDENT NURSE

Rule 46.37.1 **General**. When an agency elects to participate with an educational institution to provide clinical community health nursing experience for students as part of their nursing curriculum, the student nurse shall perform skilled nursing functions in the patient's home only under the direct supervision of a registered nurse.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.37.2 **Written Agreement**. There shall be a written agreement between the agency and each educational institution. The agreement specifies the responsibilities of the agency and the educational institution. The agreement includes, at minimum the following:

1. The agency retains the responsibility for patient care.

2. The educational institution retains the responsibility for student education.

3. The student and facility performance expectations.

4. Faculty supervision of undergraduate students in the field.

5. Ratio of faculty to students.

6. Confidentiality regarding patient information.

7. Required insurance coverage.

8. Provisions for joint agency/facility student program evaluation.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 38 HOME HEALTH AIDE SERVICES

Rule 46.38.1 **General**. When an agency provides or arranges for home health aide services, the aides shall be assigned because the patient needs personal care. The services shall be given under a physician or podiatrist's order and shall be supervised by a registered nurse. When appropriate, supervision may be given by a physical, speech, or occupational therapist.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.38.2 **Responsibilities of the Home Health Aide**. Responsibilities of the home health aide shall include but not be limited to the following:

1. The home health aide shall perform only those personal care activities contained in written assignment by a health professional employee which include assisting the patient with personal hygiene, ambulation, eating, dressing and shaving.

2. The home health aide may perform other activities as taught by a health professional employee for a specific patient. These include, but are not limited to: shampoo, reinforcement of a dressing, assisting with the use of devices for aide to daily living (walker, wheelchair), assisting with prescribed range of motion exercises which the home health aide and the patient have been taught by a health professional employee, doing simple urine tests for sugar, acetone or albumin, measuring and preparing special diets, intake an output.

3. The home health aide shall not be allowed to perform the following and other procedures requiring skilled services: Change sterile dressings, irrigate body cavities such as a colostomy or wound, perform a gastric lavage or gavage, decubitus care, catheterize a patient, administer medications, apply heat by any method, care for a tracheotomy tube, or any personal health service which has not been included by the professional nurse in the aide assignment sheet.

4. The home health aide shall keep records of personal health care activities.

5. The home health aide shall observe appearance and behavioral changes in the patient and report to the professional nurse.

6. The home health aide patient services shall be evaluated by a health professional at least every other week, with the aide alternately present and absent, in the home for those patients receiving skilled services. When only home health aide services

are being furnished to a patient, a registered nurse must make a supervisory visit to the patient's residence at least once every 60 days. This supervisory visit must occur while the aide is furnishing patient care.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 39 PHYSICAL THERAPY SERVICE

Rule 46.39.1 **General**. Physical therapy services shall be given in accordance with the responsible physician's or podiatrist's written order by a physical therapist or physical therapy assistant currently licensed in the State of Mississippi to practice as a physical therapist or physical therapist assistant. The physician's or podiatrist's order shall be specific as to modalities to be utilized and frequency of therapy.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.39.2 **Duties of the Physical Therapist**. The duties of the physical therapist shall include, but not be limited to the following:

1. Assisting the physician or podiatrist in the functional evaluation of the patient and development of the individual plan of treatment;

2. Developing and implementing a physical therapy component of the patient care plan;

3. Rendering treatments to relieve pain, develop or restore function, and maintain maximum performance; directing and aiding the patient in active and passive exercise, muscle reeducation, and engaging in functional training activities in daily living;

4. Observing and reporting to the responsible physician or podiatrist the patient's reactions to treatments and any changes in the patient's conditions;

5. Instructing the patient and family on the patient's total physical therapy program and in which they may work with the patient;

6. Instructing the patient and family on the patient's total physical therapy program and in the care and use of appliances, prosthetic and other orthopedic devices;

7. Preparing clinical notes, progress notes, and discharge summaries;

8. Participating in agency in-service training programs;

9. Acting as a consultant to other agency personnel;

10. Developing written policies and procedures for the physical therapy services of the home health agency;

11. Make the initial visit for evaluation of the patient and establishment of a plan of care;

12. The supervising physical therapist must have a case conference with the physical therapy assistant to discuss the evaluation, review the established plan of care, and provide the physical therapy assistant with instructions needed for the safe and effective treatment of the patient before the physical therapy assistant begins providing services to the patient;

13. The supervising physical therapist must visit and personally render treatment and reassess each patient who is provided services by the physical therapist assistant no later than every sixth treatment day or thirtieth calendar day, whichever occurs first. It is not a requirement for the physical therapist assistant to be present at this visit; however, it does not preclude the physical therapist assistant from being present. In addition, the supervising physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients.

14. Make the final visit to terminate the plan of care; and

15. Provide supervision for no more than four (4) physical therapy assistants.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.39.3 **Duties of the Physical Therapy Assistant**. The duties of the physical therapist assistant shall be limited to the following:

1. Perform physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist with the exception of interpretation of referrals; identification, determination or modification of plans of care (including goals and treatment programs); final discharge assessment/evaluation or establishment of the discharge plan; or establishment of the discharge plan; or therapeutic techniques beyond the skill and knowledge of the physical therapist assistant.

2. Notify the supervising physical therapist of changes in the patient's status, including all untoward patient responses.

3. Discontinue immediately any treatment procedures which in their judgment appear to be harmful to the patient.

4. Preparing clinical notes and progress notes.

5. Participation in staff in-service programs.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 40 SPEECH PATHOLOGY AND AUDIOLOGY SERVICES

Rule 46.40.1 **General**. The speech pathologist shall be currently licensed by the Mississippi Department of Health. The audiologist shall be currently licensed by the Mississippi Department of Health. Speech pathology and audiology services shall be given in accordance with the responsible physician's written order by a licensed speech pathologist or a licensed audiologist. The frequency of service shall be specified in the physician's order.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.40.2 **Duties of the Speech Pathologist and/or Audiologist**. The duties of the speech pathologist and/or audiologist shall include, but not be limited to:

1. Assisting the physician in the evaluation of the patient with speech, hearing, or language disorders; and development of the individual plan of treatment;

2. Developing and implementing a Speech Pathology and/or Audiology Component of the patient care plan;

3. Providing rehabilitative services for speech, hearing, and language disorders;

4. Observing and reporting to the responsible physician the patient's reaction to treatment and any changes in the patient's condition.

5. Instructing other agency personnel, the patient and family members in methods to improve and correct speech, hearing, and language disabilities;

6. Preparing clinical notes, progress notes, and discharge summaries;

7. Participating in agency in-service training programs;

8. Acting as a consultant to other agency personnel; and

9. Developing written policies and procedures for the Speech Pathology/Audiology Services of the Home Health Agency.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 41 OCCUPATIONAL THERAPY SERVICES

Rule 46.41.1 **General**. When an agency provides or arranges for occupational therapy, services shall be given in accordance with a physician's or podiatrist's written order by a licensed occupational therapist or a licensed occupational therapy assistant under the supervision of a licensed occupational therapist.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.41.2 **Duties of the Occupational Therapist**. Duties of the occupational therapist shall include, but not be limited to, the following:

1. Assisting the physician or podiatrist in the evaluation of patients by applying diagnostic and prognostic tests and by reporting the findings in terms of problems and abilities of the patient; identifying patients' therapy needs and development of the individual plan of treatment;

2. Developing and implementing an occupational therapy component of the patient care plan.

3. Treating patients for the purpose of attaining maximum functional performance through use of such procedures as:

   a. Task orientation therapeutic activities;

   b. Activities of daily living;

   c. Perceptual motor training and sensory integrative treatment;

   d. Orthotics and splinting;

   e. Use of adaptive equipment;

   f. Prosthetic training;

   g. Homemaking training.

6. Observing, recording and reporting to the physician or podiatrist and agency personnel the patient's reaction to treatment and any changes in the patient's condition;

7. Counseling with regard to levels of functional performance and the availability of community resources;

8. Instructing other health team personnel, patients, and family members;

9. Preparing clinical notes, progress notes, and discharge summaries;

10. Participating in staff in-service educational programs;

11. Developing written policies and procedures for the occupational therapy services of the home health agency;

12. Acting as a consultant to other agency personnel; and

13. Make supervisory visits to the patient's residence with the Occupational Therapy Assistant at least once every three (3) weeks or every five (5) to seven (7)

treatment sessions to provide direct supervision and to assess the adherence to the plan of treatment and progress toward established goals.

14. Conduct all initial assessments and establish the goals and plans of treatment before the treatments are provided to the patient by an Occupational Therapy Assistant.

15. Prepare discharge summaries, interim assessments, and initiate any changes in the plan of care for patients treated by Occupational Therapy Assistants.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.41.3 **Duties of the Occupational Therapy Assistant**. The responsibilities of the therapy assistant shall be limited to the following:

1. Treating patients for the purpose of attaining maximum functional performance through the use of procedures as:

   a. Task oriented therapeutic activities;

   b. Activities of daily living;

   c. Perceptual motor training and sensory integrative treatment;

   d. Orthotics and splinting;

   e. Use of adaptive equipment;

   f. Prosthetic training;

   g. Homemaking training;

   h. Patient and family member education.

2. Observing, recording and reporting to the Supervising Therapist, any reaction to treatment and any changes in the patient's condition.

3. Preparation of clinical or treatment notes.

4. Participation in staff education programs.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 42 MEDICAL SOCIAL SERVICES

Rule 46.42.1 **General**. Medical social services shall be provided by a social worker who has a masters degree from a school of social work accredited by the Council on Social Work Education and is licensed as such by the State of Mississippi and has one year of social work experience in a health care setting or by a licensed social

worker who has a bachelor's degree from a school of social work accredited by the Council of Social Work Education or Southern Association of Colleges and Schools and has one year of social work experience in a health care setting and who is supervised by a licensed social worker with a masters degree. Medical social services shall be given in accordance with the responsible physician or podiatrist's written order by a medical social worker. Master's degree social worker shall review and evaluate the performance of the bachelor's degree social worker on a monthly basis.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.42.2 **Duties of the Medical Social Worker**. The duties of the medical social worker include, but are not limited to the following:

1. Assisting the responsible physician or podiatrist and other members of the agency team in understanding the significant social and emotional factors related to patient health problems;

2. Assessing the social and emotional factors in order to estimate the patient's capacity and potential to cope with problems of daily living; and assisting in the development of an individual plan of treatment;

3. Developing and implementing a social work component of the patient care plan;

4. Helping the patient and his/her family to understand, accept, and follow medical recommendations and provide services planned to restore the patient to optimum social and health adjustment within his/her capacity;

5. Assisting patients and their families with personal and environmental difficulties which predispose towards illness or interfere with obtaining maximum benefits from medical care;

6. Utilizing resources such as family and community agencies to assist the patient in resuming life in the community or to learn to live with his/her disability;

7. Preparing clinical notes, progress notes, and discharge summaries;

8. Participating in agency in-service training programs;

9. Acting as a consultant to other agency personnel;

10. Development of written policies and procedures for medical social services of the home health agency; and

11. Review and evaluate the work of a bachelor's degree licensed social worker on a monthly basis.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 43 NUTRITIONAL SERVICES

Rule 46.43.1 **General**. Nutrition is recognized as an important component of the total health status of all persons. Because state and community health agencies are concerned with the total health care of all, nutrition services must be considered a vital element in all home health agencies' programs. When a home health agency elects to provide nutrition services, these services shall include an evaluation of the nutritional status of the patient, the results of which shall be included in the patient care plan. Nutritional services shall be provided by or under the supervision of a registered dietitian.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.43.2 **Duties of the Dietitian**. The responsibilities of the Dietitian shall include but not be limited to, the following:

1. Assisting the physician or podiatrist in the evaluation of the patient's nutritional status and development of the individual plan of treatment;
2. Developing and implementing a nutritional component of the patient care plan;
3. Selecting, preparing and evaluating teaching materials and aids for patient counseling and education and furnishing direct nutritional counseling services to the patient;
4. Observing and reporting to the physician or podiatrist the patient's reaction and adherence to the diet and change in the patient's nutritional status;
5. Preparing clinical notes, progress, and discharge summaries;
6. Participating in agency in-service training programs;
7. Acting as a consultant to other agency personnel; and
8. Developing written policies and procedures for the nutritional services of the home health agency.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 44 RESPIRATORY THERAPY SERVICES

Rule 46.44.1 **General**. Respiratory care services shall be provided only by a registered respiratory therapist or a certified respiratory therapy technician upon the written order of a physician. The physician's order shall specify the modality to be utilized and the frequency of services.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.44.2 **Duties of the Respiratory Therapist or Technician**. The duties of the registered respiratory therapist or certified respiratory therapy technician shall include, but not be limited to, the following:

1. Assisting the physician in the evaluation of patients; respiratory disorders, and development of individual plan of treatment;

2. Developing and implementing a respiratory therapy component of the patient care plan;

3. Providing rehabilitative services for respiratory disorders;

4. Observing and reporting to the responsible physician the patient's reaction to treatment and any changes in the patient's condition; and

5. Instructing other agency personnel, the patient, and family member in methods to improve and correct respiratory disabilities;

6. Preparing clinical notes, progress notes, and discharge summaries;

7. Participating in agency in-service training programs;

8. Acting as a consultant to other agency personnel; and

9. Developing written policies and procedures for the respiratory therapy services of the home health agency.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 45 OUTPATIENT SERVICES IN LONG TERM CARE FACILITIES

Rule 46.45.1 **General**. Any services provided by a home health agency on an outpatient basis to long term care facilities shall be provided under the terms of a written agreement signed by representatives of the home health agency and the long term care facility. The agreement shall contain: responsibilities of both parties, functions, objectives and terms of the agreement, including financial agreements and charges. The services shall be provided in accordance with all applicable laws, rules, and regulations. Clinical records for patients receiving the service shall be maintained with the original clinical record on file in the home health agency office and a copy provided the long term care facility.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 46 APPLIANCE AND EQUIPMENT SERVICE

Rule 46.46.1 **General**. Appliance and equipment services may be provided to patients by the home health agency only upon the written order of a physician or podiatrist. A home health agency may elect to provide the service directly or indirectly through

a supplier. Policies and procedures shall be developed for the appliance and equipment services. All appliances and equipment provided for patients shall be maintained in good condition.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 47 CLINICAL RECORDS: GENERAL

Rule 46.47.1 **General**. Clinical records shall be under the direction of a designated person with adequate staff and facilities to perform required functions. The agency shall maintain a medical record for each patient covering those services provided directly by the agency and those provided by another agency or individual. Symbols or abbreviations used in the clinical records shall be approved by the staff and a current copy of abbreviations shall be maintained in the agency office. Clinical records shall be readily accessible at all times.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 48 CLINICAL RECORD

Rule 46.48.1 **Clinical Record Content**. A clinical record shall be established and maintained for every person admitted to home health services. The original or signed copy of clinical reports shall be filed in the clinical record. Clinical records shall contain:

1. Appropriate identifying information for the patient, household members and caretakers, pertinent diagnoses, medical history, and current findings;

2. A plan of treatment;

3. Initial and periodic patient assessments by the professional discipline responsible performed in the home;

4. Patient care plan;

5. Clinical notes signed and dated by all disciplines rendering service to the patient for each contact, written the day of service and incorporated into the patient's clinical record at least weekly;

6. Reports of case conferences including staff contacts with physicians or podiatrists and other members of the health care pertaining to the patients. Case conferences shall be conducted and documented at least every sixty (60) days or more often as required by the patient's condition;

7. Written summary reports to the physician or podiatrist every sixty (60) days;

8. Progress notes written at least every sixty (60) days or more frequently as warranted by the patient's conditions;

9. Documentation of supervisory visits by a registered nurse or other applicable supervisory personnel;

10. A discharge summary;

11. A copy of the patient transfer information sheet if patient is admitted to another health care facility;

12. Home health aide written instructions;

13. Verbal orders shall be taken only by registered nurses or health care professionals, and immediately recorded in the patient's clinical record with the date. These orders shall be countersigned by the physician or podiatrist; and

14. Duplicate copies of all laboratory results as reported by the referral laboratory.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 49 CONFIDENTIALITY

Rule 46.49.1 **Patient Confidentiality**. The agency shall insure confidentiality of patient information in accordance with written policies and procedures. Records shall be stored in a locked area and only authorized personnel shall have access to the records. Clinical records are the property of the home health agency and may be released only with the written consent of the patient, the legal guardian, or in accordance with the law.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 50 RETENTION OF RECORDS

Rule 46.50.1 **Clinical Records**. Clinical records shall be preserved for a period of not less than five (5) years following discharge. These records may be reproduced on film (microfilmed) or other form of medium acceptable to the licensing agency and, after the discharge of the patient involved, retire the original record so reproduced. If a facility ceases operation, arrangements shall be made for the preservation of records to ensure compliance with these regulations. The licensing agency shall be notified, in writing, concerning the arrangements.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 51 AUTHORSHIP

Rule 46.51.1 **Authorship**. Entries in the record shall be dated and signed by the person making the entry.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 52 EVALUATION: GENERAL

Rule 46.52.1 **General**. The home health agency shall have written policies requiring an overall evaluation of the agency's total program at least once a year. This evaluation shall be made by the Professional Advisory Group (or a committee of this group), home health agency staff, and consumers, or representation from professional disciplines outside the agency working in conjunction with consumers. The evaluation consists of an overall policy and administrative review and a clinical record review. The evaluation shall assess the extent to which the agency's program is appropriate, adequate, effective and efficient. Results of the evaluation shall be reported to and acted upon by those responsible for the operation of the agency and maintained separately as administrative records. The objectives of the evaluation shall be:

1. To assist the Home Health Agency in using its personnel and facilities to meet individual and community needs;

2. To identify and correct deficiencies which undermine quality care and lead to waste of facility and personnel resources;

3. To help the home health agency make critical judgments regarding the quality and quantity of its services through self-examination;

4. To provide opportunities to evaluate the effectiveness of agency policies and when necessary make recommendations to the administration of what controls or changes are needed to assure high standards of patient care; and

5. To augment in-service staff education.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 53 POLICY AND ADMINISTRATIVE REVIEW

Rule 46.53.1 **Evaluation Process**. As a part of the evaluation process, the policies and administrative practices of the agency are reviewed to determine the extent to which they promote appropriate, adequate, effective and efficient patient care. Mechanisms are established in writing for the collection of pertinent data to assist in evaluation. The data to be considered may include but are not limited to: number of patients receiving each service offered, number of patient visits, reasons for discharge, breakdown by diagnosis, sources of referral, number of patients not accepted with reasons, and total staff days for each service offered.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 54 CLINICAL RECORD REVIEW (54)

Rule 46.54.1 **Clinical Records**. In addition to the annual clinical record review by the in-house staff members on the Professional Advisory Committee, members of professional disciplines representing at least the scope of the agency's programs shall at least quarterly review a sample of both active and closed clinical records to assure that

established policies are followed in providing services (direct as well as those under arrangement). The clinical records of at least 10% of the total patient census are to be reviewed; however, at no time shall the review consist of less than ten (10) or more than fifty (50) records. The records reviewed shall be representative of the services rendered and include records of patients served by branch offices, if applicable. This review shall include, but not be limited to the following:

1. If the patient care plan was directly related to the stated diagnosis and plan of treatment;

2. If the frequency of visits was consistent with plan of treatment;

3. If the services could have been provided in a shorter span of time.

SOURCE: Miss. Code Ann. §41-71-13

Rule 46.54.2 **Continuing Review**. There shall be a continuing review of clinical records for each sixty (60) day period that a patient received home health services to determine adequacy of the plan of treatment and appropriateness of continuation of care.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 55 CONCLUSION: GENERAL

Rule 46.55.1 **Conclusion**. Conditions which have not been covered in the Standards shall be enforced in accordance with the best practices as interpreted by the Licensing Agency. The Licensing Agency reserves the right to:

1. Review the payroll records of each home health agency for the purpose of verifying staffing patterns;

2. Visit home health patients in their place of residence in order to evaluate the quality of care provided;

3. Grant variances as it deems necessary for agencies existing prior to July 1, 1981;

4. Information obtained by the licensing agency through filed reports, inspection, or as otherwise authorized, shall not be disclosed publicly in such manner as to identify individuals or institutions, except in proceedings involving the questions of Licensure; and

5. The Licensing Agency shall reserve the right to review any and all records and reports of any home health agency, as deemed necessary to determine compliance with these Minimum Standards of Operation.

SOURCE: Miss. Code Ann. §41-71-13

CHAPTER 47 MINIMUM STANDARDS FOR PERSONAL CARE HOMES ASSISTED LIVING

SUBCHAPTER 1 GENERAL: LEGAL AUTHORITY

Rule 47.1.1 **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 43-11-13 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 for Personal Care Homes - Assisted Living. 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. §43-11-13

Rule 47.1.2 **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. §43-11-13

Rule 47.1.3 **Fire Safety**. No facility may be licensed until it shows conformance to the safety regulations providing minimum standards for prevention and detection of fire as well as for protection of life and property against fire.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.1.4 **Duty to Report**. All fires, explosions, natural disasters as well as avoidable deaths, or avoidable, serious, or life-threatening injuries to residents 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.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 2 DEFINITIONS

Rule 47.2.1 **Assisted Living**. The term "assisted living" shall mean the provision of personal care and the addition of supplemental services to include, but not be limited to, the provision of medical services (i.e., medication procedures and medication administration), and emergency response services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.2 **Ambulation**. The terms "ambulation" or "ambulatory" shall mean the resident's ability to bear weight, pivot, and safely walk independently or with the use of a

cane, walker, or other mechanical supportive device (i.e., including, but not limited to, a wheelchair). A resident who requires a wheelchair must be capable of transferring to and propelling the wheelchair independently or with prompting. No more than ten percent (10%) of the resident census shall require assistance during any staffing shift as described and required herein.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.3 **Criminal History Record Checks**.

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

2. **Employee**. For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a covered entity. The term "employee", also includes any individual who by contract with the covered entity provides direct patient care in a patient's, resident's, or client's room or in treatment rooms.

3. The term employee does not include healthcare professional/technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

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

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

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

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

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

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

7. **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.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.4 **Facility**. The term "facility" shall mean any home or institution that (1) has sought or is currently seeking designation as a "licensed facility" under the terms of these regulations; or (2) is operating a home or institution unlawfully which, by its nature and operational intent, is required to be a licensed facility under the terms of these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.5 **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 resident.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.6 **IGRA(s) (Interferon-Gamma Release Assay(s).** A whole blood test used in to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.7 **Licensing Agency**. The term "licensing agency" shall mean the Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.8 **Licensed Facility**. The term "licensed facility" shall mean any personal care home for assisted living which has been issued a license for operation by the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.9 **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. It is the most reliable and standardized technique for tuberculin testing. It should be administered only by persons certified in the intradermal technique.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.10 **Medication Administration**. For the purposes of these regulations, the term "medication administration" is limited to these decisions, made by someone other than the person for whom the medication has been prescribed, 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. §43-11-13

Rule 47.2.11 **Medication Assistance**. For the purposes of these regulations, the term "medication assistance" is any form of delivering medication which has been prescribed which is not defined as "medication administration", including, but not limited to, the physical act of handing an oral prescription medication to the patient along with liquids to assist the patient in swallowing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.12 **Personal Care**. The term "personal care" shall mean the assistance rendered by personnel of the licensed facility to residents in performing one or more of the activities of daily living, including but not limited to bathing, walking, excretory functions, feeding, personal grooming, and dressing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.13 **Significant Tuberculin Skin Test**. An induration of five (5) millimeters or greater is significant (or positive) in the following:

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

2. Close contacts of a person with infectious tuberculosis.

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

4. Persons who inject drugs (if HIV status is unknown). An induration of ten (10) millimeters or greater is significant (or positive) in all other persons tested in Mississippi. A tuberculin skin test is recorded in millimeters of induration. For accurate results, measure the widest diameter of the palpable induration transverse (across) the arm.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.14 **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 institutions for the aged and infirm.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.2.15 **Two-step Testing**. A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 3 PROCEDURE GOVERNING ADOPTION AND AMENDMENT

Rule 47.3.1 **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. §43-11-13

Subchapter 4 INSPECTION

Rule 47.4.1 **Inspections Required**. Each licensed facility shall be inspected by the licensing agency or by persons delegated with authority by said licensing agency at such intervals as the licensing agency may direct. The licensing agency and/or its authorized representatives shall have the right to inspect construction work in progress. New facilities shall not be licensed without having first been inspected for compliance with these rules, regulations, and minimum standards.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 5 CLASSIFICATION

Rule 47.5.1 **Personal Care Home - Residential Living**. The terms "Personal Care Home - Residential" and "Residential Personal Care Home" shall mean any place or facility operating 24 hours a day, seven (7) days a week, accepting individuals who require personal care services or individuals, who due to functional impairments, may require mental health services to compensate for activities of daily living. Regulation by the licensing agency for such facilities are governed by the "Regulations Governing Licensure of Personal Care Homes - Residential".

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.5.2 **Personal Care Home - Assisted Living**. The terms "Personal Care Home - Assisted Living" and "Assisted Living Personal Care Home" shall mean any place or facility operating 24 hours a day, seven (7) days a week, accepting individuals who require assisted living services as governed by the regulations herein.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 6 TYPES OF LICENSE

Rule 47.6.1 **Regular License**. A license shall be issued to each facility that meets the requirements as set forth in these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.6.2 **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 residents will not be endangered.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 7 APPLICATION OR RENEWAL OF LICENSE

Rule 47.7.1 **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. §43-11-13

Rule 47.7.2 **Fees**.

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

2. Applicants for initial licensure, or licensees, shall pay a user fee, in an amount set by the Board, and shall be made payable, either by check, money order, or electronic means, to the Mississippi State Department of Health, 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. Fees are non-refundable.

3. Should all documentation appropriate for license renewal not be received by Mississippi State Department of Health, Division of Health Facilities Licensure and Certification on or prior to the expiration date of the license, a late fee in an amount set by the Board, will be assessed and must be submitted payable by business check, money order, or electronic means, to the Mississippi State Department of Health prior to the issuance of a license. Should all paperwork necessary for renewal not be submitted within 30 days post-expiration of the license, the facility shall be considered unlicensed and actions taken, as appropriate to process termination of the license.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.7.3 **Name of Facility**. 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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.7.4 **Number of Beds**. The maximum number of beds for which the facility is licensed shall not be exceeded.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 8 LICENSING

Rule 47.8.1 **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 licensed number.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.8.2 **Posting of License**. The license shall be posted in a conspicuous place on the licensed premises and shall be available for review by an interested person.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.8.3 **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. §43-11-13

Rule 47.8.4 **Expiration of License**. Each license shall expire on March 31, following the date of issuance.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.8.5 **Renewal of License**. License shall be renewable annually upon:

1. Filing and approval of an application for renewal by the licensee.

2. Submission of appropriate licensure renewal fee.

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. §43-11-13

Subchapter 9 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

Rule 47.9.1 **Denial or Revocation of License: Hearings and Review**. The licensing agency, after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license, 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 residents.

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 residents and employees of said licensed facility. Detrimental practices include but are not limited to:

   a. Cruelty to a resident or indifference to the needs which are essential to the general well-being and health.

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

   c. Failure to provide food adequate for the needs of a resident.

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

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

   f. Failure to notify next of kin when a resident's condition becomes critical.

   g. Admission of a resident 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 resident 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. §43-11-13

Rule 47.9.2 **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 residents of said institution or the health and safety of the general public.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 10 PROVISION FOR HEARING AND APPEAL FOLLOWING DENIAL OR REVOCATION OF LICENSE; PENALTIES

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.10.1 **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.

1. 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. §43-11-13

Rule 47.10.2 **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 43-11-25 of the Mississippi Code of 1972, Annotated.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.10.3 **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 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 licensed facility achieves compliance and such compliance is verified by the licensing agency. The licensing agency will verify the licensed facility's corrective actions as soon as possible after the licensing agency receives a plan of correction from the licensed facility.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 11 ADMINISTRATION

Rule 47.11.1 **Operator**. There shall be a full-time employee designated as operator of the licensed facility who shall be responsible for the management of the licensed facility. The operator shall be at least twenty-one years of age and shall be a high school graduate, or have passed the GED, and shall not be a resident of the licensed facility. The operator shall have verification that he is not listed on the "Mississippi Nurses Aide Abuse Registry." When the operator is not within the licensed facility, there shall be an individual onsite at the licensed facility who shall represent the operator, and be capable of assuming the responsibility of operator. Said person must be at least twenty-one years or age and shall be a high school graduate, or have passed the GED, and shall have verification that he is not listed on the "Mississippi Nurses Aide Abuse Registry."

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.2 **Operator Mentoring**. Operators shall be scheduled to spend two (2) concurrent days with the licensing agency for the purpose of training and mentoring. Placement of an operator with the licensing agency may include, but not be limited to, assignments within the licensing agency's central offices or placement with a survey team. Any costs associated with placements for the purposes of this section shall be borne by the licensed facility at which the operator is employed. The operator shall keep confidential and not disclose to any other persons any identifying information about any person or entity that he/she learned while observing operations as required by this section, except as otherwise mandated by law.

1. This section shall apply to operators who: have been employed by a licensed facility for less than six (6) months, during which time the placement must be completed.

2. This section shall not apply to operators who:

   a. have previously participated in a placement as required by this section; or

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

   c. Failure to successfully complete the placement required under this section shall disqualify the operator from serving in such capacity of a licensed facility until a placement is completed.

   d. This section shall go into effect January 1, 2002 and thereafter.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.3 **Surveyor Mentoring**. Surveyors shall be scheduled to spend two (2) concurrent days with a licensed facility for the purpose of training and mentoring. Selection of a licensed facility for placement of the surveyor shall be done at the discretion

of the licensing agency, except no licensed facility shall be required to accept more than two (2) placements in any calendar year. Upon completion of said training, the surveyor shall not participate in a survey of the same licensed facility for a period not to exceed one year from the date of training placement. Any costs associated with the placement of a surveyor for the purposes of this section shall be borne by the licensing agency. The surveyor shall keep confidential and not disclose to any other persons any identifying information about any person or entity that the surveyor learned while observing operations as required by this section, except as otherwise mandated by law.

1. This section shall apply to surveyors who have been employed by the licensing agency in a surveyor capacity for less than six (6) months, during which time the placement must be completed.

2. This section shall not apply to surveyors who were previously employed by a licensed facility.

3. Failure to successfully complete the placement required under this section shall disqualify the surveyor from serving in such capacity for the licensing agency until a placement is completed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.4 **Other Personnel.** 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." Personnel shall receive training on a quarterly basis 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. Personnel shall be employed and on duty, awake, and fully dressed to provide personal care to the residents. The following staffing ratio shall apply:

1. One (1) resident attendant per fifteen (15) or fewer residents for the hours of 7:00 a.m. until 7:00 p.m.

2. One (1) resident attendant per twenty-five (25) or fewer residents for the hours of 7:00 p.m. until 7:00 a.m. There shall be designated, in writing and posted in a conspicuous place, on-call personnel in the event of an emergency, during this shift.

3. Shall have a licensed nurse on the premises for eight (8) hours a day. Licensed nurses, as required by this section, shall not be included in the resident attendant ratio.

4. For instances where a resident is unable to self-administer prescription medication, a licensed nurse must be present to administer the prescription medication.

5. Nursing activities must comply with Mississippi Board of Nursing regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.5 **Criminal History Record Checks**.

1. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be preformed 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 patient care or services and who is employed on or after July 01, 2003, and

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

2. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history record check 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 patient care on a temporary basis pending the results of the criminal history record check but any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check and no waiver is granted.

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

   a. possession or sale of drugs

   b. murder

   c. manslaughter

   d. armed robbery

   e. rape

   f. sexual battery

   g. sex offense listed in Section 45-33-23 (g), Mississippi Code of 1972

   h. child abuse

i. arson

j. grand larceny

k. burglary

l. gratification of lust

m. aggravated assault

n. felonious abuse and/or battery of vulnerable adult

o. 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, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

4. Pursuant to Section §43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (3) above.

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

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

7. The covered entity may, in its discretion, allow any employee unable to sign the affidavit required by paragraph (7) of this subsection or any employee applicant aggrieved by the employment decision under this subsection to appear before the covered entity's hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow the employee or employee applicant to be employed at the covered entity. The covered entity, upon report and recommendation of the hiring officer, may grant waivers for those mitigating

circumstances, which shall include, but not be limited to: (1) age at which the crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work history; (5) current employment and character references; and (6) other evidence demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility.

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

9. 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.

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

11. Pursuant to Section §43-11-13, 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. §43-11-13

Rule 47.11.6 **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. §43-11-13

Rule 47.11.7 **Employee Testing for Tuberculosis**

1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, 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 facility where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered,/read and assessment for signs and symptoms completed.

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

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

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 residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.

8. 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 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 residents 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 .

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.8 **Admission Agreement**. Prior to, or at the time of admission, the operator and the resident or the resident's responsible party shall execute in writing a financial agreement. This agreement shall be prepared and signed in two or more copies, one copy given to the resident or his/her responsible party, and one copy placed on file in the licensed facility.

1. As a minimum, this agreement shall contain specifically:

   a. Basic charges agreed upon (room, board, laundry, and personal care).

   b. Period to be covered in the charges.

   c. Services for which special charges are made.

   d. Agreement regarding refunds for any payments made in advance.

   e. A statement that the operator shall make the resident's responsible party aware, in a timely manner, of any changes in resident's status, including those which require transfer and discharge; or operators who have been designated as a

resident's responsible party shall ensure prompt and efficient action to meet resident's needs.

2. No agreement or contract shall be entered into between the licensee and the resident 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.

3. Any funds given or provided for the purpose of supplying services to any patient in any licensed facility, and any funds otherwise received and held from, for or on behalf of any such resident, shall be deposited by the director or other proper officer of the licensed facility to the credit of that patient in an account which shall be known as the Resident's Personal Deposit Fund. No more than one (1) month charge for the care, support, maintenance, and medical attention of the patient shall be applied from such account at any one (1) time. After the death, discharge, or transfer of any resident for whose benefit any such fund has been provided, any unexpended balance remaining in his personal deposit fund shall be applied for the payment of care, cost of support, maintenance, and medical attention which is accrued. In the event any unexpended balance remains in that resident's personal deposit fund after complete reimbursement has been made for payment of care, support, maintenance, and medical attention, and the director or other proper officer of the licensed facility has been or shall be unable to locate the person or persons entitled to such unexpended balance, the director or other proper officer may, after the lapse of one (1) year from the date of such death, discharge, or transfer, deposit the unexpended balance to the credit of the licensed facility's operating fund.

4. The resident or his responsible party shall be furnished a receipt signed by the licensee of the licensed facility or his lawful agent, for all sums of money paid to the licensed facility.

5. Written notification shall be given to the resident/responsible party when basic charges and/or licensed facility policies change.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.9 **Records and Reports**.The operator shall maintain a record of the residents 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 resident whose conservator or representative payee is the operator of the licensed facility.

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

2. Resident records shall contain the following:

a. Admission agreement(s) and financial statements.

b. Residents' rights and licensed facility's rules, signed, dated, and witnessed.

c. Medical evaluation and referral from physician or nurse practitioner/physician assistant.

d. Current medication record, including any reactions to such medication.

e. Social services and activity contacts.

f. General information form.

g. Representative payee statement, if applicable.

h. Physician orders or nurse practitioner/physician assistant orders (including, but not limited to, therapies, diets, medications, etc.) and medication administration records.

3. The records as described in this section shall be made available to the resident, the resident's family, or other responsible party for the resident upon reasonable request.

4. The facility shall report and comply with the annual MDH TB Program surveillance procedures.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.10 **Licensed Facility Policies**. Written policies shall be available which indicate services to be provided, and which include policies regarding admission, transfer and discharge of residents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.11 **Residents' Rights**. These rights and licensed facility rules must be in writing and be made available to all residents, employees, sponsors, and posted for public viewing. Each resident shall:

1. Have the right to attend religious and other activities of his/her choice.

2. 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 resident or from his/her responsible party of this responsibility to the facility for any period of time in conformance with State law.

3. Not be required to perform services for the licensed facility.

4. Have the right to communicate with persons of his/her choice, and may receive mail unopened or in compliance with the policies of the home.

5. Be treated with consideration, kindness, respect, and full recognition of his/her dignity and individually.

6. May retain and use personal clothing and possessions as space permits.

7. May voice grievances and recommend changes in licensed facility policies and services.

8. Shall not be confined to the licensed facility against his/her will, and shall be allowed to move about in the community at liberty. Physical and/or chemical restraints are prohibited.

9. Not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with State law.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 12 MEDICAL AND PERSONAL CARE SERVICES

Rule 47.12.1 **Admission and Discharge Criteria**. The following criteria must be applied and maintained for resident placement in a licensed facility:

1. Only residents whose needs can be met by the licensed facility shall be admitted. An appropriate resident is primarily an aged ambulatory person who requires domiciliary care and who may require non-medical services, medical services such as medication assistance, emergency response services, and home health services as prescribed by a physician's order and as allowed by law.

2. A person shall not be admitted or continue to reside in an licensed facility if the person:

   a. Requires physical restraints;

   b. Poses a serious threat to himself or herself or others;

   c. Requires nasopharyngeal and/or tracheotomy suctioning;

   d. Requires gastric feedings;

   e. Requires intravenous fluids, medications, or feedings;

   f. Requires a indwelling urinary catheter;

   g. Requires sterile wound care; or

   h. Requires treatment of decubitus ulcer or exfoliative dermatitis.

3. 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 residents. Only those persons who, in an emergency, would be physically and mentally capable of traveling to safety may be accepted. For multilevel facilities, no residents may be placed above the ground floor level that are unable to descend the stairs unassisted.

4. The licensed facility must be able to identify at the time of admission and during continued stay those residents whose needs for services are consistent with these rules and regulations, and those residents who should be transferred to an appropriate level of care.

5. Notwithstanding any determination by the licensing agency that skilled nursing services would be appropriate for a resident of a personal care home, that resident, the resident's guardian, or the legally recognized responsible party for the resident may consent in writing for the resident to continue to reside in the personal care home, if approved in writing by a licensed physician. Provided, however, that no personal care home shall allow more than two (2) residents, or ten percent (10%) of number of residents in the facility, whichever is greater, to remain in the personal care home 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 resident shall have the right to continue to reside in the personal care home for as long as the resident meets the other conditions for residing in the personal care home. A copy of the written consent and the physician's approval shall be forwarded by the personal care home to the licensing agency within thirty (30) days of the issuance of the latter of the two (2) documents.

6. The licensed facility which accepts and admits residents requiring mental health services shall help arrange transportation to mental health appointments and cooperate with the community mental health center or other provider of mental health care, as necessary, to ensure access to and the coordination of care, within limits of the confidentiality and privacy rights of the individual receiving services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.12.2 **Medical Evaluation**. Each person applying for admission to a licensed facility shall be given a thorough examination by a licensed physician or certified nurse practitioner/physician assistant within thirty (30) days prior to admission. The examination shall indicate the appropriateness of admission, according to the above criteria, to a licensed facility with an annual update by a physician and/or nurse practitioner/physician assistant.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.12.3 **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 resident'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. **Residents with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the licensed 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. **Residents with a normal chest x-ray and no signs or symptoms of TB** shall have a baseline IGRA test (blood test) OR a TST performed with the initial step of ~~a~~ the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).

   c. **Residents 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. **Residents 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. **Residents 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.

g. **Active or suspected Active TB Admission**. If a resident 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.

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.12.4 **Transfer to another facility or return of a resident to respite care** shall be based on the above tests (Rule 47.12.3) if done within the past 12 months and the patient has no signs and symptoms of TB.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.12.5 **Disease Prevention.** By September 1st of each year and in accordance with the latest recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, each Personal Care Home, both Assisted Living and Residential, shall provide residents educational information on Influenza disease. This educational information shall include, but need not be limited to, the risks associated with influenza disease, the availability, effectiveness and known contraindications of the influenza immunization, causes and symptoms of influenza and the means by which influenza is spread. (All information is free and available from the CDC website). Nothing in this provision shall require any Residential or Assisted Living Facility to provide or pay for any vaccination against influenza

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.12.6 **Transfer to a Hospital or Visit to a Physician Office**. If a resident 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 resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident 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. §43-11-13

Subchapter 13 FOOD SERVICE

Rule 47.13.1 **Meals**. The licensed facility shall provide residents 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. A record of meals served shall be maintained for a one (1) month period. Current menus must be posted and dated.

2. A record of all food purchases shall be maintained in the licensed facility for a one (1) month period.

3. All food served in licensed facilities shall comply with the following:

   a. No game or home canned foods shall be served;

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

   c. All meals for residents who require therapeutic diets shall be planned by a Licensed Dietitian. If a therapeutic diet is prescribed by the physician for the resident, 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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.13.2 **Physical Facilities**.

1. A licensed facility with sixteen (16) or more residents shall obtain a Food Service Permit from the Mississippi State Department of Health.

2. A licensed facility with fifteen (15) or fewer residents shall meet the requirements as set forth in the Facility Inspection Report issued by the Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.13.3 **Dietary Staffing**.

1. Licensed facilities shall have an employee dedicated to meal preparation and food service.

2. All employees engaged in handling, preparation and/or serving of food shall wear clean clothing at all times.

3. All employees engaged in handling and/or preparation of food shall wear hair nets, head bands, or caps to prevent the falling of hair.

4. 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.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 14 DRUG HANDLING

Rule 47.14.1 **Restrictions**. Licensed facilities shall meet Mississippi State Board of Pharmacy requirements for the storage and dispensing of prescription medications, whenever applicable. Resident requiring administration of Schedule II Narcotics as defined in the Uniform Controlled Substances Law may be admitted to a personal care home. Schedule drugs may only be allowed in a personal care home if they are administered or stored utilizing proper procedures under the direct supervision of a licensed physician or nurse.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.14.2 **Labeling**. The medications of all residents shall be clearly labeled.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.14.3 **Storage of Prescription Medications**. Proper storage of all prescription medications shall be provided.

1. All residents' 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, well-ventilated, 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 residents' prescription medications shall be stored in a covered container or separate compartment. All refrigerators shall be equipped with thermometers.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.14.4 **Responsibility**. A non-resident employee, appointed by the operator, 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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.14.5 **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. §43-11-13

Rule 47.14.6 **SOCIAL SERVICES:** The licensed facility shall make provisions for referring residents with social and emotional needs to an appropriate social services agency.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 15 RESIDENT ACTIVITIES

Rule 47.15.1 **Activities Program**. An activities program shall be in effect which is appropriate to the needs and interests of each resident.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.15.2 Adequate and activity-appropriate space shall be provided for the various resident activities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.15.3 Activities shall be provided on daily basis.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.15.4 Available community resources shall be utilized in the activities program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.15.5 Supplies shall be available to implement an adequate activities program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.15.6 A non-resident employee shall be responsible for the activities program.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 16 PHYSICAL ENVIRONMENT

Rule 47.16.1 **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.16.2 **Bedrooms**.

1. **Location**.: All resident 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. Resident bedrooms shall be located so as to minimize the entrance of unpleasant odors, excessive noise, and other nuisances.

   b. Resident bedrooms shall be directly accessible from the main corridor. In no case shall a resident bedroom be used for access to another resident bedroom nor shall a resident bedroom be used for access to a required outside exit.

   c. All resident bedrooms shall be so located that the resident 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 resident bedroom.

   d. Resident bedrooms shall house no more than four (4) persons each.

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.

   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 resident.

   d. Adequate closet space shall be provided for each resident.

   e. An adequate number of comfortable, sturdy chairs shall be provided.

f. At least one (1) mirror, a minimum of 18" x 24", shall be provided in each bedroom.

g. The opportunity for personal expression shall be permitted.

h. A resident shall be permitted to use personal furnishings in lieu of those provided by the licensed facility, when practical.

3. **Floor Area**. Minimum usable floor area per bed shall be 80 square feet.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.16.3 **Living Room**. Living rooms, daybooks, and/or recreation rooms shall be provided for resident 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 residents. A minimum of 18 square feet per bed shall be provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.16.4 **Dining Area**. A dining area shall be provided which shall be adequate to seat all residents 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 bed shall be provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.16.5 **Toilet and Bathing Facilities**.

1. Separate toilet and bathing facilities shall be provided, on each floor, for each sex in the following ratios as a minimum.

a. Bathtubs/showers	1 per 12 or fraction thereof for each sex
b. Lavatories	1 per 6 or fraction thereof
c. Toilets	1 per 6 or fraction thereof

2. A lavatory with mirror shall be provided in each toilet room or bedroom.

3. Bathtubs and showers shall be equipped with grab bars, towel racks and non-glass shower enclosures. Commodes shall be equipped with grab bars.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.16.6 **Laundry**. Laundry facilities shall be provided unless commercial laundries are used.

1. The laundry shall be located in a specifically designated area, and there shall be adequate room and space for sorting, processing and storage of soiled material. Laundry rooms or soiled linen storage areas shall not open directly into a resident'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 commercial laundry is used, separate satisfactory storage areas shall be provided for clean and soiled linens.

3. Provisions shall be made for proper mechanical ventilation of the laundry.

4. Provisions shall also be made to prevent the recirculation of air through the heating and air-conditioning systems.

5. Adequate and effective lint traps shall be provided for dryers.

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

7. An automatic sprinkler shall be provided at the top of the laundry chute and in any receiving room for a chute.

8. A self-closing door shall be provided at the bottom of the chute.

9. 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.

10. There shall be a separate and designated area for the storage of clean linen.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.16.7 **Kitchen**. In facilities with 16 or more residents, commercial cooking equipment must comply with NFPA 96, "Standard for Ventilation Control and Protection of Commercial Cooking Operations". Licensed existing facilities shall be permitted to maintain and utilize existing equipment that is in service.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 17 PHYSICAL PLANT: GENERAL

Rule 47.17.1 **Licensed Facility Classification**.: To qualify for a license, the facility shall be planned to serve the type of residents to be admitted and shall meet the requirements as set forth in these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.17.2 **Location**. All facilities and licensed facilities shall be located so that they are free from undue noise, smoke, dust, or foul odors and shall not be located adjacent to disposal plants, railroad tracks, etc.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.17.3 **Site**. The proposed site for facility must be approved by the licensing agency. Factors to be considered in approving a site shall be convenient to medical and hospital services, approved water supply and sewage disposal, public transportation, community services, services of an organized fire department, and availability to labor supply. Not more than one-third (1/3) of a site shall be covered by a building(s) except by special approval of the licensing agency. One example whereby approval may be granted is where the structure is to be placed in a very desirable location where the grounds are limited and very expensive. Where such approval is granted, the structure will be required to have a living room, day room, sun room, and recreational areas adequate to compensate for lack of required outside area.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.17.4 **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. §43-11-13

Rule 47.17.5 **Transportation**. Licensed facilities shall be located on streets or roads which are passable at all times. They should be located convenient to public transportation facilities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.17.6 **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 or title of the licensed facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.17.7 **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. §43-11-13

Rule 47.17.8 **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 resident shall be housed on any floor that is below ground level.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 18 SUBMISSIONS OF PLANS AND SPECIFICATIONS, EFFECTIVE AUGUST 13, 2005

Rule 47.18.1 **Minor Alterations and Remodeling**. Minor alterations and remodeling which do not affect the structural integrity of the building, change functional operation, affect fire safety, or affect the license bed capacity, do not need to have plans submitted for review provided that a detailed explanation of the proposed alteration or remodeling is submitted to and approved by the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.18.2 **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. §43-11-13

Rule 47.18.3 **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. §43-11-13

Rule 47.18.4 **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. §43-11-13

Rule 47.18.5 **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.18.6 **Notification of Start of Construction**. The licensing agency shall be informed in writing at the time construction is begun.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.18.7 **Inspections**. The licensing agency or its authorized representatives shall have access at all times to the work for inspection whenever it is in preparation or progress, and the owner shall ascertain that proper facilities are made available for such access and inspection.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.18.8 **Limit of Approval**. In construction delayed for a period of exceeding six (6) months from the time of approval of final working plans and specifications, a new evaluation and/or approval shall be obtained from the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.18.9 **Water Supply, Plumbing, Sewerage Disposal**. The water supply and sewerage disposal shall be approved by the local county health department and/or the Division of Sanitary Engineering, Mississippi State Department of Health. No system of water supply, plumbing, sewerage, garbage, or refuse disposal shall be installed nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration, or extension have been so approved and submitted to the licensing agency for review and final determination.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 19 GENERAL BUILDING REQUIREMENTS

Rule 47.19.1 **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.19.2 **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. §43-11-13

Rule 47.19.3 **Lighting**. Each resident'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 residents' 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. §43-11-13

Rule 47.19.4 **Emergency Lighting**. At least one functioning, battery-operated emergency light shall be provided in each hallway.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.19.5 **Screens**. All screen doors and non-stationary windows shall be equipped with tight fitting, full length, sixteen (16) mesh screens. Screen doors shall swing out and shall be equipped with self-closing devices.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.19.6 **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. §43-11-13

Rule 47.19.7 **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. §43-11-13

Rule 47.19.8 **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. §43-11-13

Rule 47.19.9 **Ramps and Inclines**. Ramps and inclines, where installed for the use of residents, shall not exceed one (1) foot of rise in ten (10) feet of run, shall be furnished with a non-slip floor, and shall be provided with handrails on both sides.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.19.10 **Door Swing**. Exit doors, other than from a living unit, shall swing in the director of exit from the structure.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.19.11 **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. §43-11-13

Rule 47.19.12 **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.19.13 **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. §43-11-13

Rule 47.19.14 **Fire Extinguishers**. Fire extinguishers of number, type, and capacity appropriate to the need 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 chief or representative of a fire extinguisher servicing company.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.19.15 **Smoke Detectors**. Smoke detectors shall be installed in each hallway no more than thirty (30) feet apart, in all bedrooms and in all storage rooms.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.19.16 **Trash Chutes**. Trash chutes are prohibited.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.19.17 **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. §43-11-13

Rule 47.19.18 **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 thirty (30) 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. §43-11-13

Rule 47.19.19 **Water Temperature**. The temperature of hot water at plumbing fixtures used by residents shall not exceed 115 degrees Fahrenheit and no less than 100 degrees Fahrenheit.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.19.20 **Combustion Air**. Combustion air to all equipment requiring it must come from the outside.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 20 BUILDING REQUIREMENTS

Rule 47.20.1 **Building Protection**. Facilities licensed after August 13, 2005 shall be constructed to have:

1. **Building Protection**

   a. 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.

   b. In facilities licensed for sixteen (16) or fewer residents and where the characteristics of occupancy are comparable with one (1) and two (2) family residential fire potentials, an NFPA 13D-styled sprinkler system may be installed.

2. **Building Construction**.

   a. ***Single story***. No requirements

b. ***Multi-story (less than four floors)***. 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).

c. ***Mobile structures***. No mobile structures are acceptable for housing residents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.20.2 **Multi-story Building. Elevator Required**. No resident 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. §43-11-13

Rule 47.20.3 **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. §43-11-13

Rule 47.20.4 **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.20.5 **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. §43-11-13

Rule 47.20.6 **Hallways and Passageways**.

1. Hallways and passageways shall be kept unobstructed.

2. Hallways and passageways which lead to the outside from any required stairway shall be enclosed as required for stairways.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.20.7 **Mechanical and Electric Systems**. Mechanical, electrical, plumbing, heating, air-conditioning, and water systems installed 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 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:

7. Gas heaters provided they meet all of the following:

   a. A circulating type with a recessed enclosed flame so designed that clothing or other inflammable material cannot be ignited.

   b. Equipped with a safety pilot light.

   c. Properly vented to the outside.

   d. Approved by American Gas Association or Underwriters Laboratories.

8. An approved type of electrical heater such as wall insert type.

9. Lighting (except for battery-operated emergency lighting) shall be restricted to electricity.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 21 EMERGENCY OPERATIONS PLAN (EOP)

Rule 47.21.1 The Licensed Entity shall develop and maintain a written preparedness plan utilizing the "All Hazards" approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Preparedness and Response, Mississippi State Department of Health, or their designates, for conformance with the "All Hazards Emergency Preparedness and Response Plan." Particular attention shall be given to critical areas of concern which may arise during any "all hazards" emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six (6) critical areas of consideration are:

1. Communications - Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.

2. Resources and Assets

3. Safety and Security

4. Staffing

5. Utilities

6. Clinical Activities

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.21.2 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.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 22 FACILITY FIRE PREPAREDNESS

Rule 47.22.1 **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. Written Records. Written records of all drills shall be maintained, indicating content of and

attendance at each drill. A fire evacuation plan shall be posted in each facility in a conspicuous place and kept current.

SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 48 MINIMUM STANDARDS FOR PERSONAL CARE HOMES RESIDENTIAL LIVING

Subchapter 1 GENERAL: LEGAL AUTHORITY

Rule 48.1.1. **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 43-11-13 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 for Personal Care Homes - Residential Living. 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. §43-11-13

Rule 48.1.2. **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. §43-11-13

Rule 48.1.3. **Fire Safety**. No facility may be licensed until it shows conformance to the safety regulations providing minimum standards for prevention and detection of fire as well as for protection of life and property against fire.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.1.4. **Duty to Report**. All fires, explosions, natural disasters as well as avoidable deaths, or avoidable, serious, or life-threatening injuries to residents 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.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 2 DEFINITIONS

Rule 48.2.1. **Ambulation.** The terms “ambulation” or “ambulatory” shall mean the resident’s ability to bear weight, pivot, and safely walk independently or with the use of a cane, walker, or other mechanical supportive device (i.e., including, but not

limited to, a wheelchair). A resident who requires a wheelchair must be capable of transferring to and propelling the wheelchair independently or with prompting.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.2. **Assisted Living**. The term "assisted living" shall mean the provision of personal care and the addition of supplemental services to include, but not be limited to, the provision of medical services (i.e., medication procedures and medication administration), and emergency response services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.3. **Criminal History Record Checks**.

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

2. **Employee**. For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a licensed entity. The term "employee", also includes any individual who by contract with the facility provides patient care in a patient's, resident's, or client's room or in treatment rooms.

   a. The term employee does not include healthcare professional/technical students, as defined in Section 37-29-232 of the Miss. Code of 1972, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

      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 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 sexual offenses listed in section 45-33-23 (g) of the Miss. Code of 1972, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

      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 of the

Miss. Code of 1972 are exempt from application of the term employee under Section 43-11-13 of the Miss. Code of 1972.

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

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

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.4. **Facility**. The term "facility" shall mean any home or institution that (1) has sought or is currently seeking designation as a "licensed facility" under the terms of these regulations; or (2) is operating a home or institution unlawfully which, by its nature and operational intent, is required to be a licensed facility under the terms of these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.5. **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 resident.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.6. **IGRA(s) (Interferon-Gamma Release Assay(s).** A whole blood test used in to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.7. **Licensing Agency**. The term "licensing agency" shall mean the Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.8. **Licensed Facility**. The term “licensed facility” shall mean any personal care home for residential living which has been issued a license for operation by the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.9. **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*. It is the most reliable and standardized technique for tuberculin testing. It should be administered only by persons certified in the intradermal technique.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.10. **Medication Assistance**. For the purposes of these regulations, the term “medication assistance” is any form of delivering medication which has been prescribed which is not defined as “medication administration” including, but not limited to, the physical act of handing an oral prescription medication to the patient along with liquids to assist the patient in swallowing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.11. **Personal Care**. The term "personal care" shall mean the assistance rendered by personnel of the licensed facility to residents in performing one or more of the activities of daily living, including but not limited to bathing, walking, excretory functions, feeding, personal grooming, and dressing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.12. **Significant Tuberculin Skin Test**. An induration of five (5) millimeters or greater is significant (or positive) in the following:

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

2. Close contacts of a person with infectious tuberculosis.

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.13. **Residential Living**. The term "residential living" shall mean the provision of services to individuals who require personal care services or individuals, who due to functional impairments, may require mental health services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.14. **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 institutions for the aged and infirm.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.2.15. **Two-step Testing**. A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 3 PROCEDURE GOVERNING ADOPTION AND AMENDMENT

Rule 48.3.1. **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. §43-11-13

Subchapter 4 INSPECTION

Rule 48.4.1. **Inspections Required**. Each licensed facility shall be inspected by the licensing agency or by persons delegated with authority by said licensing agency at such intervals as the licensing agency may direct. The licensing agency and/or its authorized representatives shall have the right to inspect construction work in progress. New facilities shall not be licensed without having first been inspected for compliance with these rules, regulations, and minimum standards.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 5 CLASSIFICATION

Rule 48.5.1. **Personal Care Home - Residential Living.** The terms "Personal Care Home - Residential Living" and "Residential Personal Care Home" shall mean any place or facility operating 24 hours a day, seven (7) days a week, accepting individuals who require personal care services or individuals, who due to functional impairments, may require mental health services to compensate for activities of daily living.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.5.2. **Personal Care Home - Assisted Living**. The terms "Personal Care Home - Assisted Living" and "Assisted Living Personal Care Home" shall mean any place or facility operating 24 hours a day, seven (7) days a week, accepting individuals who require assisted living services as governed by the regulations herein.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 6 TYPES OF LICENSE

Rule 48.6.1. **Regular License**. A license shall be issued to each facility that meets the requirements as set forth in these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.6.2. **Provisional License**. Within its discretion, the licensing agency may be issued only if the licensing agency is satisfied that preparations are being made to qualify for regular license and that the health and safety of residents will not be endangered.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 7 APPLICATION OR RENEWAL OF LICENSE

Rule 48.7.1. **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. §43-11-13

Rule 48.7.2. **Fees**

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

2. Applicants for initial licensure, or licensees, shall pay a user fee, in an amount set by the Board, and shall be made payable, either by check, money order, or electronic means, to the Mississippi State Department of Health, 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. Fees are non-refundable.

3. Should all documentation appropriate for license renewal not be received by Mississippi State Department of Health, Division of Health Facilities Licensure and Certification on or prior to the expiration date of the license, a late fee in an amount set by the Board, will be assessed and must be submitted payable by business check, money order, or electronic means, to the Mississippi State Department of Health prior to the issuance of a license. Should all paperwork necessary for renewal not be submitted within 30 days post-expiration of the license, the facility shall be considered unlicensed and actions taken, as appropriate to process termination of the license.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.7.3. **Name of Facility**. 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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.7.4. **Number of Beds**. The maximum number of beds for which the facility is licensed shall not be exceeded.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 8 LICENSING

Rule 48.8.1. **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 licensed number.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.8.2. **Posting of License**. The license shall be posted in a conspicuous place on the licensed premises and shall be available for review by an interested person.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.8.3. **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. §43-11-13

Rule 48.8.4. **Expiration of License**. Each license shall expire on March 31, following the date of issuance.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.8.5. **Renewal of License**. License shall be renewable annually upon:

1. Filing and approval of an application for renewal by the licensee.
2. Submission of appropriate licensure renewal fee.
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. §43-11-13

Subchapter 9 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

Rule 48.9.1. **Denial or Revocation of License: Hearings and Review**. The licensing agency, after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license, 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 residents.

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 residents and employees of said licensed facility. Detrimental practices include but are not limited to:

   a. Cruelty to a resident or indifference to the needs which are essential to the general well-being and health.

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

   c. Failure to provide food adequate for the needs of a resident.

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

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

   f. Failure to notify next of kin when a resident's condition becomes critical.

   g. Admission of a resident 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 residents 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. §43-11-13

RULE 48.9.2. 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 residents of said institution or the health and safety of the general public.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 10 PROVISION FOR HEARING AND APPEAL FOLLOWING DENIAL OR REVOCATION OF LICENSE; PENALTIES

Rule 48.10.1. **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.

1. 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 within 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. §43-11-13

Rule 48.10.2. **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 punishable as referenced in Section 43-11-25 of the Mississippi Code of 1972, Annotated.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.10.3. **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 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 licensed facility achieves compliance and such compliance is verified by the licensing agency. The licensing agency will verify the licensed facility's corrective actions as soon as possible after the licensing agency receives a plan of correction from the licensed facility.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 11 ADMINISTRATION

Rule 48.11.1. **Operator**. There shall be a full-time employee designated as operator of the licensed facility who shall be responsible for the management of the licensed facility. The operator shall be at least twenty-one years of age and shall be a high school graduate, or have passed the GED, and shall not be a resident of the licensed facility. The operator shall have verification that he is not listed on the "Mississippi Nurses Aide Abuse Registry." When the operator is not within the licensed facility, there shall be an individual onsite at the licensed facility who shall represent the operator, and be capable of assuming the responsibility of operator. Said person must be at least twenty-one years or age and shall be a high school graduate, or have passed the GED, and shall have verification that he is not listed on the "Mississippi Nurses Aide Abuse Registry."

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.11.2. **Operator Mentoring**. Operators shall be scheduled to spend two (2) concurrent days with the licensing agency for the purpose of training and mentoring. Placement of an operator with the licensing agency may include, but not be limited to, assignments within the licensing agency's central offices or placement with a survey team. Any costs associated with placements for the purposes of this section shall be borne by the licensed facility at which the operator is employed. The operator shall keep confidential and not disclose to any other persons any identifying information about any person or entity that he/she learned while observing operations as required by this section, except as otherwise mandated by law.

1. This section shall apply to operators who:

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

3. This section shall not apply to operators who:

4. have previously participated in a placement as required by this section or

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

6. Failure to successfully complete the placement required under this section shall disqualify the operator from serving in such capacity of a licensed facility until a placement is completed.

7. This section shall go into effect January 1, 2002, and thereafter.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.11.3. **Surveyor Mentoring**. Surveyors shall be scheduled to spend two (2) concurrent days with a licensed facility for the purpose of training and mentoring. Selection

of a licensed facility for placement of the surveyor shall be done at the discretion of the licensing agency, except no licensed facility shall be required to accept more than two (2) placements in any calendar year. Upon completion of said training, the surveyor shall not participate in a survey of the same licensed facility for a period not to exceed one year from the date of training placement. Any costs associated with the placement of a surveyor for the purposes of this section shall be borne by the licensing agency. The surveyor shall keep confidential and not disclose to any other persons any identifying information about any person or entity that the surveyor learned while observing operations as required by this section, except as otherwise mandated by law. This section shall apply to surveyors who have been employed by the licensing agency in a surveyor capacity for less than six (6) months, during which time the placement must be completed.

1. This section shall not apply to surveyors who were previously employed by a licensed facility.

2. Failure to successfully complete the placement required under this section shall disqualify the surveyor from serving in such capacity for the licensing agency until a placement is completed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.11.4. **Other Personnel**. 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." Personnel shall receive training on a quarterly basis 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. Personnel shall be employed and on duty, awake, and fully dressed to provide personal care to the residents. The following staffing ratio shall apply:

1. one (1) resident attendant per fifteen (15) or fewer residents for the hours of 7:00 a.m. until 7:00 p.m.

2. one (1) resident attendant per twenty-five (25) or fewer residents for the hours of 7:00 p.m. until 7:00 a.m.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.11.5. **Criminal History Record Checks**.

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

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

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

2. Except as otherwise provided in this paragraph, no employee hired on or after July 1, 2003, shall be permitted to provide direct patient care until the results of the criminal history record check revealed no disqualifying record or the employee has been granted a waiver. Provide the covered entity has documented evidence of submission of fingerprints for the background check, any person may be employed and provide direct patient care on a temporary basis pending the results of the criminal history record check buy 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.

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

   a. possession or sale of drugs

   b. murder

   c. manslaughter

   d. armed robbery

   e. rape

   f. sexual battery

   g. sex offense listed in Section 45-33-23, Mississippi Code of 1972

   h. child abuse

   i. arson

   j. grand larceny

   k. burglary

   l. gratification of lust

   m. aggravated assault

   n. felonious abuse and/or battery of vulnerable adult

4. 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, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

5. Pursuant to Section §43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (c) above.

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

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

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

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

10. Should results of an employee applicant's criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the

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

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

12. Pursuant to Section 43-11-13, 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. §43-11-13

Rule 48.11.6. **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. §43-11-13

Rule 48.11.7. **Employee Testing for Tuberculosis**

1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, 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 facility where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered,/read and assessment for signs and symptoms completed.

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

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 residents or be allowed to work in areas of the facility to

which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.11.8. **Admission Agreement**. Prior to, or at the time of admission, the operator and the resident or the resident's responsible party shall execute in writing a financial agreement. This agreement shall be prepared and signed in two or more copies, one copy given to the resident or his/her responsible party, and one copy placed on file in the licensed facility.

1. As a minimum, this agreement shall contain specifically:

   a. Basic charges agreed upon (room, board, laundry, and personal care).

   b. Period to be covered in the charges.

   c. Services for which special charges are made.

   d. Agreement regarding refunds for any payments made in advance.

   e. A statement that the operator shall make the resident's responsible party aware, in a timely manner, of any changes in resident's status, including those which require transfer and discharge; or operators who have been designated as a resident's responsible party shall ensure prompt and efficient action to meet resident's needs.

2. No agreement or contract shall be entered into between the licensee and the resident 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.

3. Any funds given or provided for the purpose of supplying services to any patient in any licensed facility, and any funds otherwise received and held from, for or on behalf of any such resident, shall be deposited by the director or other proper officer of the licensed facility to the credit of that patient in an account which shall be known as the Resident's Personal Deposit Fund. No more than one (1) month charge for the care, support, maintenance, and medical attention of the

patient shall be applied from such account at any one (1) time. After the death, discharge, or transfer of any resident for whose benefit any such fund has been provided, any unexpended balance remaining in his personal deposit fund shall be applied for the payment of care, cost of support, maintenance, and medical attention which is accrued. In the event any unexpended balance remains in that resident's personal deposit fund after complete reimbursement has been made for payment of care, support, maintenance, and medical attention, and the director or other proper officer of the licensed facility has been or shall be unable to locate the person or persons entitled to such unexpended balance, the director or other proper officer may, after the lapse of one (1) year from the date of such death, discharge, or transfer, deposit the unexpended balance to the credit of the licensed facility's operating fund.

4. The resident or his responsible party shall be furnished a receipt signed by the licensee of the licensed facility or his lawful agent, for all sums of money paid to the licensed facility.

5. Written notification shall be given to the resident/responsible party when basic charges and/or licensed facility policies change.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.11.9. **Records and Reports**.

1. The operator shall maintain a record of the residents 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 resident whose conservator or representative payee is the operator of the licensed facility.

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

3. Resident records shall contain the following:

   a. Admission agreement(s) and financial statements.

   b. Residents' rights and licensed facility’s rules, signed, dated, and witnessed.

   c. Medical evaluation and referral from physician or nurse practitioner/physician assistant.

   d. Current medication record, including any reactions to such medication.

   e. Social services and activity contacts.

   f. General information form.

g. Representative payee statement, if applicable.

h. Physician orders or nurse practitioner/physician assistant orders (including, but not limited to, therapies, diets, medications, etc.) and medication administration records.

4. The records as described in this section shall be made available to the resident, the resident's family, or other responsible party for the resident upon reasonable request.

5. Reporting of Tuberculosis Testing. The facility **shall** report and comply with the annual MDH TB Program surveillance procedures.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.11.10. **Licensed Facility Policies**. Written policies shall be available which indicate services to be provided, and which include policies regarding admission, transfer and discharge of residents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.11.11. **Residents' Rights**. These rights and licensed facility rules must be in writing and be made available to all residents, employees, sponsors, and posted for public viewing. Each resident shall:

1. Have the right to attend religious and other activities of his/her choice.

2. 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 resident or from his/her responsible party of this responsibility to the facility for any period of time in conformance with State law.

3. Not be required to perform services for the licensed facility.

4. Have the right to communicate with persons of his/her choice, and may receive mail unopened or in compliance with the policies of the home.

5. Be treated with consideration, kindness, respect, and full recognition of his/her dignity and individually.

6. May retain and use personal clothing and possessions as space permits.

7. May voice grievances and recommend changes in licensed facility policies and services.

8. Shall not be confined to the licensed facility against his/her will, and shall be allowed to move about in the community at liberty. Physical and/or chemical restraints are prohibited.

9. Not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with State law.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 12 MEDICAL AND PERSONAL CARE SERVICES

Rule 48.12.1. **Admission and Discharge**. The following criteria must be applied and maintained for resident placement in a licensed facility.

1. A person shall not be admitted or continue to reside in a licensed facility if the person:

   a. Is not ambulatory;

   b. Requires physical restraints;

   c. Poses a serious threat to himself or herself or others;

   d. Requires nasopharyngeal and/or tracheotomy suctioning;

   e. Requires gastric feedings;

   f. Requires intravenous fluids, medications, or feedings;

   g. Requires a indwelling urinary catheter;

   h. Requires sterile wound care; or

   i. Requires treatment of decubitus ulcer or exfoliative dermatitis.

2. 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 residents. Only those persons who, in an emergency, would be physically and mentally capable of traveling to safety may be accepted. For multilevel facilities, no residents may be placed above the ground floor level that are unable to descend the stairs unassisted.

3. The licensed facility must be able to identify at the time of admission and during continued stay those residents whose needs for services are consistent with these rules and regulations, and those residents who should be transferred to an appropriate level of care.

4. Notwithstanding any determination by the licensing agency that skilled nursing services would be appropriate for a resident of a personal care home, that resident,

the resident's guardian, or the legally recognized responsible party for the resident may consent in writing for the resident to continue to reside in the personal care home, if approved in writing by a licensed physician. Provided, however, that no personal care home shall allow more than two (2) residents, or ten percent (10%) of number of residents in the facility, whichever is greater, to remain in the personal care home 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 resident shall have the right to continue to reside in the personal care home for as long as the resident meets the other conditions for residing in the personal care home. A copy of the written consent and the physician's approval shall be forwarded by the personal care home to the licensing agency within thirty (30) days of the issuance of the latter of the two (2) documents.

5. The licensed facility which accepts and admits residents requiring mental health services shall help arrange transportation to mental health appointments and cooperate with the community mental health center or other provider of mental health care, as necessary, to ensure access to and the coordination of care, within limits of the confidentiality and privacy rights of the individual receiving services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.12.2. **Medical Evaluation**. Each person applying for admission to a licensed facility shall be given a thorough examination by a licensed physician or certified nurse practitioner/physician assistant within thirty (30) days prior to admission. The examination shall indicate the appropriateness of admission, according to the above criteria, to a licensed facility with an annual update by a physician and/or nurse practitioner/physician assistant.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.12.3. **Admission Requirements to Rule Out Active Tuberculosis (TB)**

1. The following are to be performed and documented within 30 days prior to the resident's admission to the licensed facility:

   a. A TB signs and symptoms assessment by a licensed physician, physician assistant or 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. **Residents with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the

"Licensed 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. **Residents 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 the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).

c. **Residents 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. **Residents 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. **Residents 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 resident 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. Resident has prior documentation of a significant TST/positive IGRA.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.12.4. **Transfer to another facility or return of resident to respite care** shall be based on the above tests (Rule 48.12.3) if done within the past 12 months and the patient has no signs and symptoms of TB.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.12.5 **Disease Prevention.** By September 1st of each year and in accordance with the latest recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, each Personal Care Home, both Assisted Living and Residential, shall provide residents educational information on Influenza disease. This educational information shall include, but need not be limited to, the risks associated with influenza disease, the availability, effectiveness and known contraindications of the influenza immunization, causes and symptoms of influenza and the means by which influenza is spread. (All information is free and available from the CDC website). Nothing in this provision shall require any Residential or Assisted Living Facility to provide or pay for any vaccination against influenza.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.12.6 **Transfer to a Hospital or Visit to a Physician Office**. If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the facility shall notify the MDH, the hospital, transporting staff, and physician's office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident has or is suspected to have active TB, prior written approval for admission or readmission to the facility is required from the MDH TB State Consultant.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 13 FOOD SERVICE

Rule 48.13.1. **Meals**. The licensed facility shall provide residents 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. A record of meals served shall be maintained for a one (1) month period. Current menus must be posted and dated.

2. A record of all food purchases shall be maintained in the licensed facility for a one (1) month period.

3. All food served in licensed facilities shall comply with the following:

   a. No game or home canned foods shall be served; and

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

4. All meals for residents who require therapeutic diets shall be planned by a Licensed Dietitian. If a therapeutic diet is prescribed by the physician for the resident, 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.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 14 PHYSICAL FACILITIES.

Rule 48.14.1. A licensed facility with sixteen (16) or more residents shall obtain a Food Service Permit from the Mississippi State Department of Health. A licensed facility with fifteen (15) or fewer residents shall meet the requirements as set forth in the Facility Inspection Report issued by the Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.14.2. **Dietary Staffing**.

1. Licensed facilities shall have an employee dedicated to meal preparation and food service.

2. All employees engaged in handling, preparation and/or serving of food shall wear clean clothing at all times.

3. All employees engaged in handling and/or preparation of food shall wear hair nets, head bands, or caps to prevent the falling of hair.

4. 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.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 15 DRUG HANDLING

Rule 48.15.1. **Restrictions**. Licensed facilities shall be restricted in the quantity and classes of drugs allowed in the licensed facility.

1. No Schedule I drugs shall be allowed in the licensed facility. Residents requiring administration of Schedule II Narcotics as defined in the Uniform Controlled Substances Law may be admitted to a personal care home. Schedule drugs may only be allowed in a personal care home if they are administered or stored utilizing proper procedures under the direct supervision of a licensed physician or nurse.

2. The licensed facility may keep on hand a limited amount of non-prescription, over-the- counter medications.

3. No intramuscular, subcutaneous, intravenous injectable, except for insulin and vitamin B-12, shall be allowed.

4. Insulin or vitamin B-12 may be administered only if the resident is able to administer his/her own injectable, or is administered by a licensed nurse.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.15.2. **Labeling**. The medications of all residents shall be clearly labeled.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.15.3. **Storage of Prescription Medications**. Proper storage of all prescription medications shall be provided.

1. All residents' 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, well-ventilated, 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 residents' prescription medications shall be stored in a covered container or separate compartment. All refrigerators shall be equipped with thermometers.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.15.4. **Responsibility**. A non-resident employee, appointed by the operator, 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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.15.5. **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. §43-11-13

Subchapter 16 SOCIAL SERVICES

Rule 48.16.1. The licensed facility shall make provisions for referring residents with social and emotional needs to an appropriate social services agency.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 17 RESIDENT ACTIVITIES

Rule 48.17.1. **Activities Program**. An activities program shall be in effect which is appropriate to the needs and interests of each resident.

1. Adequate and activity-appropriate space shall be provided for the various resident activities.
2. Activities shall be provided on daily basis.
3. Available community resources shall be utilized in the activities program.
4. Supplies shall be available to implement an adequate activities program.
5. A non-resident employee shall be responsible for the activities program.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 18 PHYSICAL ENVIRONMENT

Rule 48.18.1. **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.18.2. **Bedrooms**.

1. **Location**.

a. All resident 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.

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

c. Resident bedrooms shall be directly accessible from the main corridor. In no case shall a resident bedroom be used for access to another resident bedroom nor shall a resident bedroom be used for access to a required outside exit.

d. All resident bedrooms shall be so located that the resident 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 resident bedroom.

e. Resident bedrooms shall house no more than four (4) persons each.

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.

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 resident.

d. Adequate closet space shall be provided for each resident.

e. An adequate number of comfortable, sturdy chairs shall be provided.

f. At least one (1) mirror, a minimum of 18" x 24", shall be provided in each bedroom.

g. The opportunity for personal expression shall be permitted.

h. A resident shall be permitted to use personal furnishings in lieu of those provided by the licensed facility, when practical.

3. **Floor Area**. Minimum usable floor area per bed shall be 80 square feet.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.18.3. **Living Room**. Living rooms, daybooks, and/or recreation rooms shall be provided for resident 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 residents. A minimum of 18 square feet per bed shall be provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.18.4. **Dining Area**. A dining area shall be provided which shall be adequate to seat all residents 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 bed shall be provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.18.5. **Toilet and Bathing Facilities**.

1. Separate toilet and bathing facilities shall be provided, on each floor, for each sex in the following ratios as a minimum.

   a. Bathtubs/showers 1 per 12 or fraction thereof for each sex

   b. Lavatories 1 per 6 or fraction thereof

   c. Toilets 1 per 6 or fraction thereof

2. A lavatory with mirror shall be provided in each toilet room or bedroom.

3. Bathtubs and showers shall be equipped with grab bars, towel racks and non-glass shower enclosures. Commodes shall be equipped with grab bars.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.18.6. **Laundry**. Laundry facilities shall be provided unless commercial laundries are used.

1. The laundry shall be located in a specifically designated area, and there shall be adequate room and space for sorting, processing and storage of soiled material. Laundry rooms or soiled linen storage areas shall not open directly into a resident'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 commercial laundry is used, separate satisfactory storage areas shall be provided for clean and soiled linens.

3. Provisions shall be made for proper mechanical ventilation of the laundry.

4. Provisions shall also made to prevent the recirculation of air through the heating and air-conditioning systems.

5. Adequate and effective lint traps shall be provided for dryers.

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

   a. An automatic sprinkler shall be provided at the top of the laundry chute and in any receiving room for a chute.

   b. 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. §43-11-13

Rule 48.18.7. **Kitchen**. The kitchen area shall meet the requirements as set forth in these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 19 GENERAL

Rule 48.19.1. **Licensed Facility Classification**. To qualify for a license, the facility shall be planned to serve the type of residents to be admitted and shall meet the requirements as set forth in these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.19.2. **Location**. All facilities and licensed facilities shall be located so that they are free from undue noise, smoke, dust, or foul odors and shall not be located adjacent to disposal plants, railroad tracks, etc.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.19.3. **Site**. The proposed site for facility must be approved by the licensing agency. Factors to be considered in approving a site shall be convenient to medical and hospital services, approved water supply and sewage disposal, public transportation, community services, services of an organized fire department, and availability to labor supply. Not more than one-third (1/3) of a site shall be covered by a building(s) except by special approval of the licensing agency. One example whereby approval may be granted is were the structure is to be placed in a very desirable location where the grounds are limited and very expensive. Where such approval is granted, the structure will be required to have a living room, day room, sun room, and recreational areas adequate to compensate for lack of required outside area.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.19.4. **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. §43-11-13

Rule 48.19.5. **Transportation**. Licensed facilities shall be located on streets or roads which are passable at all times. They should be located convenient to public transportation facilities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.19.6. **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 or title of the licensed facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.19.7. **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. §43-11-13

Rule 48.19.8. **Basement**.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 20 SUBMISSIONS OF PLANS AND SPECIFICATIONS, EFFECTIVE AUGUST 13, 2005

Rule 48.20.1. **Minor Alterations and Remodeling**. Minor alterations and remodeling which do not affect the structural integrity of the building, change functional operation, affect fire safety, or affect the license bed capacity, do not need to have plans submitted for review provided that a detailed explanation of the proposed alteration or remodeling is submitted to and approved by the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.20.2. **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. §43-11-13

Rule 48.20.3. **Final Stage Submission-Working Drawings and Specifications**.

1. Final stage or working drawings and specifications shall include:

2. Architectural drawings

3. Structural drawings

4. Mechanical drawings to include plumbing, heat, and air-conditioning

5. Electrical drawings

6. Detailed specifications

7. Approval of working drawings and specifications shall be obtained from the licensing agency in writing prior to the beginning of actual construction.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.20.4. **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. §43-11-13

Rule 48.20.5. **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.20.6. **Notification of Start of Construction**. The licensing agency shall be informed in writing at the time construction is begun.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.20.7. **Inspections**. The licensing agency or its authorized representatives shall have access at all times to the work for inspection whenever it is in preparation or progress, and the owner shall ascertain that proper facilities are made available for such access and inspection.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.20.8. **Limit of Approval**. In construction delayed for a period of exceeding six (6) months from the time of approval of final working plans and specifications, a new evaluation and/or approval shall be obtained from the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.20.9. **Water Supply, Plumbing, Sewerage Disposal**. The water supply and sewerage disposal shall be approved by the local county health department and/or the Division of Sanitary Engineering, Mississippi State Department of Health. No system of water supply, plumbing, sewerage, garbage, or refuse disposal shall be installed nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration, or extension have been so approved and submitted to the licensing agency for review and final determination.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 21 GENERAL BUILDING REQUIREMENTS

Rule 48.21.1. **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.21.2. **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. §43-11-13

Rule 48.21.3. **Lighting**. Each resident'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 residents' 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. §43-11-13

Rule 48.21.4. **Emergency Lighting**. At least one functioning, battery-operated emergency light shall be provided in each hallway.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.21.5. **Screens**. All screen doors and non-stationary windows shall be equipped with tight fitting, full length, sixteen (16) mesh screens. Screen doors shall swing out and shall be equipped with self-closing devices.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.21.6. **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. §43-11-13

Rule 48.21.7. **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. §43-11-13

Rule 48.21.8. **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. §43-11-13

Rule 48.21.9. **Ramps and Inclines**. Ramps and inclines, where installed for the use of residents, shall not exceed one (1) foot of rise in ten (10) feet of run, shall be furnished with a non-slip floor, and shall be provided with handrails on both sides.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.21.10. **Door Swing**. Exit doors, other than from a living unit, shall swing in the director of exit from the structure.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.21.11. **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. §43-11-13

Rule 48.21.12. **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.21.13. **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. §43-11-13

Rule 48.21.14. **Fire Extinguishers**. Fire extinguishers of number, type, and capacity appropriate to the need 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 chief or representative of a fire extinguisher servicing company.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.21.15. **Smoke Detectors**. Smoke detectors shall be installed in each hallway no more than thirty (30) feet apart, in all bedrooms and in all storage rooms.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.21.16. **Trash Chutes**. Trash chutes are prohibited.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.21.17. **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. §43-11-13

Rule 48.21.18. **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 thirty (30) 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. §43-11-13

Rule 48.21.19. **Water Temperature**. The temperature of hot water at plumbing fixtures used by residents shall not exceed 115 degrees Fahrenheit and no less than 100 degrees Fahrenheit.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.21.20. **Combustion Air**. Combustion air to all equipment requiring it must come from the outside.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 22 BUILDING REQUIREMENTS

Rule 48.22.1. **Building Protection**. Facilities licensed after August 13, 2005, shall be constructed to have;

1. **Building Protection**.

   a. 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*.

   b. In facilities licensed for sixteen (16) or fewer residents and where the characteristics of occupancy are comparable with one (1) and two (2) family residential fire potentials, an NFPA 13D-styled sprinkler system may be installed.

2. **Building Construction**.

   a. ***Single story***. No requirements

   b. ***Multi-story (less than four floors)***. 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).

   c. ***Mobile structures***. No mobile structures are acceptable for housing residents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.22.2. **Multi-story Building. Elevator Required**. No resident 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. §43-11-13

Rule 48.22.3. **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. §43-11-13

Rule 48.22.4. **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.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.22.5. **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. §43-11-13

Rule 48.22.6. **Hallways and Passageways**.

1. Hallways and passageways shall be kept unobstructed.
2. Hallways and passageways which lead to the outside from any required stairway shall be enclosed as required for stairways.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.22.7. **Mechanical and Electric Systems**.

1. Mechanical, electrical, plumbing, heating, air-conditioning, and water systems installed 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 following codes and recommendations shall govern:

   a. National Electrical Code.

   b. National Plumbing Code.

   c. American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc.

   d. Recommendations of the American Society of Mechanical Engineers.

   e. Recommendations of American Gas Association.

   f. National Fire Protection Association.

2. 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 provided they 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.

3. Lighting (except for battery-operated emergency lighting) shall be restricted to electricity.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 23 EMERGENCY OPERATIONS PLAN

Rule 48.23.1. The Residential Living Facility 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.

1. The six (6) critical areas of consideration are:

   a. Communications - Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.

   b. Resources and Assets

   c. Safety and Security

   d. Staffing

   e. Utilities

   f. Clinical Activities.

2. 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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 24 FACILITY FIRE PREPAREDNESS

Rule 48.24.1. **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.

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

2. A fire evacuation plan shall be posted in each facility in a conspicuous place and kept current.

SOURCE: Miss. Code Ann. §43-11-13

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 2 Definitions.

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.2.5 **Bed Count**. The term "bed count" shall mean the number of beds that are actually installed or set up for clients in an ICF-IID at a given time.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.2.8 **Criminal History Record Checks**.

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

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

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

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

of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

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

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

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

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.2.9 **Day Shift**. The term "day shift" shall mean a minimum eight (8) hour period between 6:00 a.m. and 6:00 p.m.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.2.10 **Dentist**. The term "dentist" shall mean a person currently licensed to practice dentistry in Mississippi by the State Board of Dental Examiners

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.2.15 **Infectious Medical Waste**. The term "infectious medical waste" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this regulation, the following wastes shall be considered to be infectious medical wastes:

1. Waste resulting from the care of clients and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi State Department of Health;

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.2.36 **Qualified Dietary Manager**.

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

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

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

   c. A person who has successfully completed a Dietary Manager's Course approved by the Dietary Manager's Association and who passes the

credentialing examination and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association.

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.2.39 **Restraint.** The term "restraint" shall include any means, physical or chemical, which is intentionally used to restrict the freedom of movement of a person.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

2. Close contacts of a person with infectious tuberculosis.

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 3 INSPECTION

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 5 THE LICENSE

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 6 APPLICATION FOR LICENSE

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.6.4 **Number of Beds**. Each application for license shall specify the maximum number of beds in the ICF-IID as determined by Rule 49.2.3 of these regulations. The maximum number of beds for which the ICF-IID is licensed shall not be exceeded.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 7 LICENSING

Rule 49.7.1 **Issuance of License**. All licenses issued by the licensing agency shall set forth the name of the ICF-IID, the location, the name of the licensee, the classification of the ICF-IID , the type of building, the bed capacity for which the ICF-IID is licensed, and the license number.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 8 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

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

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

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

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

4. Conviction of the licensee of a felony.

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

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

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

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

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

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

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 11 THE LICENSEE

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

1. **Initial Application**. The licensee shall submit the following with the initial application:

   a. References in regard to personal character, temperament, and experience background from three (3) responsible persons not related to him and/or her. The licensing agency reserves the right to make investigations from its own source regarding the character of the applicant.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 12 ADMINISTRATOR

Rule 49.12.1 **Responsibility**.

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 13 FINANCIAL

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

1. Basic charges agreed upon (room, board, laundry, nursing, and/or personal care).

2. Period to be covered in the charges.

3. Services for which special charges are made.

4. Agreement regarding refund for any payments made in advance.

5. An explanation of services/care to be provided.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.13.6 The client or his lawful agent shall be furnished a receipt signed by the lawful agent of the institution for all sums paid over to the ICF-IID.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.13.7 Neither the licensee nor any employee shall misuse or misappropriate any property real or personal, belonging to a client of the ICF-IID.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 14 EMERGENCY OPERATIONS PLAN (EOP)

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

1. Communications - Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.

2. Resources and Assets

3. Safety and Security

4. Staffing

5. Utilities

6. Clinical Activities.

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 15 PHYSICAL FACILITIES

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

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

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

3. Each ICF-IID should provide a waiting room or space for the public.

4. ICF-IID Residential Community Homes are excluded from the requirements set forth in Rule 49.15.1.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 16 RECORDS AND REPORTS

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

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

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

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

   a. possession or sale of drugs

   b. murder

c. manslaughter

d. armed robbery

e. rape

f. sexual battery

g. sex offense listed in Section 45-33-23(g), Mississippi Code of 1972

h. child abuse

i. arson

j. grand larceny

k. burglary

l. gratification of lust

m. aggravated assault

n. felonious abuse and/or battery of vulnerable adult

5. Documentation of verification of the employee's disciplinary status, if any, with the employee's professional licensing agency as applicable, and evidence of submission of the employee's fingerprints to the licensing agency must be on file and maintained by the ICF-IID prior to the new employees first date of employment. The covered entity shall maintain on file evidence of verification of the employee's disciplinary status from any applicable professional licensing agency and of submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

6. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (3) above.

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

8. If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or

nolo contendere to any of the offenses listed herein, and the conviction or pleas has not been reversed on appeal or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to the ICF-IID's policies and procedures.

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

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

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

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

13. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officer, employees, attorneys, and representatives, shall be presumed to be acting in good faith for any

employment decision or action taken under this section. The presumption of good faith may be overcome by a preponderance of the evidence in any civil action. No licensing agency, covered entity, nor their agents, officers, employees, attorneys and representatives shall be held liable in any employment discrimination suit in which an allegation of discrimination is made regarding an employment decision authorized under this section.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

    a. What constitutes an adequate health screening.

    b. The health professional designated to conduct the screening.

2. The written policy shall be evaluated periodically by said committee.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.16.6 **Employee Testing for Tuberculosis**

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

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

    b. A two-step Mantoux tuberculin skin test administered and read by a licensed medical/nursing person certified in the techniques of tuberculin

testing **and** an evaluation of the individual for signs and symptoms of tuberculosis by a licensed Physician, Physician's Assistant, Nurse Practitioner or a Registered Nurse.

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

3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual's personnel file no later than 7 days of the individual's date of employment. If an IGRA is performed, results and quanitive 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 ICF-IID to which clients have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 17 CLIENTS' RIGHTS

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

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

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

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

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

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

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

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

9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the ICF-IID, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

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

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

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 18 STAFF DEVELOPMENT

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

1. Overview of the mission and the policies and procedures of he ICF-IID;

2. Behavior Management and Intervention;

3. Basic First Aid;

4. Confidentiality;

5. Cardio-Pulmonary Resuscitation (CPR) ;

6. Fire Safety & Emergency Procedures;

7. Food Safety & Handling Procedures;

8. Hand-washing;

9. Infection Control;

10. Population Specific Training;

11. Rights of Individuals Receiving Services;

12. Standard Precautions;

13. Vulnerable Persons Act;

14. Lift/Transfer Procedures;

15. Vehicle & Safety Transportation Procedures;

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.18.5 **Administrator Mentoring**. Administrators for ICFs-IID shall be scheduled to spend two (2) concurrent days with the licensing agency or its designee for the purpose of training and mentoring. Placement of an administrator with the licensing agency may include, but not be limited to, assignments within the licensing agency's central offices or placement with a survey team. Any costs associated with placements for the purposes of this section shall be borne by the

licensed ICF-IID at which the administrator is employed. The administrator shall keep confidential and not disclose to any other persons any identifying information about any person or entity that he/she learned while observing operations as required by this section, except as otherwise mandated by law.

1. This section shall apply to administrators who:

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

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

2. This section shall not apply to administrators who:

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

1. **Bedrooms**.

   a. **Location**.

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

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

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

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

      v. ICF-IID Residential Community Homes: Each client shall have his/her own private bedroom.

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

3. **Provisions for Privacy**.

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

4. **Accommodations for Clients**. The minimum accommodations for each client shall include:

   a. Bed. The client shall be provided with either an adjustable bed or at a minimum a regular single bed, according to needs of the client, with a good grade mattress at least four (4) inches thick. Cots and roll-a-way

beds are prohibited for client use. Full and half bed rails shall be available to assist in safe care of clients.

b. Pillows, linens, and necessary coverings.

c. Chair.

d. Bedside cabinet or table.

e. Storage space for clothing, toilet articles, and personal belongings including rod for clothes hanging.

f. Means at bedside for notifying staff as indicated in the client's IPP.

g. Bed pans or urinals for clients who need them.

h. Over-bed tables as required.

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.19.5 **ICF-IID Nurses' Station.**

1. Each ICF-IID shall have a nurses' station for each nursing unit. The nurses' station includes as minimum the following:

a. Annunciator board or other equipment for client's call.

b. The minimum areas of the medicine storage/preparation room shall be seventy-five (75) square feet.

c. Storage space for clients' medical records and nurses' charts.

d. Lavatory or sink with disposable towel dispenser.

e. Desk or counter top space adequate for recording data and administering medications charting purposes by physicians, nurse practitioners/physician assistants, and nurses. In an ICF-IID Residential Community Home, there

shall be sufficient space to allow for confidentiality and secure medical records.

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.19.7 **Toilet and Bathing Facilities in an ICF-IID**

1. Lavatory, toilet and bathing facilities shall be provided in each ICF-IID nursing unit as follows:

   a. Bathing Facilities 2 per nursing unit

   b. Combination toilet and lavatory 2 per nursing unit

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

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

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

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

(6) feet in an ICF-IID.

SOURCE: Miss. Code Ann. §43-11-13

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

1. linen closet;

2. wheelchair space.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 20 REQUIREMENTS FOR ADMISSION

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

1. Medical history (previous illnesses, drug reaction, emotional reactions, etc.).

2. Major physical and mental condition.

3. Current diagnosis.

4. Orders, dated and signed, by a physician or nurse practitioner/physician assistant for the immediate care of the client to include medication treatment, activities, and diet.

SOURCE: Miss. Code Ann. §43-11-13

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

1. The following are to be performed and documented within 30 days prior to the client's admission to the "Licensed ICF-IID":

   a. TB signs and symptoms assessment by a licensed Physician, Physician's Assistant or a Licensed Nurse Practitioner, and

   b. A chest x-ray taken and a written interpretation.

2. Admission to the ICF-IID shall be based on the results of the required tests as follows:

a. **Clients with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the "Licensed ICF-IID". Evaluation for active TB shall be at the recommendation of the MSDH and shall be prior to admission. If TB is ruled out and the first step of the TST is negative, the second step of the two-step TST shall be completed and documented within 10-21 days of admission. TST administration and reading **shall** be done by certified personnel. If an IGRA (blood test) is done, TST (first and/or second step) is not done.

b. **Clients with a normal chest x-ray and no signs or symptoms of TB** shall have a baseline IGRA test (blood test) OR a TST performed with the initial step of ~~a~~ the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).

c. **Clients with a significant TST** OR positive IGRA (blood test) upon baseline testing or who have documented **prior significant TST** shall be monitored regularly for signs and symptoms of active TB (cough, sputum production, chest pain, fever, weight loss, or night sweats, especially if the symptoms have lasted longer than three weeks) and if these symptoms develop, shall have an evaluation for TB per the recommendations of the MSDH within 72 hours.

d. **Clients with a non significant TST** or negative IGRA (blood test) upon baseline testing shall have an annual tuberculosis testing within thirty (30) days of the anniversary of their last test. Note: Once IGRA testing is used, IGRA testing should continue to be used rather than TST testing.

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

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

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 21 CLIENT CARE

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 22 PHYSICIAN SERVICES

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 23 REHABILITATIVE SERVICES

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

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

2. Appropriate equipment and supplies shall be provided.

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 24 PHARMACY SERVICES IN AN ICF-IID AND/OR ICF-IID RESIDENTIAL COMMUNITY HOME

Rule 49.24.1 **General**. The ICF-IID and/or ICF-IID Residential Community Home shall provide routine drugs, emergency drugs and biologicals to its clients or obtain them by agreement.

SOURCE: Miss. Code Ann. §43-11-13

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

1. Accurate acquiring;

2. Receiving;

3. Dispensing;

4. Storage; and

5. Administration of all drugs and biologicals.

SOURCE: Miss. Code Ann. §43-11-13

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

1. Establishing a system of records of receipt and disposition of all controlled drugs and to determine that drug records are in order and that an account of all controlled drugs are maintained and reconciled;

2. Provide drugs regimen review in the ICF-IID on each client every thirty (30) days by a licensed pharmacist;

3. Report any irregularities to the attending physician or nurse practitioner/physician assistant and the director or nursing; and

4. Records must reflect that the consultation pharmacist monthly report is acted upon.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.24.5 **Disposal of drugs**.

1. Unused portions of medicine may be given to a discharged client or the responsible party upon orders of the prescribing physician or nurse practitioner/physician assistant.

2. Drugs and pharmaceuticals discontinued by the written orders of an attending physician or nurse practitioner/physician assistant or left in the ICF-IID on discharge or death of the client will be disposed of according to the Mississippi State Board of Pharmacy disposal requirements.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 25 MEDICAL RECORDS SERVICES

Rule 45.25.1 **Medical Records Management.**

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

accessible, and systematically organized to facilitate retrieving and compiling information.

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

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

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

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

6. All clinical information pertaining to the clients stay shall be centralized in the client's medical records.

7. Medical records of discharged clients shall be completed within thirty (30) days following discharge.

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.26.2 **Records**. Social services information concerning each client shall be obtained and kept. This information shall cover social and emotional factors related to the

client's condition and information concerning his home situation, financial resources and relationships with other people.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 27 ACTIVITY COORDINATOR

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.27.6 **Outside Area**. Adequate outside space should be provided for the use of clients in favorable weather.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 28 FOOD AND NUTRITION SERVICES: GENERAL IN AN ICF-IID AND IN AN ICF-IID RESIDENTIAL COMMUNITY HOME

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

manual. Refer also to Rule 49.2.34 for Registered Dietician requirements in an ICF-IID Residential Community Home.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.30.7 **Serving of Meals**.

1. Table should be of a type to seat not more than four (4) or six (6) clients. Clients who are not able to go to the dining room shall be provided sturdy tables (not TV trays) of proper heights. For those who are bedfast or infirm tray service shall be provided in their rooms with the tray resting on a firm support.

2. Personnel eating meals or snacks on the premises shall be provided facilities separate from and outside of food preparation, tray service, and dishwashing areas.

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.31.3 **Screens and Outside Openings**. Openings to the outside shall be effectively screened. Screen doors shall open outward and be equipped with self-closing devices.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.31.6 **Employee Toilet Facilities**. Toilet facilities with lockers shall be provided for employees in an ICF-IID. Toilet rooms shall not open directly into any room in which food is prepared, stored, displayed or served, nor into any room in which

utensils are washed or stored. Toilet rooms shall have a lavatory and shall be well lighted and ventilated.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 32 AREAS AND EQUIPMENT IN AN ICF-IID

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.32.2 **Kitchen**.

1. **Size and Dimensions**. The minimum area of kitchen (food preparation only) for less than twenty-five (25) beds shall be a minimum area of two hundred (200) square feet. In ICFs-IID with twenty five (25) beds to sixty (60) beds, a minimum of ten (10) square feet per bed shall be provided. In facilities with

sixty-one (61) to eighty (80) beds, a minimum of six (6) square feet per bed shall be provided for each bed over sixty (60) in the home. In facilities with eighty-one (81) to one hundred (100) beds, a minimum of five (5) square feet per bed shall be provided for each bed over eighty (80). In facilities with more than one hundred (100) beds proportionate space approved by the licensing agency shall be provided. Also, the kitchen shall be of such size and dimensions in order to:

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

b. Avoid overcrowding and congestion of operations.

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

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

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

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

b. Refrigerator and Freezers. Facilities with more than twenty-four (24) beds shall have sufficient commercial or institutional type refrigeration/freezer units to meet the storage needs of the ICF-IID.

c. Bulletin Board.

d. Clock.

e. Cook's table.

f. Counter or table for tray set-up.

g. Cans garbage (heavy plastic or galvanized).

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

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

j. Pot and Pan Sink. A three compartment sink shall be provided for cleaning pots and pans. Each compartment shall be a minimum of twenty-four (24) inches by twenty-four (24) inches by sixteen (16) inches. A drain

board of approximately thirty (30) inches shall be provided at each end of the sink, one to be used for stacking soiled utensils and the other for draining clean utensils.

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

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

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

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

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

p. Mixer. Institutional type mixer of appropriate size.

q. Food Processor.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.32.4 **Food Storage**. A food-storage room with cross ventilation shall be provided in an ICF-IID. Adequate shelving, bins, and heavy plastic or galvanized cans shall be provided. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water leakage, or any other source

of contamination. The food-storage room should be adjacent to the kitchen and convenient to the receiving area. The minimum area for a food-storage room shall equal two and one-half (2 1/2) square feet per bed and the width of the aisle shall be a minimum of three (3) feet. Food storage shall be maintained at 12 inches above the floor.

SOURCE: Miss. Code Ann. §43-11-13

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

Rule 49.33.1 **Water Supply**.

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

2. Water under pressure sufficient to operate fixtures at the highest point during maximum demand periods shall be provided. Water under pressure of at least twenty (20) pounds per square inch shall be piped to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water.

3. It is recommended that the water supply into the ICF-IID can be obtained from two (2) separate water lines if possible.

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.33.2 **Disposal of Liquid and Human Wastes**.

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

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

3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed of through trapped drains into sewerage disposal

system approved by the local county health department and/or the Mississippi State Department of Health. The sewerage disposal system shall be of a size and capacity based on the number of clients and personnel housed and employed in the ICF-IID. Where the sewerage disposal system is installed prior to the opening of the ICF-IID, it shall be assumed, unless proven otherwise, that the system was designed for ten (10) or fewer persons.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.33.6 **Garbage Disposal**.

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

2. Proper disposition of infectious materials shall be observed.

SOURCE: Miss. Code Ann. §43-11-13

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

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.34.2 **Medical Waste**.

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

1. Storage and Containment of Infectious Medical Waste and Medical Waste:

   a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.

   b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing ICF-IID.

   c. Unless approved by the licensing agency or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing ICF-IID for more than seven days above a temperature of six (6) degrees Celsius (equivalent to thirty-eight [38] degrees Fahrenheit). Containment of infectious medical waste at the producing ICF-IID is permitted at or below a temperature of zero (0) degrees Celsius (equivalent to thirty-two [32] degrees Fahrenheit) for a period of not more than ninety (90) days without specific approval of the licensing agency.

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

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

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

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

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

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

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

   ii. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of three (3) minutes:

      1. Hypochlorite solution (500 ppm available chlorine).

      2. Phenolic solution (500 ppm active agent).

      3. Iodoform solution (100 ppm available iodine).

      4. Quaternary ammonium solution (400 ppm active agent).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

Rule 49.35.1 **Housekeeping Facilities and Services**.

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.35.4 **Storage**.

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 36 LAUNDRY: GENERAL

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 37 PHYSICAL FACILITIES

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 38 PHYSICAL PLANT: GENERAL

Rule 49.38.1 **Building Classification**.

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

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

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

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.38.3 **Site**. The proposed site for an ICF-IID must be approved by the licensing agency. Factors to be considered in approving a site in addition to the above may be convenience to medical and hospital services, approved water supply and sewerage disposal, public transportation, community services, services of an organized fire department, an availability to labor supply. Not more than one-third (1/3) of a site shall be covered by a building(s) except by special approval of the licensing agency. One example whereby approval may be granted is where the

structure is to be placed in a very desirable location where the grounds are limited and very expensive. Where such approval is granted, the structure will be required to have a living room, day room, sun room, and recreational areas adequate to compensate for lack of required outside area.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.38.8 **Basement**.

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

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

SOURCE: Miss. Code Ann. §43-11-13

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

Rule 49.39.1 **New Construction, Additions, and Renovations**. When construction is contemplated either for new buildings, conversions, additions, or alterations to existing buildings, one set of plans and specifications shall be submitted to the licensing agency for review and approval. The submission shall be made in not

less than two stages preliminary and final. Floor plans shall be drawn to scale of one-eight (1/8) inch to equal one (1) foot or one-fourth (1/4) inch to equal one (1) foot.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.39.3 **First Stage Submission-Preliminary Plans**.: First stage or preliminary plans shall include:

1. Plot plan showing size and shape of entire site; location of proposed building and any existing structure(s); adjacent streets, highways, sidewalks, railroads, etc., all properly designated; and size, characteristics, and location of all existing public utilities.

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

    a. Outline specifications giving kinds and types of materials.

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

SOURCE: Miss. Code Ann. §43-11-13

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

1. Architectural drawings

2. Structural drawings

3. Mechanical drawings to include plumbing, heat, and air-conditioning

4. Electrical drawings

5. Detailed specifications

6. Approval of working drawings and specifications shall be obtained from the licensing agency in writing prior to the beginning of actual construction.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 40 GENERAL BUILDING REQUIREMENTS

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.40.2 **Structural Soundness and Repair; Fire Resistive Rating**. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at sufficient intervals to be reasonably attractive inside and out.

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

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

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 41 FIRE SAFETY AND CONSTRUCTION

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

1. New buildings and/or building not previously approved for use as a Residential Community Home (6 [Six] clients or less), Small ICF/IID (16

clients or less), or Large ICF/IID (More than 16 clients) on the effective date of these regulations shall comply with Chapter 32 "New Residential Board and Care" edition of the *Life Safety Code* (NFPA 101) effective on the date of application.

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

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.41.2 **ICF-IID Required Rooms and Areas**

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

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

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

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

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

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

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

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

9. **Dining room**. The dining area shall be large enough to seat three-fourth (3/4) of the maximum capacity of an ICF-IID. The dining area can also be used for social, recreational, or religious activities. It is recommended that a separate dining area be provided for personnel.

10. **Food storage**. A food storage room shall be provided convenient to the kitchen in all future licensed homes. It should have cross ventilation. All foods must be stored a minimum of twelve (12) inches above the floor.

11. **Day room or living room**. Adequate day or living room area shall be provided for clients or clients and guests. These areas shall be designated exclusively for this purpose and shall not be used as sleeping area or otherwise. It is recommended that at least two (2) such areas be provided and more in larger homes.

12. **Janitor closet**. At least one (1) janitor's closet shall be provided for each floor. The closet shall be equipped with a mop sink and be adequate in area to store cleaning supplies and equipment. A separate janitor's closet shall be provided for the food service area.

13. **Garbage** can cleaning and storage area.

14. **General storage**. A minimum area equal to at least five (5) square feet per bed shall be provided for general storage.

15. **Laundry**. If laundry is done in the institution, a laundry room shall be provided. Adequate equipment for the laundry load of the home shall be installed. The sorting, washing, and extracting process should be separated from the folding and ironing area-preferably in separate rooms. In addition refer to Subchapter 36, Laundry, General; and Subchapter 37, Physical Facilities.

16. **Separate toilet room** (lavatory and water closet) shall be provided for male and female employees.

17. **A separate toilet room** with a door that can be locked shall be provided for the public.

18. **Food Service Supervisors Office**.

19. **Social Services Office**.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.41.3 **Immediate Jeopardy** (Serious and Immediate to Health and Safety). A situation in which the ICF-IID's failure to meet one or more licensure requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a client.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.41.4 **Ban on all Admissions** A ban on all admissions to an ICF-IID and/or the ICF-IID residential community home shall be imposed by the licensing agency when it has been determined by the licensing agency that the ICF-IID and/or the ICF-IID residential community home is not in compliance with program requirements or an immediate jeopardy is determined to exist based upon survey findings. These deficiencies must be determined as Immediate Jeopardy as defined under Rule 49.41.3.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 42 STATE MONITORING

Rule 49.42.1 **State Monitoring**. A State Monitor may oversee the correction of cited deficiencies in an ICF-IID or an ICF-IID residential community home as a safeguard against further harm to clients when a finding of noncompliance has resulted in harm to a client or when there is a situation that is likely to cause serious injury, harm, impairment or death to a resident

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 43 DIRECTED PLAN OF CORRECTION

Rule 49.43.1 A Directed Plan of Correction is a plan which the licensing agency, or the temporary manager, develops to require an ICF-IID or an ICF-IID residential community home to take action within specified time frames.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 44 BAN ON ADMISSIONS PROCEDURE

Rule 49.44.1 **Ban on Admissions**. If an immediate jeopardy is found to exist in an ICF-IID and/or in an ICF-IID residential community home as applicable, written notice of the determination shall be provided by the licensing agency to the ICF-IID or the ICF-IID Residential Community Home along with the notification that a ban on all admissions is to be imposed five calendar (5) days after the receipt of the notice by the ICF-IID and/or the ICF-IID residential community home unless a hearing is requested within five (5) calendar days following receipt of the notice from the licensing agency. If a hearing is requested by the ICF-IID, the administrative procedures established under Rule 49.9.1 shall be applied.

1. If the agency's determination of noncompliance or Immediate Jeopardy on the day of the licensure visit/ survey is confirmed, a ban on all admissions shall be imposed until the ICF-IID or the ICF-IID residential community home achieves compliance and such compliance is verified by the licensing agency. The licensing agency will verify compliance of the ICF-IID and/or the ICF-residential community home's corrective actions as soon as possible, but not later than 15 working days after the licensing agency receives an acceptable allegation of compliance and/or an acceptable plan of correction from the ICF-IID or the ICF-IID residential community home. If the hearing determines that an Immediate Jeopardy situation did not exist, as applicable, on the day of the licensure/survey visit, no ban on all admissions will be imposed.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 45 STATE MONITORING

Rule 49.45.1 **State Monitoring**. Monitors are identified by the licensing agency as appropriate professionals to monitor cited deficiencies. A monitor shall meet the guidelines regarding conflicts of interests as follows:

1. The monitor does not currently work, or, within the past two (2) years, has worked as an employee, as employment agency staff at the ICF-IID and/or at the ICF-IID residential community home or as an officer, consultant, or agent for the ICF-IID and/or the ICF-IID Residential Community Home to be monitored.

2. The monitor has no financial interest or any ownership interest in the ICF-IID and/or the ICF-IID Residential Community Home.

3. The monitor has no immediate family member who has a relationship with the ICF-IID and/or the ICF-IID Residential Community Home to be monitored.

4. The monitor has no immediate family member who is a client in the ICF-IID and/or the ICF-IID Residential Community Home.

5. If an ICF-IID has not achieved substantial compliance within five (5) months of the annual licensure survey, the remedy of state monitoring will be imposed as determined by the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.45.2 **Compensation and Per Diem Costs**. All compensation and per diem costs of the State Monitor shall be paid by the ICF-IID and/or the ICF-IID Residential Community Home. The licensing agency shall bill the ICF-IID and/or the ICF-IID Residential Community Home for the costs of the State Monitor after termination of the monitoring services. The costs of the State Monitor for any weekly forty (40) hour period (forty [40] hours per week) shall not exceed the maximum allowable owner/administrator salary of a like sized ICF-IID as described in the Mississippi State Medicaid Plan. Within fifteen (15) days of receipt of the bill, the ICF-IID and/or the ICF-IID Residential Community Home shall pay the bill or request an administrative hearing to contest the costs for which it was billed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.45.3 **Recommendation**. If the ICF-IID and/or the ICF-IID Residential Community Home has not achieved substantial compliance with licensure requirements within six (6) months from the annual survey date, the licensing agency may revoke the license of the ICF-IID and/or the ICF-IID Residential Community Home.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 46 DIRECTED PLAN OF CORRECTION

Rule 49.46.1 **Directed Plan of Correction**. Directed Plan of Correction as defined under Rule 49.43. 1 may be imposed as follows:

1. The ICF-IID and/or the ICF-IID residential community home will be provided an opportunity to submit an acceptable Plan of Correction resultant to survey findings. If the licensing agency does not receive an acceptable plan of correction, the licensing agency may impose one or more of the following remedies:

    a. Directed Plan of Correction; and

    b. Revocation of State License.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 47 TEMPORARY MANAGEMENT

Rule 49.47.1 **Recommendation for Appointment of Temporary Management**. If the licensing agency recommends the appointment of a temporary manager, the recommendation shall specify the grounds upon which such recommendation is based, including an assessment of the capability of the ICF-IID and/or ICF-IID residential community home's current management to achieve and maintain compliance with all Licensure requirements.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.47.2 **Notice of Imposition of Temporary Management**. A temporary manager may be imposed fifteen (15) days after the ICF-IID and/or the ICF-IID residential community home receives notice when a determination of an immediate jeopardy finding.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.47.3 **Conditions of Temporary Management**. The management of an ICF-IID or an ICF-IID residential community home must agree to relinquish control to the temporary manager and to pay his/her salary before the temporary manager can be installed in the ICF-IID and/or the ICF-IID residential community home.

1. The ICF-IID cannot retain final authority to approve changes of personnel or expenditures of ICF-IID funds and be considered to have relinquished control to the temporary manager.

2. The temporary manager must be given access to all ICF-IID bank accounts.

3. The temporary manager's salary/per diem fee shall not exceed the maximum allowable owner/administrator salary of a like sized ICF-IID as described in the Mississippi State Medicaid Plan

4. All compensation and per diem costs of the temporary manager shall be paid by the ICF-IID and/or the ICF-IID residential community home. The licensing agency shall bill the ICF-IID for the costs of the temporary manager

after termination of temporary management. Within fifteen (15) days of receipt of the bill, the ICF-IID shall pay the bill or request an administrative hearing to contest the costs for which it was billed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.47.4 **Selection of Temporary Manager**. The licensing agency shall compile and maintain a list of individuals eligible to serve as temporary managers. The temporary manager must possess a Mississippi nursing home administrator's license. A contractual agreement will be executed between the temporary manager and the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.47.5 **Eligibility of Temporary Manager**. The following individuals are not eligible to serve as temporary managers:

1. Any individual who has been found guilty of misconduct by any licensing board or professional society in any State; or

   a. Any individual who has, or whose immediate family members have, any financial interest in or pre-existing fiduciary duty to the ICF-IID and/or the ICF-IID residential community home to be managed. Indirect ownership interest, such as through a mutual fund, does not constitute financial interest for the purpose of this restriction; or

   b. Any individual who currently serves or, within the past two (2) years, has served as a member of the staff of the ICF-IID and/or the ICF-IID residential community home or has a pre-existing fiduciary duty to the ICF-IID and/or the ICF-IID residential community home;

   c. Any individual who does not possess sufficient training, expertise, and experience in the operation of an ICF-IID and/or an ICF-IID residential community home as would be necessary to achieve the objectives of temporary management; or

   d. Any individual who at the time of the imposition of temporary management could stand to gain an unfair competitive advantage by being appointed as temporary manager of the ICF-IID and/or the ICF-IID residential community home.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.47.6 **Condition of Appointment**. As a condition of appointment, the temporary manager must agree not to purchase, lease, or manage the ICF-IID and/or the ICF-IID residential community home for a period of two (2) years following the end of the temporary management period.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.47.7 **No Limitation**. Nothing contained in these sections shall limit the right of any ICF-IID and/or ICF-IID residential community home owner to sell, lease, mortgage, or close any ICF-IID and/or ICF-IID residential community home in accordance with all applicable laws.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.47.8 **Authority and Powers of the Temporary Manager**.

1. A temporary manager has the authority to direct and oversee the correction of the deficiencies/licensure violations; to oversee and direct the management, hiring, reassignment and/or discharge of any consultant or employee, including the administrator of the ICF-IID and/or the ICF-IID residential community home; to direct the expenditure of or obligate ICF-IID funds in a reasonable and prudent manner; to oversee the continuation of the business and the care of the clients; to oversee and direct those acts necessary to accomplish the goals of the licensure and/or certification requirements; to alter ICF-IID procedures; and to direct and oversee regular accountings and the provision of periodic reports to the licensing agency.

2. A temporary manager shall provide reports to the licensing agency by the fifteenth (15th) day of each month showing the compliance status of the ICF-IID and/or the ICF-IID residential community home;

3. A temporary manager shall observe the confidentiality of the operating policies, procedures, employment practices, financial information, and all similar business information of the ICF-IID and/or the ICF-IID residential community home except that the temporary manager shall make reports to the licensing agency as provided for in this section.

4. The temporary manager shall be liable for gross, willful or wanton negligence, intentional acts or omissions, unexplained shortfalls in the ICF-IID and/or the ICF-IID residential community home's funds, and breaches of fiduciary duty. The temporary manager shall be bonded in an amount equal to the ICF-IID and/or the ICF-IID residential community home's total revenues for the month preceding the appointment of the temporary manager.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.47.9 **Authority of Temporary Manager**. The temporary manager shall not have the authority to do the following:

1. To cause or direct the ICF-IID and/or the ICF-IID residential community Home or its owner to incur debt or to enter into any contract with a duration beyond the term of the temporary management of the ICF-IID and/or the ICF-IID residential community home;

2. To cause or direct the ICF-IID and/or the ICF-IID residential community home encumber its assets or receivables, or the premises on which it is located, with any lien or other encumbrances;

3. To cause or direct the sale of the ICF-IID or the ICF-IID residential community home, its assets, or the premises on which it is located;

4. To cause or direct the ICF-IID and/or the ICF-IID residential community home to cancel or reduce its liability or casualty insurance coverage;

5. To cause or direct the ICF-IID and/or the ICF-IID residential community home to default upon any valid obligations previously undertaken by the owners or operators of the ICF-IID and/or the ICF-IID residential community home including but not limited to, leases, mortgages, and security interests; and

6. To incur capital expenditures in excess of two-thousand dollars ($2,000.00) without the permission of the owner of the ICF-IID and/or the ICF-IID residential community home and the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 49.47.10 **Duration of Temporary Manager**. Temporary management shall continue until a license is revoked or the ICF-IID and/or the ICF-IID residential community home achieves substantial compliance and is capable of remaining in substantial compliance. The licensing agency may replace any temporary manager whose performance, in the discretion of the licensing agency, is deemed unsatisfactory. No formal procedure is required for such removal or replacement but written notice of any action shall be given to the ICF-IID and/or the ICF-IID residential community home including the name of any replacement manager.

1. An ICF-IID and/or the ICF-IID residential community home subject to temporary management may petition the licensing agency for replacement of a temporary whose performance it considers unsatisfactory. The licensing agency shall respond to a petition for replacement within three (3) business days after receipt of said petition.

2. Otherwise, the licensing agency shall not terminate temporary management until it has determined that the ICF-IID and/or the ICF-IID residential community home has the management capability to ensure continued compliance with all licensure requirements or until the facility's license is revoked.

SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 50 MINIMUM STANDARDS OF OPERATION FOR ALZHEIMER'S DISEASE/DEMENTIA CARE UNIT: GENERAL ALZHEIMER'S DISEASE/DEMENTIA CARE UNIT

Subchapter 1 DEFINITIONS

Rule 50.1.1 **Alzheimer's Disease**. The term "Alzheimer's Disease" means a chronic progressive disease of unknown cause that attacks brain cells or tissues.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.1.2 **Alzheimer's Disease/Dementia Care Unit (A/D Unit)**. A licensed nursing home or licensed personal care home (hereinafter referred to as "licensed facility" unless specified otherwise) may establish a separate A/D Unit for residents suffering from a form of dementia or Alzheimer's Disease. The rules and regulations as set forth in these regulations are in addition to the licensure requirements for the licensed facility, and do not exempt a licensed facility from compliance therewith.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.1.3 **Alzheimer's Disease/Dementia Care Unit Designation**. Any licensed facility that establishes an A/D Unit, and meets the requirements as set forth in this chapter, shall have said designation printed upon the certificate of licensure issued to said facility by the licensing agency. In order for an A/D Unit to receive designation, the facility must have also received licensure from the licensing agency as a nursing home or as a personal care home.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.1.4 **Ambulation**. The terms "ambulation" or "ambulatory" shall mean the resident's ability to bear weight, pivot, and safely walk independently or with the use of a cane, walker, or other mechanical supportive device (i.e., including, but not limited to, a wheelchair). A resident who requires a wheelchair must be capable of transferring to and propelling the wheelchair independently or with prompting. No more than ten percent (10%) of the resident census of the A/D Unit shall require assistance during any staffing shift as described and required herein.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.1.5 **Dementia**. The term "dementia" means a clinical syndrome characterized by a decline of long duration in mental function in an alert individual. Symptoms of dementia include memory loss and the loss or diminution of other cognitive abilities, such as learning ability, judgment, comprehension, attention, and orientation to time and place and to oneself. Dementia can be caused by such diseases as: Alzheimer's Disease, Pick's Disease, Parkinson's and Huntington's Disease, Creutzfeldt-Jakob Disease, multi-infarct dementia, etc.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.1.6 **Licensed Facility**. The term "licensed facility" shall mean any nursing home or personal care home licensed by the Mississippi Department of Health. For additional licensure information, refer to "Regulations Governing Licensure of Nursing Home Facilities" and "Regulations Governing Licensure of Personal Care Home Facilities".

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 2 STAFFING

Rule 50.2.1 **Staffing**. In addition to the staffing requirements as set forth for licensed facilities, the following staffing requirements shall apply to A/D Units:

1. Minimum requirements for nursing staff shall be based on the ratio of three (3.0) hours of nursing care per resident per twenty-four (24) hours Licensed nursing staff and nursing aides can be included in the ratio. Staffing requirements are based upon resident census.

2. A Registered Nurse or Licensed Practical Nurse shall be present on all shifts.

3. If the designated A/D Unit is not freestanding, licensed nursing staff may be shared with the rest of the facility for the purpose of meeting the minimum staffing requirements.

4. Only staff trained as specified in Rule 50.2.2 and Rule 50.2.3 below shall be assigned to the A/D Unit.

5. A minimum of two (2) staff members shall be on the A/D Unit at all times.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.2.2 **Staff Orientation**. The goals of training and education for A/D Units are to enhance staff understanding and sensitivity toward the A/D Unit residents, to allow staff to master care techniques, to ensure better performance of duties and responsibilities, and to prevent staff burnout. The trainer(s) shall be qualified individuals with experience and knowledge in the care of individuals with Alzheimer's Disease and other forms of dementia. The licensed facility shall provide an orientation program to all new employees assigned to the A/D Unit. The orientation program shall be outlined in an orientation manual and shall include, but not be limited to:

1. The licensed facility's philosophy related to the care of residents with Alzheimer's Disease and other forms of dementia in the A/D Unit;

2. A description of Alzheimer's Disease and other forms of dementia;

3. The licensed facility's policies and procedures regarding the general approach to care provided in the A/D Unit, including therapies provided; treatment modalities; admission, discharge, and transfer criteria; basic services provided within the A/D Unit; policies regarding restraints, wandering and egress control, and medication management; nutrition management techniques; staff training; and family activities; and

4. Common behavior problems and recommended behavior management.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.2.3 **In-Service Training**. Ongoing in-service training shall be provided to all staff who may be in direct contact with residents of the A/D Unit. Staff training shall be provided at least quarterly. The licensed facility will keep records of all staff training provided and the qualifications of the trainer(s). The licensed facility shall provide hands on training on at least three (3) of the following topics each quarter:

1. The nature of Alzheimer's Disease, including the definition, the need for careful diagnosis, and knowledge of the stages of Alzheimer's Disease;

2. Common behavioral problems and recommended behavior management techniques;

3. Communication skills that facilitate better resident-staff relations;

4. Positive therapeutic interventions and activities, such- as exercise, sensory stimulation, activities of daily living skills, etc.;

5. The role of the family in caring for residents with Alzheimer's Disease, as well as the support needed by the family of these residents;

6. Environmental modifications to avoid problems and create a therapeutic environment;

7. Development of comprehensive and individual care plans and how to update and implement them consistently across shifts, establishing a baseline and concrete treatment goals and outcomes; and

8. New developments in diagnosis and therapy.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 3 ASSESSMENT AND INDIVIDUAL CARE PLANS

Rule 50.3.1 **Assessments**. Prior to admission to the A/D Unit, each individual shall receive a medical examination and assessment from a licensed physician or nurse practitioner/physician assistant. In addition, prior to admission, each individual

shall be assessed by a licensed practitioner whose scope of practice includes assessment of cognitive, functional, and social abilities, and nutritional needs. These assessments shall include the individual's family supports, level of activities of daily living functioning and level of behavioral impairment. The functional assessment shall demonstrate that the individual is appropriate for placement.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.3.2 **Care Plans**. Individual care plans shall be developed by the staff for each resident.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.3.3 **Family Involvement**. Whenever possible and appropriate, the family shall be involved in the development of a resident's care plan. The family shall be provided with information regarding social services, such as support groups for families and friends. A designated family member shall be notified in a timely manner of care plan sessions. Documentation of such notification shall be kept by the licensed facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.3.4 **Review of Care Plans**. Each care plan and functional assessment, developed upon admission to determine the resident's appropriateness for placement, shall be reviewed, evaluated for its effectiveness, and updated at least quarterly or more frequently if indicated by changing needs of the resident.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.3.5 **Admission and Discharge Criteria**. The following criteria must be applied and maintained for resident placement in an A/D Unit:

1. Only residents with a primary diagnosis of Alzheimer's Disease or dementia, whose needs can be met by the licensed facility, shall be admitted.

2. For licensed facilities which are personal care homes, a person shall not be admitted or continue to reside in an A/D Unit if the person does not meet the admission criteria for the licensed facility unless otherwise exempted by such applicable laws and regulations.

3. The licensed facility must be able to identify at the time of admission and during continued stay those residents whose needs for services are consistent with these rules and regulations, and those residents who should be transferred to an appropriate level of care.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 4 THERAPEUTIC ACTIVITIES

Rule 50.4.1 **Therapeutic Activities**. Therapeutic activities shall be provided to the residents of the A/D Unit seven (7) days per week. The therapeutic activities shall be scheduled by a Certified Therapeutic Recreation Specialist, a Qualified Therapeutic Recreation Specialist, or an Activity Consultant Certified, which must provide a minimum of eight (8) hours monthly in-house consultation to an activities designee.

1. Activities shall be delivered at various hours.

2. Opportunities shall be provided for daily involvement with nature, and sunshine (i.e., as in outdoor activities) as weather permits.

3. Residents will not be observed with negative outcome for long periods without meaningful activities.

4. Activities will:

   a. tap into better long-term memory than short;

   b. provide multiple short activities to work within short attention spans;

   c. provide experience with animals, nature, and children; and

   d. provide opportunities for physical, social, and emotional outlets.

5. Productive activities that create a feeling of usefulness shall be provided.

6. Leisure activities shall be provided.

7. Self-care activities shall be provided.

8. Planned and spontaneous activities shall be provided in the following areas:

   a. structured large and small groups;

   b. spontaneous intervention;

   c. domestic tasks/chores;

   d. life skills;

   e. work;

   f. relationships/social;

   g. leisure;

h. seasonal;

i. holidays,

j. personal care;

k. meal time; and

l. intellectual, spiritual, creative, and physically active pursuits.

9. Activities will be based on cultural and lifestyle differences.

10. Activities shall be appropriate and meaningful for each resident, and shall respect a person's age, beliefs, culture, values, and life experience.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 5 SOCIAL SERVICES

Rule 50.5.1 **Social Services**. A licensed social worker, licensed professional counselor, or licensed marriage and family therapist shall provide social services to both the resident and support to family members, including but not limited to the following:

1. The socialization of a resident shall be incorporated in the resident's care plan.

2. The provision of support to the resident's family, including formation of family support groups, shall be offered by the licensed facility.

3. The social service consultation shall be onsite, and shall be a minimum of eight (8) hours per month.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 6 NUTRITIONAL SERVICES

Rule 50.6.1 **Nutritional Services**. A nutritional assessment shall be completed for each resident. If the nutritional assessment identifies therapeutic nutritional needs, or is ordered by the resident’s physician, a registered dietician shall assess and plan a diet for the resident’s nutritional needs.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 7 PHYSICAL LAYOUT

Rule 50.7.1 **Physical Design**. In addition to the physical plant standards required for the licensed facility, an A/D Unit shall include the following:

1. A separate multipurpose room for dining, group, and individual activities, and family visits which is a minimum of forty (40) square feet per resident, but in no case shall be smaller than three hundred-twenty (320) square feet;

2. A secured area for medication, storage, and workspace;

3. A secure, exterior exercise pathway that allows residents to walk on a level, non-slip path. The path shall have a minimum width of four (4) feet. Seating shall be next to the pathway, but outside the walking path. Lighting shall be indirect with a minimum brightness of fifty (50) foot candles;

4. High visual contrast between floors and walls, and doorways and walls, in resident use areas. With the exception of fire exits, door and access ways may be designed to minimize contrast to obscure or conceal areas the residents should not enter;

5. Floors, walls and ceiling that are non-reflective to minimize glare;

6. Adequate and even lighting which minimizes glare and shadows and is designed to meet the specific needs of the residents;

7. Service sections that are removed from resident areas. Kitchen services and storage shall be separated from resident areas by a secure enclosure;

8. Security controls on all entrances and exits;

9. Exterior fencing that shall be placed at the pathway level, at a minimum height of six (6) feet. Fencing shall be solid so as to block the view if mounted at the pathway level. No entrance gates shall be visible from the exterior area. If the grading allows, the fence shall be placed at the bottom of the central grade. An open fence may be utilized if it is separated by a grade change; and

10. Physical Design Waiver for Existing Facilities. The licensing agency, within its discretion, may waive only the requirements in this section for the designation of an A/D Unit for any licensed facility which was established prior to October 13, 1999, as documented in the records of the licensing agency, a separate, secured unit for the care of residents diagnosed with Alzheimer's Disease or other forms of dementia. Waivers granted under this section may be granted, within the discretion of the licensing agency, with conditions.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.7.2 **Physical Environment and Safety**. The A/D Unit shall:

1. Provide freedom of movement for the residents to common areas and to their personal spaces. The facility shall not lock residents out of or inside their rooms;

2. Provide trays, plates, and eating utensils which provide visual contrast between them and the table and that maximize the independence of the individual residents;

3. Label or inventory all residents' possessions;

4. Provide comfortable chairs, including at least one in the common use area that allows for gentle rocking or gliding;

5. Encourage and assist residents to decorate and furnish their rooms with personal items and furnishings based on the resident's needs, preferences and appropriateness;

6. Individually identify residents' rooms to assist residents in recognizing their room;

7. Keep corridors and passageways through common use areas free of objects which may cause falls; and

8. Only use a public address system in an A/D Unit (if one exists) for emergencies.

SOURCE: Miss. Code Ann. §43-11-13

Rule 50.7.3 **Egress Control**. The licensed facility shall develop policies and procedures to deal with residents who may attempt to wander outside of the A/D Unit. The procedures shall include actions to be taken in case a resident elopes.

SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 51: MINIMUM STANDARDS OF OPERATION FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

Subchapter 1 General: Legal Authority

Rule 51.1.1 **Adoption of Rules, Regulations, and Minimum Standards**. By virtue of authority vested in it by Mississippi Code Annotated, 43-11-1 through 43-11-27 (Supplemented 1986), The Mississippi Department of Health does hereby adopt and promulgate Rules, Regulations, and Minimum Standards for Institutions for the Aged and Infirm which includes Skilled Nursing Facilities, Intermediate Care Facilities, Personal Care Homes.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.1.2 The 1990 Legislature amended the code to include Psychiatric Residential Treatment Facilities as an institution for the Aged or Infirm.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.1.3 **"Psychiatric Resident Treatment Facility"** means any non-hospital establishment with permanent facilities which provides a twenty-four (24) hour program of care by qualified therapists including, but not limited to, duly licensed mental health professionals, psychiatrists, psychologists and licensed certified social workers, for emotionally disturbed children and adolescents referred to such facility by a court, local school district or by the Department of Human Services, who are not in an acute phase of illness requiring the services of a psychiatric hospital, and are in need of such restorative treatment services. For purposes of this paragraph, the term "emotionally disturbed" means a condition exhibiting one or more of the following characteristics over along period of time and to a marked degree, which adversely affects educational performance:

1. An inability to learn which cannot be explained by intellectual, sensory or health factors;

2. An inability to build or maintain satisfactory relationships with peers and teachers;

3. Inappropriate types of behavior or feelings under normal circumstances;

4. A general pervasive mood of unhappiness or depression; or

5. A tendency to develop physical symptoms or fears associated with personal or school problems.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 2 TYPES OF LICENSE

Rule 51.2.1 **Regular License**. A license shall be issued to each institution for the aged or infirm that meets the requirements as set forth in these regulations. The license shall show the classification (Skilled Nursing Facility, Intermediate Care Facility, Personal Care Home, and Psychiatric Residential Treatment Facility).

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.2.2 **Provisional License**. Within its discretion, the Mississippi Department of Health may issue a provisional license when a temporary condition of non-compliance with these regulations exists in one or more particulars. A provisional license shall be issued only if the Department of Health is satisfied that preparations are being made to qualify for a regular license and that the health and safety of patients will not be endangered meanwhile. One conditional on which a provisional license may be issued is as follows: A new institution for the aged or infirm may be issued a provisional license prior to opening and subsequent to meeting the required minimum staffing personnel. The license issued under this condition shall be valid until the issuance of a regular license or March 31 following date of issuance whichever may be sooner. A provisional license may be reissued only if it is satisfactorily proven to the Department of Health that efforts are being made to fully comply with these regulations by a specified time.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 3 APPLICATION FOR LICENSE

Rule 51.3.1 **Application**. Application for a license or renewal of a license shall be made in writing to the licensing agency on forms provided by the Department of Health which shall contain such information as the Department of Health may require. The application shall require reasonable, affirmative evidence of ability to comply with these rules, regulations, and minimum standards.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.3.2 **Fees**. - Each initial and renewal licensure application, unless suspended or revoked, shall be accompanied by a fee as set by the Board, made payable to the Mississippi State Department of Health,either by business check, money order, or electronic means. Renewal of licenses shall occur on an annual basis. Fees are non-refundable.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.3.3 **Name of Institution**. Every institution for the aged or infirm shall be designated by a permanent and distinctive name which shall be used in applying for a license and shall not be changed without first notifying the licensing agency in writing and receiving written approval of the change from the licensing agency. Such notice shall specify the name to be discontinued as well as the new name proposed. The words "hospital", "sanatarium", “sanatorium", "clinic", or any other word which would reflect a different type of institution shall not appear in the title of an institution for the aged or infirm. In addition to these words, the word "nursing" shall not appear in the title of a Personal Care Home. Only the official name by which the institution is licensed shall be used in telephone listing, on stationery, in advertising, etc. Two or more facilities shall not be licensed under similar names in the same vicinity.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.3.4 **Number of Beds**. Each application for licensure shall specify the maximum number of beds in the institution for the aged or infirm. The maximum number of beds for which the facility is licensed shall not be exceeded.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 4 LICENSING

Rule 51.4.1 **Issuance of License**. All licenses issued by the Department of Health shall set forth the name of the facility, the location, the name of the licensee, the classification of the institution, the type of building, the bed capacity for which the institution is licensed, and the license number.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.4.2 **Posting of License**. The license shall be posted in a conspicuous place on the licensed premises and shall be available for review by an interested person.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.4.3 **License Not Transferable**. The license for an institution for the aged or infirm is not transferable or assignable to any other person except by written approval of the licensing agency and shall be issued only for the premises named in the application. The license shall be surrendered to the Department of Health on change of ownership, licensee, name or location of the institution, or in the event that the institution ceases to be operated as an institution for the aged or infirm. In event of change of ownership, licensee, name or location of the institution, a new application shall be filed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.4.4 **Expiration of License**. Each license shall expire on March 31 following the date of issuance.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.4.5 **Renewal of License**. License shall be renewable by the licensee.

1. Filing of an application for renewal of licensee;

2. Submission of appropriate licensure renewal fee;

3. Approval of annual report by the licensing agency; and

4. Maintenance by the institution of minimum standards in its physical facility, staff, services, and operation as set forth in these regulations.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 5 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

Rule 51.5.1 **Denial or Revocation of License**: Hearings and Review. The licensing agency after notice and opportunity for a hearing to the applicant or licensee is authorized to deny, suspend, or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. Also, the following shall be grounds for denial or revocation of license:

1. Fraud on the part of the licensee in applying for a license;

2. 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 the rules, regulations, and minimum standards established by the Department of Health;

3. Addiction to narcotic drug(s) by the licensee or other employees or personnel of the home;

4. Excessive use of alcoholic beverages by the licensee or other personnel of the home to the extent which threatens the well-being or safety of the patient or resident;

5. Conviction of the licensee of a felony;

6. Publicly misrepresenting the home and/or its services;

7. Permitting, aiding, abetting the commission of any unlawful act;

8. Conduct or practices detrimental to the health or safety of patients or residents and employees of said institutions provided that this provision shall not be construed to have any reference to healing practices authorized by law. Detrimental practices include but are not necessarily limited to:

   a. Cruelty to patient or resident or indifference to their needs which are essential to their general well-being and health;

   b. Misappropriation of the money or property of a patient or resident;

   c. Failure to provide food adequate for the needs of the patient or resident;

   d. Inadequate staff to provide safe care and supervision of patient or resident;

   e. Failure to call a physician when required by patient's or resident's condition;

   f. Failure to notify next of kin when patient's or resident's conditions becomes critical; and

   g. Admission of a patient or resident whose condition demands care beyond the level or care provided by the home as determined by its classification.

9. The execution of any contract for care exceeding one year without written approval of licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 6 PROVISION FOR HEARING AND APPEAL FOLLOWING DENIAL OR REVOCATION OF LICENSE; PENALTIES

Rule 51.6.1 **Administrative Decision**. The Mississippi Department of Health 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.

1. 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 of 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 to the Chancery Court pursuant to Section 12 (6964-12), Chapter 384, Laws 1952. An additional period of time may be granted at the discretion of the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.6.2 **Penalties**. Any person establishing, conducting, managing, or operating an institution for the aged or infirm without a license shall be declared in violations of these regulations and Chapter 451 of the Laws of Mississippi of the Regular Legislative Session of 1979 and subject to the penalties specified in Section 18 thereof.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 7 FACILITY MANAGEMENT: GOVERNING BODY

Rule 51.7.1 Every child/adolescent psychiatric residential treatment facility shall have a governing body that has overall responsibility for the operation of the facility.

1. A public facility shall have a written description of the administrative organization for the government agency within which it operates.

2. A public facility shall also have a written description of how the lines of authority within the government agency relate to the governing body of the facility.

3. A private facility shall have a charter, constitution, or bylaws.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.2 The names and addresses of all owners or controlling parties of the facility (whether they are individuals; partnerships; corporate bodies; or subdivisions of other bodies, such a public agencies or religious, fraternal, or other charitable organizations) shall be fully disclosed. In case of corporations, the names and addresses of all officers,

directors, and principal stockholders either beneficial or of record shall be disclosed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.3 The governing body shall meet at least quarterly.

1. Minutes of these meetings shall be kept and shall include at least the following;

2. The date of the meeting;

3. The names of members who attended;

4. The topics discussed;

5. The decisions reached and actions taken;

6. The dates for implementation of recommendations; and

7. The reports of the chief executive officer and others.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.4 The governing body shall establish a committee structure to fulfill its responsibilities and to assess the results of the facility's activities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.5 The governing body, through the chief executive officer, shall have a written statement of the facility's goals and objectives, as well as written procedures for implementing these goals and objectives.

1. There shall be documentation that the statement and procedures are based upon a planning process, and that the facility's goals and objectives are approved by the governing body.

2. The governing body, through the chief executive officer, shall have a written plan for obtaining financial resources that are consonant with the facility's goals and objectives.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.6 When a residential treatment program is a component of a larger facility, the staff of the residential treatment program, subject to the overall responsibility of the governing body, shall be given the authority necessary to plan, organize, and operate the program. The residential treatment program shall hire and assign its own staff. The categorical program shall employ a sufficient number of qualified and appropriately trained staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.7 The governing body, through its chief executive officer, shall develop policies and shall make sufficient resources available (for example, funds, staff, equipment, supplies, and facilities) to assure that the program is capable of providing appropriate and adequate services to patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.8 The facility's physical and financial resources shall be adequately insured.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.9 The governing body shall establish bylaws, rules and regulations, and a table of organization to guide relationships between itself and the responsible administration and professional staffs and the community.

1. The governing body may establish one set of bylaws, rules and regulations that clearly delineates the responsibilities and authority of the governing body and the administrative and professional staff.

2. Administrative and professional staffs may establish separate bylaws, rules and regulations that are consistent with policies established by the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.10 Bylaws, rules and regulations shall comply with legal requirements, be designed to encourage high quality patient care, and be consistent with the facility's community responsibility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.11 Such bylaws, rules and regulations shall describe the powers and duties of the governing body and its officers and committees; or the authority and responsibilities of any person legally designed to function as the governing body, as well as the authority and responsibility delegated to the responsible administrative and professional staffs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.12 Such bylaws, rules and regulations shall state the eligibility criteria for governing body membership; the types of membership and the method of selecting members; frequency of governing body meetings; the number of members necessary for a quorum and other attendance requirements for governing body meetings; the requirement that meetings be documented in the form of written minutes and the duration of appointment or election for governing body members, officers, and committed chairpersons.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.13 Such by laws, rules and regulations shall describe the qualifications, authority, and responsibilities of the chief executive officer.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.14 Such bylaws, rules and regulations shall specify the method for appointing the chief executive office.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.15 Such bylaws, rules and regulations shall provide the administrative and professional staffs with the authority and freedom necessary to carry out their responsibilities within the organizational framework of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.16 Such bylaws, rules and regulations shall provide the professional staff with the authority necessary to encourage high quality patient care.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.17 Such bylaws, rules and regulations shall state the procedures under which the administrative and professional staff cooperatively function.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.18 Such bylaws, rules and regulations shall require the establishment of controls designed to encourage each member of the professional staff to observe the standards of the profession and assume and carry out functions in accordance with local, state, and federal laws and rules and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.19 Such bylaws, rules and regulations shall require the professional staff bylaws, rules and regulations to be subject to governing body approval.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.20 Such bylaws, rules and regulations shall specify procedures for selecting professional staff officers, directors, and department or service chiefs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.21 Such bylaws, rules and regulations shall require that physicians with appropriate qualifications, licenses, and clinical privileges evaluate and authenticate medical histories and physical examinations, and prescribe medications.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.22 Such bylaws, rules and regulations may also allow dentists with appropriate qualifications, licenses, and clinical privileges to prescribe medications.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.23 Such bylaws, rules and regulations shall describe the procedure for conferring clinical privileges on all professional staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.24 Such bylaws, rules and regulations shall define the responsibilities of physicians in relation to non-physician members of the professional staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.25 Such bylaws, rules and regulations shall provide a mechanism through which the administrative and professional staffs report to the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.26 Such by laws, rules and regulations shall define the means by which the administrative and professional staffs participate in the development of facility and program policies concerning program management and patient care, and shall include, but not be limited to:

1. Admission, transfer and discharge policies and procedures;

2. Prescription and administration of medication policies and procedures which shall be consistent with applicable federal and state laws and regulations; and

3. Case records policies and procedures which shall ensure confidentiality of patient records in accordance with state laws and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.27 Such bylaws, rules and regulations shall require an orientation program for new governing body members and a continuing education program for all members of the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.7.28 Such bylaws, rules and regulations shall require that the bylaws, rules and regulations be reviewed at least every two years, revised as necessary, and signed and dated to indicate the time of last review.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 8 CHIEF EXECUTIVE OFFICER

Rule 51.8.1 The governing body shall appoint a chief executive officer who shall be employed on a full-time basis.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.8.2 The qualifications, authority, and duties of the chief executive officer shall be stated in the governing body's bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.8.3 The chief executive officer shall be a health professional with appropriate professional qualifications and experience, including previous administrative responsibility in a health facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.8.4 The chief executive officer shall have a medical degree or at least a master's degree in administration, psychology, social work, education, or nursing; and, when required, should have appropriate licenses. Experience shall include previous administrative responsibility in a facility for children or adolescents. Experience may be substituted for a professional degree when it is carefully evaluated, justified, and documented by the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.8.5 In accordance with the facility's bylaws, rules and regulations, the chief executive officer shall be responsible to the governing body for the overall operation of the facility, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.8.6 The chief executive officer shall assist the governing body in formulating policy by preparing the following items and presenting them to and reviewing them with the governing body:

1. Long-term and short-term plans of the facility;
2. Reports on the nature and extent of funding and other available resources;
3. Reports describing the facility's operations;
4. Reports evaluating the efficiency and effectiveness of facility or program activity; and
5. Budgets and financial statements.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.8.7 The chief executive officer shall be responsible for the preparation of a written manual that defines the facility policies and procedures and that is regularly revised and updated.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.8.8 There shall be documentation that the chief executive officer attends and participates in continuing education programs.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 9 PROFESSIONAL STAFF ORGANIZATION

Rule 51.9.1 There shall be a single organized professional staff that has the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as for accounting therefore to the governing body. The manner in which the professional staff is organized shall be consistent with the facility's documented staff organization and bylaws, rules and regulations, and pertain to the setting where the facility is located. The professional staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that a qualified physician be responsible for diagnosis and all care and treatment. The organization of the professional staff, and its bylaws, rules and regulations, shall be approved by the facility's governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.9.2 The professional staff shall strive to assure that each member is qualified for membership and shall encourage the optimal level of professional performance of its members through the appointment/reappointment procedure, the specific delineation of clinical privileges, and the periodic reappraisal of each staff member according to the provisions.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 10 QUALIFICATIONS

Rule 51.10.1 The appointment and reappointment of professional staff members shall be based upon well-defined, written criteria that are related to the goals and objectives of the facility as stated in the bylaws, rules and regulations of the professional staff and of the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.10.2 Upon application or appointment to the professional staff, each individual must sign a statement to the effect that he or she has read and agrees to be bound by the professional staff and governing body bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.10.3 The initial appointment and continued professional staff membership shall be dependent upon clinical competence and ethical practice in keeping with the qualifications, standards, and requirements set forth in the professional staff and governing body bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.10.4 Unless otherwise provided by law, only those practitioners who are licensed, certified, or registered, or who have demonstrated competence and experience, shall be eligible for professional staff membership.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 11 METHOD OF SELECTION

Rule 51.11.1 Each facility is responsible for developing a process of appointment to the professional staff whereby it can satisfactorily determine that the person is appropriately licensed, certified, registered, or experienced, and qualified for the privileges and responsibilities he or she seeks.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 12 PRIVILEGE DELINEATION

Rule 51.12.1 Privileges shall be delineated for each member of the professional staff, regardless of the size of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.12.2 The delineation of privileges shall be based on all verified information available in the applicant's or staff member's credentials file.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.12.3 Clinical privileges shall be facility-specific.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.12.4 The professional staff shall delineate in its bylaws, rules and regulations of the qualifications, status, clinical duties, and responsibilities of clinical practitioners who are not members of the professional staff but who services require that they be processed through the usual professional staff channels.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.12.5 The training, experience, and demonstrated competence of individuals in such categories shall be sufficient to permit their performing their assigned functions.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.12.6 There shall be provisions for individuals in such categories to receive professional supervision, when indicated, from their professional counterparts.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 13 REAPPOINTMENT

Rule 51.13.1 The facility's professional staff bylaws, rules and regulations shall provide for review and reappointment of each professional staff member at least once every three years.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.13.2 The reappointment process should include a review of the individual's status by a designated professional staff committee, such as the credentials committee.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.13.3 When indicated, the credentials committee shall require the individual to submit evidence of his or her current health status that verifies the individual's ability to discharge his or her responsibilities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.13.4 The committee's review of the clinical privileges of a staff member for reappointment should include the individual's past and current professional performance as well as his or her adherence to the governing body and professional staff bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.13.5 The professional staff bylaws, rules and regulations shall limit the time within which the professional staff reappointment and privilege delineation processes must completed.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 14 ORGANIZATION

Rule 51.14.1 The professional staff shall be organized to accomplish its required functions. The professional staff organization must provide a framework in which the staff can

carry out its duties and functions effectively. The complexity of the organization shall be consonant with the size of the facility and the scope of its activities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.14.2 The professional staff bylaws, rules and regulations shall provide for the selection of officers for an executive committee, and when appropriate, for other organizational components of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.14.3 The professional staff bylaws, rules and regulations should specify the organization needed to provide effective governance of the professional staff.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 15 EXECUTIVE COMMITTEE

Rule 51.15.1 The executive committee shall be empowered to act for the professional staff in the intervals between the staff meetings.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.15.2 The committee shall serve as a liaison mechanism between the professional staff and the administration.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.15.3 There shall be a mechanism that assures medical participation in the deliberations of the executive committee.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.15.4 The professional staff bylaws, rules and regulations shall define the size, composition, method of selecting members, and frequency of meetings of the executive committee.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.15.5 The executive committee shall maintain a permanent record of its proceedings and actions.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.15.6 The functions and responsibilities of the executive committee shall include at least the following:

1. Receiving and acting upon reports and recommendations from professional staff committees, departments, and services;

2. Implementing the approved policies of the professional staff;

3. Recommending to the governing body all matters relating to appointments and reappointments, staff categorization and assignments, clinical privileges, and except when such is a function of the professional staff or one of its committees, corrective action;

4. Fulfilling the professional staff's accountability to the governing body for the quality of the overall clinical care rendered to patients in the facility; and

5. Initiating and pursuing corrective action when warranted, in accordance with the provisions of the professional staff bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 16 PROFESSIONAL STAFF BYLAWS

Rule 51.16.1 The professional staff shall develop and adopt bylaws, rules and regulations to establish a framework of self-government and a means of accountability to the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.16.2 The bylaws, rules and regulations shall be subject to the approval of the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.16.3 The professional staff shall regulate itself by its bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.16.4 The professional staff bylaws, rules and regulations shall reflect current staff practices, shall be enforced, and shall be periodically reviewed and revised as necessary.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.16.5 The professional staff bylaws, rules and regulations shall include a requirement for an ethical pledge from each practitioner.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.16.6 The professional staff bylaws, rules and regulations shall describe the specific role of each discipline represented on the professional staff or exercising clinical privileges in the care of patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.16.7 The professional staff bylaws, rules and regulations shall include the following patient record requirement:

1. Symbols and abbreviations shall be used only when they have been approved by the professional staff and when there is an explanatory legend;

2. The categories of personnel who are qualified to accept and transcribe verbal orders, regardless of the mode of transmission of the orders, shall be specifically identified;

3. The period of time following admission to the facility within which a history and physical examination must be entered in the patient record shall be specified;

4. The time period in which patient records must be completed following discharge shall be specified and shall not exceed fourteen (14) days; and

5. The entries in patient records that must be dated and authenticated by the responsible practitioner shall be specified.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.16.8 The professional staff bylaws, rules and regulations shall specify mechanisms for the denial of staff appointments and reappointments, as well as for denial, curtailment, suspension, or revocation of clinical privileges. When appropriate, this procedure shall provide for a practitioner to be heard, upon request, at some stage of the process.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 17 WRITTEN PLAN FOR PROFESSIONAL SERVICES

Rule 51.17.1 Within the scope of its activities, the facility shall have enough appropriately qualified health care professional, administrative and support staff available to adequately assess and address the identified clinical needs of patients. Appropriately qualified professional staff may include qualified child and/or adolescent psychiatrists and other physicians, clinical psychologists, social workers, psychiatric mental health nurse practitioners, psychiatric nurses, and other health care professionals in numbers and variety appropriate to the services offered by the facility and with training and experience working with children and/or adolescents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.17.2 The plan shall describe the services offered by the facility so that a frame of reference for judging the various aspects of the facility's operation is available.

1. The written plan for professional services shall describe the following:

2. The population served, including age groups and other characteristics of the patient population;

3. The hours and days the facility operates;

4. The methods used to carry out initial screening and/or triage;

5. The intake or admission process; including how the initial contact is made with the patient and the family or significant others;

6. The assessment and evaluation procedures provided by the facility;

7. The methods used to deliver services to meet the identified clinical needs of patients served;

8. The basic therapeutic programs offered by the facility;

9. The treatment planning process and the periodic review of therapy;

10. The discharge and post-therapy planning processes;

11. The organizational relationships of each of the facility's therapeutic programs, including channels of staff communication, responsibility, and authority, as well as supervisory relation-ships; and

12. The means by which the facility provides, or makes arrangements for the provision of, the following:

    a. Other medical, special assessments, and therapeutic services;

    b. Patient education services, whether provided from within or outside the facility;

    c. Emergency services and crisis intervention; and

    d. Discharge and aftercare, including post-therapy planning and follow-up evaluation.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.17.3 When the facility is organized by departments or services, the written plan for professional services shall describe how each department or service relates to the goals and other programs of the facility, specify lines of responsibility within each department of service, and define the rolls of department or service personnel and the methods for interdisciplinary collaboration.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.17.4 When a facility is organized on a team or unit basis, either totally or in part, the written plan for professional services shall delineate the roles and responsibilities

of team members in meeting the identified clinical needs of patients and in relation to the goals and programs of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.17.5 The written plan for professional services shall be made known and available to all professional personnel and to the chief executive officer.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.17.6 The plan shall be reviewed at least annually, and revised as necessary, in relation to the changing needs of the patients, the community, and the overall objectives and goals of the facility, and it shall be signed and dated by the reviewers.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.17.7 Within the scope of its activities, the facility shall have enough appropriately qualified health care professional, administrative and support staff available to adequately assess and address the identified clinical needs of patients.

Appropriately qualified professional staff may include qualified child and/or adolescent psychiatrists and other physicians, clinical psychologists, social workers, psychiatric nurses, and other health care professionals in numbers and variety appropriate to the services offered by the facility and with training and experience working with children and/or adolescents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.17.8 When appropriate qualified professional staff are not available or needed on a full-time basis, arrangements shall be made to obtain sufficient services on an attending continuing consultative or part-time basis.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.17.9 The professional staff shall include, but not be limited to, the following appropriately qualified mental health professionals and paraprofessionals; child psychiatrists; child psychologists; social workers; psychiatric nurse; child care workers; educators; speech, hearing, and language specialists; activity and recreation specialists; and vocational counselors.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.17.10 The professional staff who are assigned full time to the child/adolescent psychiatric residential treatment program, are not shared with other programs.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 18 ADMISSION AND DISCHARGE CRITERIA

Rule 51.18.1 Only a psychiatrist on the staff of the facility shall determine whether admission of a child/adolescent to the psychiatric residential facility is appropriate. The decision shall be based upon either a direct examination conducted personally by the psychiatrist or upon the psychiatrist's review of the findings of an appropriately trained and trusted clinician. When the admitting psychiatrist is not a child psychiatrist, consultation with a child psychiatrist regarding the advisability of admission shall be required.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.18.2 Each child/adolescent psychiatric residential treatment facility shall maintain written admission and discharge criteria which are consistent with its goals and objectives and state rules and regulations and which are subject to approval of the Mississippi Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.18.3 The admission criteria must, at a minimum, provide that the child/adolescent meet each of the following criteria:

1. Identification of a serious and persistent psychopathology as evidenced by:

   a. Severe thought disorder, or

   b. Severe mood disorder, or

   c. Severe anxiety/panic disorder, or

   d. Moderate thought disorder in conjunction with an impulse control disorder or a deficit in activities of daily living skills, or

   e. Severe conduct disorder in conjunction with an impulse control disorder or a deficit in activities of daily living skills, or

   f. Severe personality disorder in conjunction with an impulse control disorder or a deficit in activities of daily living skills, or

   g. Complex, concurrent disorders (such as a physiologic disorder or other psychiatric disorder, including but not limited to an eating disorder or a substance abuse disorder), or

   h. Any combination of the above;

2. Intelligence Quotient equal to or greater than 60 unless medical documentation supports that suppressed score is due to the patient's "emotional disorder".

3. Attainment of at least the sixth birthday but no more than the twenty-first birthday; and

4. Presentation of no likelihood of serious harm to self or others, and

5. Failure of treatment at a lower level of care or available less restrictive treatment resources must have been considered and determined to be not available or not appropriate to the patient's needs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.18.4 The admitting psychiatrist shall document the reasons why a lower level of care is not medically appropriate, which may include:

1. Complex case because of one or more complicating concurrent disorders requiring a higher level of care to provide medically necessary evaluation or active treatment, or

2. Lack of access, or

3. Inadequate support (family and/or school and/or community) to use a lower level of care, or

4. Patient lives alone, or lives with family members who are significantly impaired by psychiatric or substance abuse disorders, or

5. Persistent hampering of evaluation or treatment by family, making evaluation or treatment in an outpatient setting ineffective, or

6. Patient behavior which persists despite appropriate treatment in an outpatient setting and which either seriously disrupts family life or which arouses antagonism towards the patient, making treatment in an outpatient setting ineffective.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.18.5 Any additional admission criteria must relate to observable characteristics of the child/adolescent. Such criteria may include age and gender.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.18.6 The discharge criteria must relate to the continued need of the individual child/adolescent for services in a residential treatment facility. Age in and of itself shall not be an appropriate basis for discharge from a residential treatment facility except that no resident may remain in a residential treatment facility after attaining the age of twenty-two.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 19 STAFF COMPOSITION

Rule 51.19.1 A child/adolescent psychiatric residential treatment facility shall continuously employ an adequate number of staff and an appropriate mix of staff to carry out its goals and objectives as well as to ensure the continuous provision of sufficient regular and emergency supervision of all patients 24 hours a day. As a component of the written plan for services and staff composition, the psychiatric residential treatment facility shall submit a written staffing rationale which justifies the staff to be utilized, the mix of staff and the plan for appropriate supervision and training. This staffing plan shall be based on the population to be served and the services to be provided. The staffing plan and its rationale shall be subjected to approval by the Mississippi Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.19.2 At least fifty percent of the professional staff hours shall be provided by full time employees.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.19.3 Professional staff are individuals who are qualified by training and experience to provide direct service under minimal supervision, and shall include, but not be limited to, the following:

1. Registered Nurse;
2. Occupational Therapist/Therapeutic Recreation Specialist/Rehabilitation Counselor;
3. Physician;
4. Child Psychiatrist;
5. Psychologist;
6. Licensed Clinical Social Worker/Licensed Professional Counselor;
7. Teacher;
8. Speech Pathologist; and
9. Licensed Master Level Social Worker.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.19.4 Other professional disciplines may be included as professional staff provided that the discipline is from a field related to the treatment of mental illness, and the individual shall be licensed or certified in such discipline as required by state laws and regulations, and the individual shall have specialized training or experience in working with children/adolescents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.19.5 The child/adolescent psychiatric residential treatment facility shall have on staff an adequate number and mix of professional staff who meet the qualifications provided by these standards and other state laws and regulations. The staffing plan shall meet each of the following requirements. A single staff member may be counted against more than one requirement:

1. At least one full time Registered Nurse.

2. At least one additional person representing a professional staff category as delineated below shall be employed on a full-time basis:

   a. Physician;

   b. Child Psychiatrist;

   c. Psychologist;

   d. Licensed Clinical Social Worker/Licensed Professional Counselor;

   e. Teacher; or

   f. Licensed Professional Art Therapist.

3. Each patient shall receive a minimum of 15 hours of therapy per week from among the following professional staff categories:

   a. Child Psychiatrist;

   b. Psychologist;

   c. Licensed Clinical Social Worker/Licensed Professional Counselor;

   d. Therapeutic Recreation Specialist; and

   e. Licensed Professional Art Therapist.

4. One full-time equivalent professional staff member shall be employed for each seven residents.

5. Each patient shall have a direct consultation at least once per week with the staff child psychiatrist or a psychiatric mental health nurse practitioner.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.19.6 The child/adolescent residential treatment facility shall ensure that an adequate number of professional staff is qualified by training and experience to provide clinical supervision of other staff and to provide programmatic direction. The

staffing composition pattern shall be subject to approval by the State Department of Health and shall include, but not be limited to, the following:

1. A licensed Registered Nurse who has at least three years of experience working with children/adolescents; and/or

2. A licensed psychiatric mental health nurse practitioner who has at least three years of experience working with children/adolescents; and/or

3. A licensed physician who is a board certified or board eligible pediatrician or who is board eligible in family practice;

4. A licensed physician who is a board certified or board eligible psychiatrist qualified in child psychiatry;

5. A licensed psychologist who has specialized training and experience in the evaluation and treatment of mental disorders of children and/or adolescents;

6. A licensed master level social worker who has a master's degree and is clinically qualified by training and two years experience in working with mentally ill children/adolescents or a Licensed Professional Counselor who is clinically qualified by training and two years experience in working with mentally ill children/adolescents;

7. A qualified therapeutic recreation specialist;

8. A qualified rehabilitation counselor who has three years of experience in working with mentally ill children/adolescents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.19.7 The child/adolescent psychiatric residential treatment facility shall provide adequate supervision of patients in a safe therapeutic manner and shall meet the following minimum requirements:

1. At least two direct care staff members shall be assigned to patient care responsibilities during all hours the patients are awake and not in school.

2. At least one direct care staff member shall be assigned to direct care responsibilities for each five patients during all hours the patient are awake and not in school.

3. At least one direct care staff member shall be assigned patient care responsibility for each ten patients, be awake, and be continuously available to the children/adolescents on each living unit during hours the patient are asleep. A minimum of one additional direct care staff member for each fourteen children/adolescents shall be immediately available on site to assist with emergencies or problems which might occur at any time.

4. At least one licensed nurse (registered nurse or practical nurse) shall be on duty at all times, 24 hours a day, seven days a week.

5. During waking hours, one professional staff member (other than a nurse) shall be on duty for each 22 patients.

6. Other appropriate professional staff shall be available to assist in emergencies on at least an on-call basis at all times.

7. A licensed physician shall be available on at least an on-call basis at all times.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 20 PSYCHIATRIC SERVICES

Rule 51.20.1 Psychiatric services are under the supervision of a medical/clinical director, service chief or equivalent licensed physician who is qualified to provide the leadership required for an intensive treatment program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.20.2 The director of psychiatric services shall be a qualified child psychiatrist.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.20.3 Primary psychiatric care for all patients in a child/adolescent psychiatric residential care facility shall be provided by a qualified child psychiatrist directly or at least by consultation; or either by a qualified psychiatric mental health nurse practitioner.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.20.4 The number of psychiatrists and/or number of psychiatric mental health nurse practitioners is commensurate with the size and scope of the child/adolescent residential treatment program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.20.5 Psychiatrists in a child/adolescent residential treatment program who have not completed an approved child fellowship be supervised by or regularly consult with a qualified child psychiatrist with regard to evaluation, treatment, and discharge of children/adolescents within the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.20.6 All psychiatrists or psychiatric mental health nurse practitioners shall be licensed in the State of Mississippi.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 21 MEDICAL SERVICES

Rule 51.21.1 Physicians shall be available at all times to provide necessary medical and surgical diagnostic and treatment services, including specialized services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.21.2 If medical surgical diagnosis and treatment services are not available within the facility, qualified consultants or attending physicians are immediately available or arrangements are made to transfer patients to a general hospital.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.21.3 All physicians shall be licensed in the State of Mississippi.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 22 NURSING SERVICES

Rule 51.22.1 Nursing services shall be under the direct supervision of a registered nurse who has had at least two years of experience in psychiatric or mental health nursing and at least one year of experience in a supervisory position.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.22.2 The number of registered professional nurses, licensed practical nurses, and other nursing personnel shall be adequate to formulate and carry out the nursing components of the individual treatment plan for each patient, and shall include at least one registered nurse for each sixty patients seven days a week. There shall be at least one licensed nurse on a 24 hour basis, seven days a week, for each sixty patients. The nurse staffing ratios, including licensed and unlicensed nursing personnel, shall be subject to approval by the Mississippi Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.22.3 All registered nurses and practical nurses shall be licensed in the State of Mississippi

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 23 PSYCHOLOGICAL SERVICES

Rule 51.23.1 Patients shall be provided psychological services, in accordance with their needs by a qualified psychologist.

1. Services to patients include evaluations, consultations, therapy, and program development.

2. Clinical psychological testing and evaluation procedures may only be provided by or under the supervision of a licensed and qualified psychologist.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.23.2 Specialist with a Master's or Bachelor's degree in psychology shall be supervised by a qualified psychologist.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 24 SOCIAL/CLINICAL SERVICES

Rule 51.24.1 Social/Clinical services are under the supervision of a licensed clinical social worker or licensed professional counselor.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.24.2 All social workers shall be licensed in the State of Mississippi. All counselors shall have a minimum of a Master's degree in counseling, or a related field.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.24.3 Social/Clinical services staff is qualified and adequate to provide the following services:

1. Psychosocial data for diagnosis and treatment planning;

2. Direct therapeutic services to individual patients, patient groups or families;

3. Develop community resources; and

4. Participate in interdisciplinary conferences and meetings concerning treatment planning, including identification and utilization of other facilities and alternative forms of care and treatment.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 25 ANCILLARY SERVICES

Rule 51.25.1 Qualified therapists, consultants, assistants or aides are sufficient in number to provide comprehensive ancillary services, including at least occupational, recreational, or physical therapy or art therapy as needed, to assure that appropriate treatment is rendered for each patient, and to establish and maintain a therapeutic milieu.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 26 EDUCATIONAL SERVICES

Rule 51.26.1 Educational and vocational services available to patients of the psychiatric residential treatment facility shall, at a minimum, meet the requirements of the state law with regard to compulsory education. Compulsory education services may be provided directly by the residential treatment facility or may be provided by written agreement with the local school district. In any case, compulsory education services must be available either on the same site or in close physical proximity to the psychiatric residential treatment facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.26.2 Appropriate written agreements among the State Department of Education, all respective local school districts and the psychiatric residential treatment facility shall be made regarding the provision of educational services for those youths not eligible to be ruled "emotionally handicapped" under this State's Department of Education's referral to placement regulations and guidelines for handicapped children and youth.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.26.3 When compulsory education services are provided directly by the residential treatment facility, such services shall comply with the regulations of the State Board of Education. In such case, the psychiatric residential treatment facility shall comply with all appropriate requirements for the education of handicapped patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.26.4 Educational services shall be provided by licensed teachers who shall have at least a bachelor's degree in education from an accredited institution, shall have certification in special education, and preferably shall have training in the education of emotionally disturbed children/adolescents.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 27 PERSONNEL POLICIES AND PROCEDURES

Rule 51.27.1 Personnel policies and procedures shall be developed in writing, adopted, and maintained to promote the objectives of the facility and to provide for an adequate number of qualified personnel during all hours of operation to support the functions of the facility and the provision of high quality care.

1. All personnel policies shall be reviewed and approved on an annual basis by the governing body.

2. There shall be documentation to verify that the written personnel policies and procedures are explained and made available to each employee.

3. The policies and procedures shall include a mechanism for determining that all personnel are medically and emotionally capable of performing assigned tasks and are free of communicable and infectious diseases.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.27.2 There shall be written policies and procedures for handling cases of patient neglect and abuse. The policies and procedures on patient neglect or abuse shall be given to all personnel. Any alleged violations of these policies and procedures shall be investigated, and the results of such investigation shall be reviewed and approved by the director and reported to the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.27.3 A personnel record shall be kept on each staff member and shall contain the following items, as appropriate:

1. Application for employment;
2. Written references and a record of verbal references;
3. Verification of all training and experience, and licensure, certification, registration and/or renewals;
4. Wage and salary information;
5. Performance appraisals;
6. Initial and subsequent health clearances;
7. Disciplinary and counseling actions;
8. Commendations;
9. Criminal background check; and
10. Record of orientation to the facility, its policies and procedures and the employee's position.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.27.4 For each position in the facility, there shall be a written job description that specifies the duties and responsibilities of the position and the minimum level of education, training, and/or related work experience required or needed to fulfill it.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 28 STAFF DEVELOPMENT

Rule 51.28.1 The facility shall have a written plan of evidence of implementation of a program of staff development and in-service training that is consonant with the basic goals and objectives of the program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.28.2 Staff development shall be under the supervision and direction of a committee or qualified person. This person or committee may delegate responsibility for any part of the program to appropriately qualified individuals.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.28.3 The staff development plan shall include plans for orientation of new employees and shall specify subject areas to be covered in the orientation process.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.28.4 Staff development program shall reflect all administrative and service changes in the facility and shall prepare personnel for promotions and responsibilities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.28.5 A continuous professional education program shall be provided to keep the professional staff informed of significant clinical and administrative developments and skills.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.28.6 The facility shall provide continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality, privacy, patients' rights, infection control, fire prevention, disaster preparedness, accident prevention and patient safety.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.28.7 Specialized training shall be provided for staff working with children and adolescents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.28.8 The facility shall have documentation of the staff development, in-service training and orientation activities of all employees.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 29 PATIENT RIGHTS

Rule 51.29.1 The facility shall support and protect the fundamental human, civil, constitutional, and statutory rights of each patient.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.29.2 The facility shall have written policies and procedures that describe the rights of patients and the means by which these rights are protected and exercised. These rights shall include the following:

1. Each patient shall have impartial access to treatment, regardless of race, religion, sex, ethnicity, age, or handicap;

2. Each patient's personal dignity shall be recognized and respected in the provision of all care and treatment;

3. Each patient shall receive individualized treatment, which shall include at least the following:

   a. The provision of adequate and human services, regardless of source(s) of financial support;

   b. The provision of services within the least restrictive environment possible;

   c. The provision of an individual treatment plan;

   d. The periodic review of the patient's treatment plan;

   e. The active participation of patients over 12 years of age and their responsible parent, relative, or guardian in planning for treatment; and

   f. The provision of an adequate number of competent, qualified, and experienced professional clinical staff to supervise and implement the treatment plan.

4. Each

   a. The patient's family and significant others, regardless of their age, shall be allowed to visit the patient, unless such visits are clinically contraindicated;

   b. Suitable areas shall be provided for patients to visit in private, unless such privacy is contraindicated by the patient's treatment plan;

   c. Patients shall be allowed to send and receive mail without hindrance;

   d. Patients shall be allowed to conduct private telephone conversations with family and friends, unless clinically contraindicated;

   e. If therapeutic indications necessitate restrictions on visitors, telephone calls, or other communications, those restrictions shall be evaluated for therapeutic effectiveness by the clinically responsible staff at least every seven days; and

   f. If limitations on visitors, telephone calls, or other communications are indicated for practical reasons (for example, expense of travel or phone calls) such

limitations shall be determined with the participation of the patient and the patient's family. All such restrictions shall be fully explained to the patient and the patient's family.

5. Each patient has the right to request the opinion of a consultant at his or her expense or to request an in-house review of the individual treatment plan, as provided in specific procedures of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.29.3 Each patient shall be informed of his or her rights in a language the patient understands.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.29.4 Each patient shall receive a written statement of patient rights, and a copy of this statement shall be posted in various areas of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.29.5 As appropriate, the patient, the patient's family, or the patient's legal guardian shall be fully informed about the following items:

1. The rights of patients;

2. The professional staff members responsible for his or her care, their professional status, and their staff relationship;

3. The nature of the care; procedures, and treatment that he or she will receive;

4. The current and future use and disposition of products of special observation and audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies, or photographs;

5. The risks, side effects; and benefits of all medications and treatment procedures used, especially those that are unusual or experimental;

6. The alternate treatment procedures that are available;

7. The right to refuse to participate in any research project without compromising his or her access to facility services;

8. The right, to the extent permitted by law, to refuse specific medications or treatments procedures;

9. The responsibility of the facility, when the patient refuses treatment, to seek appropriate legal alternatives or orders of involuntary treatment, or, in accordance with professional standards, to terminate the relationship with the patient upon reasonable notice;

10. As appropriate, the cost, itemized when possible, of services rendered;

11. The source of the facility's reimbursement, and any limitations placed on duration of services;

12. The reasons for any proposed change in the professional staff responsible for the patient, or for any transfer of the patient either within or outside of the facility;

13. The rules and regulations of the facility applicable to his or her conduct;

14. The right to initiate a complaint or grievance procedure and the appropriate means of requesting a hearing or review of the complaint;

15. The discharge plans; and

16. The plans for meeting continuing mental and physical health requirements following discharge.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.29.6 In accordance with the requirements of any applicable law or any other applicable standard in this manual, a written, dated, and signed informed consent from shall be obtained from the patient, the patient's family, or the patient's legal guardian, as appropriate, for participation in any research project and for use or performance of the following:

1. Surgical procedures;

2. Electroconvulsive therapy;

3. Unusual medications;

4. Hazardous assessment procedures;

5. Audiovisual equipment; and

6. Other procedures where consent is required by law.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.29.7 The maintenance of confidentiality of communications between patients and staff and of all information recorded in patient records shall be the responsibility of all staff. (Refer to the patient records section of this manual).

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.29.8 The facility shall provide continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality and privacy.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.29.9 The patient shall be allowed to work for the service provider only under the following conditions:

1. The work is part of the individual treatment plan;

2. The work is performed voluntarily;

3. The patient receives wages commensurate with the economic value of the work; and

4. The work project complies with local, state, and federal laws and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 30 SPECIAL TREATMENT PROCEDURES

Rule 51.30.1 Treatment procedures that require special justification shall include, but not necessarily be limited to, the following:

1. The use of restraint;

2. The use of seclusion;

3. The use of electroconvulsive therapy and other forms of convulsive therapy;

4. The performance of psychosurgery of other surgical procedures for the intervention in, or alteration of, a mental, emotional, or behavioral disorder;

5. The use of behavior modification procedures that use painful stimuli;

6. The use of unusual medications and investigational and experimental drugs;

7. The prescribing and administering of drugs for maintenance use that have abuse potential (usually considered to be Schedule II drugs), and drugs that are known to involve substantial risk or to be associated with undesirable side effects; and

8. The use of research projects that involve inconvenience or risk to the patient.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.2 The rationale for using special treatment procedures shall be clearly stated in the patient's record.

1. When appropriate, there shall be evidence in the patient's record that proposed special treatment procedures have been reviewed before implementation by the head of the professional staff and or his or her designee.

2. The plan for using special treatment procedures shall be consistent with the patient's rights and the facility's policies governing the use of such procedures.

3. The clinical indications for the use of special treatment procedures shall be documented in the patient's record.

4. The clinical indications for the use of special treatment procedures shall outweigh the known contraindications.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.3 The facility shall have written policies and procedures that govern the use of restraint or seclusion.

1. The use of restraint or seclusion shall require clinical justification and shall be employed only to prevent a patient from injuring himself or others, or to prevent serious disruption of the therapeutic environment. Restraint or seclusion shall not be employed as punishment or for the convenience of staff.

2. The rationale for the use of restraint or seclusion shall address the inadequacy of less restrictive intervention techniques.

3. To ascertain that the procedure is justified, a physician shall conduct a clinical assessment of the patient before writing an order for the use of restraint or seclusion.

4. A written order from a physician shall be required for the use of restraint.

5. A written order from a physician shall be required for the use of seclusion for longer than one hour.

6. Written orders for the use of restraint or seclusion shall be time-limited.

7. The written approval of the head of the professional staff and/or his or her designee shall be required when restraint or seclusion is utilized for longer than 24 hours.

8. PRN orders shall not be used to authorize the use of restraint or seclusion.

9. All uses of restraint or seclusion shall be reported daily to the head of the professional staff and/or his or her designee.

10. The head of the professional staff and/or his or her designee shall review daily all uses of restraint or seclusion and investigate unusual or possibly unwarranted patterns of utilization.

11. Staff, who implement written orders for restraint and seclusion shall have documented training in the proper use of the procedure for which the order was written.

12. Restraint or seclusion shall not be used in a manner that causes undue physical discomfort, harm, or pain to the patient.

13. Appropriate attention shall be paid every 15 minutes to a patient in restraint or seclusion, especially in regard to regular meals, bathing, and use of the toilet.

14. There shall be documentation in the patient's record that such attention was given to the patient.

15. Under the following conditions, restraint or seclusion may be employed in an emergency without a written order from a physician:

16. The written order for restraint or seclusion is given by a member of the professional staff who is qualified by experience and training in the proper use of the procedure for which the order is written;

17. The professional staff member writing the order has observed and assessed the patient before writing the order; and

18. The written order of the physician who is responsible for the patient's medical care is obtained within not more than 24 hours after initial employment of the restraint or seclusion.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.4 The facility shall have written policies and procedures that govern the use of time-out and the documentation of such procedures in the case record.

1. The use of time-out shall require clinical justification and shall not be employed for the convenience of staff.

2. Time-out procedures shall meet the following requirements:

3. A child/adolescent placed in time-out shall be under visual observation at intervals of fifteen minutes or less while in time-out;

4. A locked door shall not be a component of time-out;

5. Time-out shall be limited to a maximum of thirty minutes at one time for a child age ten years or under and shall be limited to a maximum of sixty minutes at one time for an adolescent age eleven years or older; and

6. No child/adolescent shall be in time-out for more than four hours in any 24 hour period.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.5 Electroconvulsive (or other forms of convulsive therapies) shall not be administered in a child/adolescent psychiatric residential treatment facility but may be administered in an acute care medical or psychiatric hospital.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.6 The facility shall have policies that prohibit the performance of psychosurgery or other surgical procedures for the intervention in, or alteration of, a mental, emotional, or behavioral disorder in children or adolescents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.7 Behavior modification procedures that use painful stimuli shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.8 The written informed consent of the patient for the use of behavior modification procedures that use painful stimuli shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.

1. When required, the written informed consent of the family and/or legal guardian shall be obtained and made part of the patient's record. The family and/or guardian may withdraw consent at any time.

2. In cases dealing with children or adolescents, the responsible parent(s), relative, or guardian and, when appropriate, the patient shall give written, dated, and signed informed consent. The family and/or guardian and, when appropriate, the child or adolescent patient may withdraw consent at any time.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.9 The facility shall have written policies and procedures that govern the use of unusual medications and investigational and experimental drugs.

1. Unusual or experimental drugs shall be reviewed before use by the research review committee, the patient rights' review committee, or another appropriate peer review committee.

2. Investigational drugs shall be used only under the direct supervision of the principal investigator and with the approval of the physician members of the professional staff or an appropriate committee of the professional staff, the research review committee, and appropriate federal, state, and local agencies.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.10 A central unit shall be established to maintain essential information on investigational drugs, such as drug dosage form, dosage range, storage requirements, adverse reactions, usage, and contraindications.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.11 Investigational drugs shall not be administered to children or adolescents in a residential treatment facility, unless approved in writing by the Mississippi Department of Health on a case by case basis.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.12 Nurses may administer investigational drugs only after receiving basic pharmacologic information about the drugs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.13 The written informed consent of the patient for the use of unusual medications or investigational or experimental drugs shall be obtained and made part of the patient's record. The patient may withdraw consent at any time.

1. When required, the written informed consent of the family and/or legal guardian for the use of unusual medication or investigational or experimental drugs shall be obtained and made part of the patient record. The family and/or guardian may withdraw consent at any time.

2. In cases dealing with children and adolescents, the responsible parent(s), relative, or guardian and, when appropriate, the patient shall give written, dated, and signed informed consent, unless prohibited by law. The family and/or guardian and, when appropriate, the child or adolescent patient may withdraw consent at any time.

3. The denial of consent to take unusual medications of investigational or experimental drugs shall not be cause for denying or altering services indicated for the patient.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.14 The facility shall have written policies and procedures that govern the prescribing and administering of drugs for maintenance use that have abuse potential (usually considered to be Schedule II drugs), and drugs that are known to involve a substantial risk or be associated with undesirable side effects.

1. Drugs that have abuse potential shall be prescribed and administered for maintenance use only when the following criteria are met:

2. A physician member of the professional staff has reviewed the patient's record and has recorded the reasons for prescribing the drug(s) in the patient's record;

3. The prescribed drug is listed in the facility's formulary; and

4. Prior to the administration of the drug, the patient and, when required by law, the patient's parent(s) or guardian are informed orally and in writing, and, if possible, in the patient's native language, of the benefits and hazards of the drug.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.30.15 The facility shall have written policies and procedures that protect the rights of patients involved in research projects that involve inconvenience or risk to the patient.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 31 PATIENT RECORDS

Rule 51.31.1 A patient record shall be maintained, in accordance with accepted professional principles, for each patient admitted for care in the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.31.2 Such records shall be kept confidential and only authorized personnel shall have access to the record. Staff members and other persons having access to patient records shall be required to abide by the written policies regarding confidentiality of patient records and disclosure of information in the record, as well as all applicable federal, state, and local laws, rules and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.31.3 The facility shall have written policies and protect the confidentiality of patient records and govern the disclosure of information in the records. The policies and procedures shall specify the conditions under which information on applicants or patients may be disclosed and the procedures for releasing such information.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.31.4 A patient of his or her authorized representative may consent to the release of information provided that written consent is given on a form containing the following information:

1. Name of patient;

2. Name of program;

3. The name of the person, agency or organization to which the information is to e disclosed;

4. The specific information to be disclosed;

5. The purpose for the disclosure;

6. The date the consent was signed and the signature of the individual witnessing the consent;

7. The signature of the patient, parent, guardian or authorized representative; and

8. A notice that the consent is valid only for a specified period of time.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.31.5 The written consent of a patient, or his or her authorized representative, to the disclosure of information shall be considered valid only if the following conditions have been met:

1. The patient or the representative shall be informed, in a manner calculated to assure his or her understanding, of the specific type of information that has been requested and, if known, the benefits and disadvantages of releasing the information;

2. The patient or the representative shall give consent voluntarily;

3. The patient or the representative shall be informed that the provision of services is not contingent upon his or her decision concerning the release of information; and

4. The patient's consent shall be acquired in accordance with all applicable federal, state, and local laws, rules and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.31.6 Every consent for release of information, the actual date the information was released, the specific information released, and the signature of the staff member who released the information shall be made a part of the patient record.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.31.7 In a life-threatening situation or when an individual's condition or situation precludes the possibility of obtaining written consent, the facility may release pertinent medical information to the medical personnel responsible for the individual's care without the individual's consent and without the authorization of the chief executive officer or a designee, if obtaining such authorization would cause an excessive delay in delivering treatment to the individual.

1. When information has been released under emergency conditions, the staff member responsible for the release of information shall enter all pertinent details of the transaction into the individual's record including at least the following items:

2. The date the information was released;

3. The person to whom the information was released;

4. The reason the information was released;

5. The reason written consent could not be obtained; and

6. The specific information released.

7. The patient or applicant shall be informed that the information was released as soon as possible after the release of information.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.31.8 Patient records shall not be removed from the facility except upon subpoena and court order.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 32 PRESERVATION AND STORAGE

Rule 51.32.1 Records shall be preserved, either in the original or by microfilm, for a period of time not less than that determined by the statue of limitations in the State of Mississippi.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.32.2 Written policies and procedures shall govern the compilation, storage, dissemination, and accessibility of patient records. The policies and procedures shall be designed to assure that the facility fulfills its responsibility to safeguard and protect the patient record against loss, unauthorized alteration, or disclosure of information; to assure that each patient record contains all required information; to uniformity in the format and forms in use in patient records; to require entries in patient records to be dated and signed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.32.3 The facility shall provide adequate facilities for the storage, processing, and handling of patient records, including suitably locked and secured rooms and files. When a facility stores patient data on magnetic tape, computer files, or other types of automated information systems, adequate security measures shall prevent inadvertent or unauthorized access to such data. A written policy shall govern the disposal of patient records. Methods of disposal shall be designed to assure the confidentiality of information in the records.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 33 PERSONNEL

Rule 51.33.1 The patient records department shall maintain, control, and supervise the patient records, and shall be responsible for maintaining the quality.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.33.2 A qualified medical record individual who is employed on at least a part-time basis, consistent with the needs of the facility and the professional staff, shall be responsible for the patient records department. This individual shall be a registered record administrator or an accredited record technician.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.33.3 When it can be demonstrated that the size, location or needs of the facility do not justify employment of a qualified individual, the facility must secure the consultative assistance of a registered record administrator at least twice a year to assure that the patient record department is adequate to meet the needs of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 34 CENTRALIZATION OF REPORTS

Rule 51.34.1 All clinical information pertaining to a patient's stay shall be centralized in the patient's record. The original or all reports originating in the facility shall be filed in the medical record. Appropriate patient records shall be kept on the unit where the patient is being treated and shall be directly accessible to the clinician caring for the patient.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 35 CONTENT OF RECORDS

Rule 51.35.1 The medical record shall contain sufficient information to justify the diagnosis and warrant the treatment and end results. The patient record shall describe the patient's health status at the time of admission, the services provided and the patient's progress in the facility, and the patient's health status at the time of discharge. The patient record shall provide information for the review and evaluation of the treatment provided to the patient. When appropriate, data in the patient record shall be used in training, research, evaluation, and quality assurance programs. When indicated, the patient record shall contain documentation that the rights of the patient and of the patient's family are protected. The patient record shall contain documentation of the patient's and, as appropriate, family members' involvement in the patient's treatment program. The patient record shall contain identifying data that is recorded on standardized forms. This identifying data shall include the following:

1. Full name;

2. Home address;

3. Home telephone number;

4. Date of birth;

5. Sex;

6. Race or ethnic origin;

7. Next of kin;

8. Education;

9. Marital status;

10. Type and place of employment;

11. Date of initial contact or admission to the facility;

12. Legal status, including relevant legal documents;

13. Other identifying data as indicated;

14. Date the information was gathered; and

15. Signature of the staff member gathering the information.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.35.2 The patient record shall contain information on any unusual occurrences such as the following:

1. Treatment complications;

2. Accidents or injuries to the patient;

3. Morbidity;

4. Death of a patient; and

5. Procedures that place the patient at risk or that cause unusual pain.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.35.3 As necessary, the patient record shall contain documentation of the consent of the patient, appropriate family members or guardians for admission, treatment, evaluation, aftercare, or research.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.35.4 The patient record shall contain both physical and psychiatric diagnoses that have been made using a recognized diagnostic system.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.35.5 The patient record shall contain reports of laboratory, roentgenographic, or other diagnostic procedures, and reports of medical/surgical services when performed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.35.6 The patient record shall contain correspondence concerning the patient's treatment, and signed and dated notations of telephone calls concerning the patient's treatment.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.35.7 A discharge summary shall be entered in the patient's record within a reasonable period of time (not to exceed 14-days) following discharge as determined by the professional staff bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.35.8 The patient record shall contain a plan for aftercare.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.35.9 All entries in the patient record shall be signed and dated. Symbols and abbreviations shall be used only if they have been approved by the professional staff, and only when there is an explanatory legend. Symbols and abbreviations shall not be used in the recording of diagnoses.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.35.10 When a patient dies, a summation statement shall be entered in the record in the form of a discharge summary. The summation statement shall include the circumstances leading to death and shall be signed by a physician. An autopsy shall be performed whenever possible. When an autopsy is performed, a provisional anatomic diagnosis shall be recorded in the patient's record within 72 hours. The complete protocol shall be made part of the record within three months.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 36 PROMPTNESS OF RECORD COMPLETION

Rule 51.36.1 Current records shall be completed promptly upon admission. Records of patients discharged shall be completed within 14 days following discharge. The staff

regulations of the facility shall provide for the suspension or termination of staff privileges of physicians who are persistently delinquent in completing records.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 37 IDENTIFICATION, FILING AND INDEXING

Rule 51.37.1 A system of identification and filing to ensure the prompt location of a patient's medical record shall be maintained.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.37.2 The patient index cards shall bear at least the full name of the patient, the address, the birth date, and the medical record number.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.37.3 Records shall be indexed according to disease and physician and shall be kept up to date. For indexing, any recognized system may be used.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.37.4 Indexing shall be current within six months following discharge of the patient.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 38 FACILITY AND PROGRAM EVALUATION

Rule 51.38.1 Program evaluation is a management tool primarily utilized by the facility's administration to assess and monitor, on a priority bases, a variety of facility, service, and programmatic activities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.38.2 The facility shall have a written statement of goals and objectives.

1. The goals and objectives shall result from a planning process.

2. The goals and objectives shall be related to the needs of the population served.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.38.3 The written statement of the goals and objectives of the facility service and programmatic activities shall be provided to the governing body and facility administration and shall be made available to staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.38.4 The facility shall have a written plan for evaluating its progress in attaining its goals and objectives.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.38.5 The written plan shall specify the information to be collected and the methods to be used in retrieving and analyzing this information.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.38.6 The written plan shall specify methods for assessing the utilization of staff and other resources to meet facility goals and objectives.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.38.7 The written plan shall specify when evaluations shall be conducted.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.38.8 The written plan shall specify the criteria to be used in assessing the facility's progress in attaining its goals and objectives.

SOURCE: Miss. Code Ann. §43-11-3

Rule 51.38.9 The written plan shall require an explanation of any failure to achieve facility goals and objectives.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.38.10 There shall be documentation that the goals and objectives of facility, service, and programmatic activities shall be evaluated at least annually and revised as necessary.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.38.11 There shall be documentation that the results of the evaluation shall be provided to the governing body and facility administration and shall be made available to staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.38.12 There shall be documentation that the findings of the evaluation have influenced facility and program planning.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 39 FISCAL MANAGEMENT

Rule 51.39.1 The facility shall annually prepare a formal, written budget of expected revenues and expenses.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.39.2 The budget shall categorize revenues for the facility by source.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.39.3 The budget shall categorize expenses by the types of services of programs provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.39.4 The budget shall be reviewed and approved by the governing body prior to the beginning of the fiscal year.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.39.5 Revisions made in the budget during the fiscal year shall be reviewed and approved by the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.39.6 The fiscal management system shall include a fee schedule.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.39.7 The facility shall maintain current, written schedules of rate and charge policies that have been approved by the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.39.8 The fee schedule shall be accessible to personnel and to individuals served by the facility.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 40 UTILIZATION REVIEW

Rule 51.40.1 The facility shall demonstrate appropriate allocation of its resources by conducting a utilization review program. The program shall address underutilization, over-utilization, and inefficient scheduling of the facility's resources.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.2 The facility shall implement a written plan that describes the utilization review program and governs its operations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.3 The written plan shall include at least the following:

1. a delineation of the responsibilities and authority of those involved in utilization review activities, including members of the professional staff, the utilization review committees, the administration, and when applicable, any qualified outside organization contracted to perform review activities;

2. a conflict of interest policy applicable to everyone involved in utilization review activities;

3. a confidentiality policy applicable to all utilization review activities and to resultant findings and recommendations;

4. a description of the method(s) used to identify utilization-related problems;

5. the procedures for conducting concurrent review; and

6. a mechanism for initiating discharge planning.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.4 The written plan shall be approved by the professional staff, the administration, and the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.5 The methods for identifying utilization-related problems shall include analysis of the appropriateness and clinical necessity of admission, continued stays, and supportive services; analysis of delays in the provision of supportive services; and examination of the findings of related quality assurance activities and other current relevant documentation.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.6 Such documentation may include, but is not limited to, profile analyses; the results of patient care evaluation studies, medication usage reviews, and infection control activities; and reimbursement agency utilization reports that are program/service-specific.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.7 To identify problems and document the impact of corrective actions taken, retrospective monitoring of the facility's utilization of resources shall be ongoing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.8 The procedures for conducting concurrent review shall specify the time period following admission within which the review is to be initiated and the length-of-stay norms and percentiles to be used in assigning continued stay review dates.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.9 Sources of payment shall not be the sole basis for determining which patients are to be reviewed concurrently.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.10 Written measurable criteria and length-of-stay norms that have been approved by the professional staff shall be utilized in performing concurrent review and shall be included in, or appended to, the facility's utilization review plan.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.11 Length-of-stay norms must be specific to diagnoses, problems, or procedures.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.12 To facilitate discharge when care is no longer required, discharge planning shall be initiated as soon as the need for it can be determined.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.13 Criteria for initiating discharge planning may be developed to identify those patients whose diagnoses, problems or psychosocial circumstances usually require discharge planning.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.14 Discharge planning shall not be limited to placement in long term facilities, but shall also include provision for, or referral to, services that the patient may require to improve or maintain his or her mental health status.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.15 The facility's utilization review program, including the written plan, criteria, and length-of-stay norms, shall be reviewed and evaluated at least annually and revised as necessary to reflect the findings of the program's activities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.16 A record shall be maintained or reviews of, and revisions to, the utilization review program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.40.17 The findings of such reviews shall be reported to the appropriate committee of the professional staff and to the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 41 INDIVIDUALIZED COMPREHENSIVE TREATMENT PLANNING INTAKES

Rule 51.41.1 Written policies and procedures governing the intake process shall specify the following:

1. The information to be obtained on all applicants or referrals for admission;

2. The records to be kept on all applicants;

3. The statistical data to be kept on the intake process; and

4. The procedures to be followed when an applicant or a referral is found ineligible for admission.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.41.2 Criteria for determining the eligibility of children/adolescents for admission shall be clearly stated in writing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.41.3 The intake procedure shall include an initial assessment of the child/adolescent.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 42 INTAKE ASSESSMENT

Rule 51.42.1 The intake assessment shall be done by a member of the professional staff. The results of the intake assessment shall be clearly explained to the patient (when appropriate) and to the patient's parents, legal guardian, or other authorized representative.

SOURCE: Miss. Code Ann. §43-11-13:

Rule 51.42.2 Acceptance of a child/adolescent for treatment shall be based on an intake procedure that meets the following conclusions:

1. The treatment required by the patient is appropriate to the intensity and restrictions of care provided by the facility or program component; and/or

2. The treatment required can be appropriately provided by the facility or program component; and

3. The alternatives for less intensive and restrictive treatment are not available.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.42.3 During the intake process, every effort shall be made to assure that the child/adolescent and the parents, legal guardian, or other authorized adult understand the following:

1. The nature and goals of the treatment program;

2. The treatment costs to be borne by the family, if any; and

3. The rights and responsibilities of patients, including the rules governing patient conduct and the types of infractions that can result in disciplinary action or discharge from the facility or program component.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.42.4 Facilities shall have policies and procedures that adequately address the following items for each patient:

1. Responsibility for medical and dental care, including consents for medical or surgical care and treatment;

2. When appropriate, arrangements for family participation in the treatment program;

3. Arrangements for clothing, allowances, and gifts;

4. Arrangements regarding the patient's departure from the facility or program; and

5. Arrangements regarding the patient's departure from the facility or program against clinical advice.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.42.5 When a patient is admitted on court order, the rights and responsibilities of the patient and the patient's family shall be explained to them.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.42.6 This explanation of the rights and responsibilities of the patient and the patient's family shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.42.7 Sufficient information shall be collected during the intake process to develop a preliminary treatment plan.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.42.8 Staff members who will be working with the patient but who did not participate in the initial assessment shall be informed about the patient prior to meeting him or her.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 43 ASSESSMENTS

Rule 51.43.1 Within 7 days of admission, the staff shall conduct a complete assessment of each patient's needs. The assessment shall include, but shall not necessarily be limited to physical, emotional, behavioral, social, recreational, nutritional, and when appropriate, legal and vocational.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.43.2 A licensed physician or either a psychiatric mental health nurse practitioner shall be responsible for assessing each patient's physical health. The health assessment shall include a medical history; a physical examination; and neurological examination when indicated and a laboratory workup. The physical examination shall be completed within 24 hours after admission.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.43.3 In facilities serving children and adolescents, each patient's physical health assessment shall also include evaluations of the following: motor development and functioning; sensorimotor functioning; speech, hearing, and language functioning, visual functioning; and immunization status. Facilities serving children and adolescents shall have access to all necessary diagnostic tools and personnel available to perform physical health assessments.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.43.4 A registered nurse shall be responsible for obtaining a nursing history and assessment at the time of admission.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.43.5 A psychiatric evaluation of each patient shall be completed and entered into the patient's record. The evaluation shall include, but not be limited to, the following items:

1. A history of previous emotional, behavioral, and psychiatric problems and treatment;

2. The patient's current emotional and behavioral functioning;

3. When indicated, psychological assessments, including intellectual and personality testing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.43.6 When the admitting psychiatrist is not a qualified child psychiatrist, the psychiatric evaluation shall be reviewed by a qualified child psychiatrist who shall also directly evaluate the child/adolescent within seven days of admission to the psychiatric residential treatment facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.43.7 A social assessment of each patient shall be completed by the qualified social worker and entered in the patient's record. The assessment shall include information relating to the following areas, as necessary:

1. Environment and home
2. Religion
3. Childhood developmental history
4. Financial status
5. The social, peer-group, and environmental setting from which the patient comes;
6. The patient's family circumstances, including the constellation of the family group, the current living situation, and social, ethnic, cultural, emotional, and health factors.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.43.8 An educational assessment of each patient shall be completed by a qualified special education teacher and entered into the patient's record. The assessment shall include, but not be limited, to the following information:

1. Previous school history with regard to academic, social, and behavioral skills and deficits as well as school disciplinary actions; and
2. Psychometric measures as appropriate for the child/adolescent.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.43.9 A recreational assessment of each patient shall be completed by the qualified recreational therapist and shall include information relating to the individual's current skills, talents, aptitudes, and interests.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.43.10 A nutritional assessment shall be conducted by the food service supervisor or registered dietitian and shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.43.11 When appropriate, a vocational assessment of the patient shall be undertaken and shall include, but not be limited to, the following areas:

1. Vocational history;

2. Educational history, including academic and vocational training, and

3. A preliminary discussion between the individual and the staff member doing the assessment concerning the individual's past experiences with, and attitudes toward work, present motivations or areas of interest, and possibilities for future education, training, and employment.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.43.12 When appropriate, a legal assessment of the patient shall be undertaken and shall include, but not be limited to, the following areas:

1. A legal history; and

2. A preliminary discussion to determine the extent to which the individual's legal situation will influence his or her progress in treatment and the urgency of the legal situation.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 44 TREATMENT PLANS

Rule 51.44.1. Each patient shall have a written individual treatment plan that is based on assessments of his or her clinical needs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.44.2. Overall development and implementation of the treatment plan shall be assigned to an appropriate member of the professional staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.44.3. The master treatment plan shall be developed within fourteen days of admission.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.44.4. Appropriate therapeutic efforts may begin before a fully developed treatment plan is finalized.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.44.5. An initial interdisciplinary treatment plan shall be completed for each patient within 24 hours of admission to a psychiatric residential treatment facility. The initial treatment plan shall include:

1. Admission diagnosis or diagnostic impression;

2. A brief description or the patient's problems, strengths, conditions, disabilities, or needs;

3. Objectives relating to the patient's problems, conditions, disabilities and needs, and the treatments, therapies, and staff actions which will be implemented to accomplish these objectives; and

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.44.6. If the patient's stay in a facility exceeds ten days the interdisciplinary team shall develop a comprehensive treatment plan within fourteen days of admission which shall be reviewed at least monthly for the first six months, and at least every ninety days thereafter. The comprehensive treatment plan shall include:

1. Diagnosis;

2. A brief description of the patient's problems, strengths, conditions, disabilities, functional deficits or needs;

3. A brief description of the treatment and treatment planning which demonstrates that the program is addressing the functional deficits of the patient which substantiated the patient's eligibility for admission to the psychiatric residential treatment facility;

4. Goals to address the patient's problems, conditions, disabilities, and needs which indicate the expected duration of the patient's need for services in the psychiatric residential treatment facility;

5. Objectives relating to the patient's goals. Objectives must be written to reflect the expected progress of the patient. Interventions for accomplishing these objectives should be specific;

6. Specific treatments, therapies and staff interventions which will be implemented to accomplish each of the objectives and goals. These must be stated clearly to enable all staff members participating in the treatment program to implement the goals and objectives;

7. If the facility utilizes a case management system, the name of the clinical staff member, designated as case coordinator, exercising primary responsibility for the patient;

8. Identification of the staff members who will provide the specified services, experiences and therapies;

9. Documentation of participation by the patient in the development of the treatment plan whenever possible and by the patient's parent or guardian and/or authorized adult, and by representatives of the patient's school district, where appropriate;

10. Date for the next scheduled review of the treatment plan;

11. Documentation that information obtained from the patient's school district of origin, when available, was considered in developing or revising the comprehensive treatment plan; and

12. A copy of an individual's education plan.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.44.7. When appropriate, the patient and the patient's parents, legal guardian, or authorized adult shall participate in the development of his or her treatment plan, and such participation shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 45 PROGRESS NOTES

Rule 51.45.1. Progress notes shall be recorded by the physician, psychiatric mental health nurse practitioners, nurse, social worker and, when appropriate, others significantly involved in treatment. The frequency of progress notes is determined by the condition of the patient but should be recorded at least monthly.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.45.2. Progress notes shall be entered in the patient's record and shall include the following:

1. Documentation of implementation of the treatment plan;

2. Documentation of all treatment rendered to the patient;

3. Documentation of all progress in the patient's education program as determined in the patient's individual education plan;

4. Description of changes in the patient's condition; and

5. Descriptions of the response of the patient to treatment, the outcome of treatment, and the response of significant others to important inter-current events.

Rule 51.45.3 Progress notes shall be dated and signed by the individual making the entry.

SOURCE: Miss. Code Ann. §43-11-13

Rules 51.45.4 All entries involving subjective interpretation of the patient's progress should be supplemented with a description of the actual behavior observed.

Subchapter 46 TREATMENT PLAN REVIEW

Rule 51.46.1 Interdisciplinary case conferences shall be regularly conducted to review and evaluate each patient's treatment plan and his or her progress in attaining the stated treatment goals and objectives.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.46.2 Interdisciplinary case conferences shall be documented and the results of the review and evaluation shall be recorded in the patient's record. The review and update shall be completed no later than thirty (30) days following the first 14 days of treatment and at least monthly for the first six months and at least every 90 days thereafter.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 47 DISCHARGE PLANNING/AFTERCARE

Rule 51.47.1 The facility maintains a centralized coordinated program to ensure that each patient has a planned program of continuing care which meets his post-discharge needs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.47.2 Each patient shall have an individualized discharge plan which reflects input from all disciplines involved in his care. The patient, patient's family, and/or significant others shall be involved in the discharge planning process.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.47.3 An initial discharge plan shall be developed within 14 days of admission.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.47.4 The facility shall maintain written discharge planning policies and procedures which describe:

1. How the discharge coordinator will function, and his authority and relationships with the facility's staff;

2. The time period in which each patient's need for discharge planning is determined (within fourteen days of admission);

3. The maximum time period after which re-evaluation of each patient's discharge plan is made;

4. Local resources available to the facility and the patient to assist in developing and implementing individual discharge plan; and

5. Provisions for periodic review and re-evaluation of the facility's discharge planning program (at least annually).

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.47.5 An interdisciplinary case conference shall be held prior to the patient's discharge. Representatives from aftercare agencies including the anticipated school system will be encouraged to attend. The discharge/aftercare plan must be approved by a qualified child psychiatrist and shall be reviewed with the patient, patient's family and/or significant others.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.47.6 The facility shall have documentation that the aftercare plan has been implemented and shall have documentation of follow-ups to assure referrals to appropriate community agencies.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 48 DISCHARGE SUMMARY

Rule 51.48.1 A discharge summary shall be entered in the patient's record within fourteen (14) days following discharge. The discharge summary shall include but not be limited to:

1. Reason for admission;

2. Brief summary of treatment;

3. Reason for discharge;

4. Assessment of treatment plan goals and objectives; and

5. Recommendations and arrangements for further treatment, including prescribed medications and aftercare.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 49 SUPPORT SERVICES: PHARMACY

Rule 51.49.1 **Direction and Supervision**. A Facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological) to meet the needs of each patient.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.49.2 The facility must provide routine and emergency drugs and biological to its residents, or obtain them under an agreement part.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.49.3 The facility must employ or obtain the services of a licensed pharmacist who:

1. Provides consultation on all aspects of the provision of pharmacy services in the facility;

2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation;

3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled; and

4. The pharmacist must submit a written report at least monthly to the CEO of the status of the performance of nursing personnel and any discrepancies noted in record keeping.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 50 CONTROL OF TOXIC OR DANGEROUS DRUGS

Rule 51.50.1 **Policies** shall be established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage. The facility shall establish a written policy that all toxic or dangerous medications, not specifically prescribed as to time or number of doses, shall be automatically stopped after a reasonable time limit. The classification ordinarily thought of a toxic, dangerous or abuse drugs shall be narcotics, sedatives, anti-coagulants, antibiotics, oxytocics and cortisone products, and shall include other categories so established by federal, state or local laws.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 51 LABELING

Rule 51.51.1 The facility must label drugs and biological in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.2 The facility shall have written policies and procedures designed to ensure that all medications are dispensed and administered safely and properly in accordance with the applicable federal, state, and local laws and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.3 An up-to-date list of authorized prescribers shall be available in all areas where medication is dispensed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.4 Telephone orders shall be accepted only from individuals on the list of authorized prescribers.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.5 Telephone orders shall be limited to situations that have been defined in writing in the facility's policies and procedures manual.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.6 Telephone orders shall be accepted and written in the patient's record only by staff authorized to administer medication.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.7 Telephone orders shall be signed by an authorized prescriber on the next regular working day, but in all events within 72 hours.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.8 A written order signed by the authorized prescriber shall be included in patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.9 Medication orders that contain abbreviations and chemical symbols shall be carried out only if the abbreviations and symbols are on a standard list approved by the physician members of the professional staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.10 There shall be automatic stop orders on specified medications. Refer to 301.5.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.11 There shall be a specific routine of drug administration, indicating dose schedules and standardization of abbreviations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.12 Only pharmacists, physicians, psychiatric mental health nurse practitioners, registered nurses, or licensed practical nurses shall administer medications.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.13 Self administration of medication shall be permitted only when specifically ordered by the responsible physician.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.14 Drugs brought into the facility by patients shall not be administered unless they can be absolutely identified, and unless written orders to administer these specific drugs are given by the responsible physician. If the drugs that the patient brings to the facility are not to be used, they shall be packaged, sealed, and stored, and, if approved by the responsible physician, they shall be returned to the patient, family, or significant others at the time of discharge.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.15 The patient and, when appropriate, the family shall be instructed about which medications, if any, are to be administered at home.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.16 Medications administered, medication errors and adverse drug reactions shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.17 Facilities should implement a reporting system under which the reporting program of the federal Food and Drug Administration and the drug manufacturer are advised of unexpected adverse drug reactions.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.18 There shall be methods of detecting drug side effects or toxic reactions.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.51.19 Investigational drugs shall be used only under the direct supervision of the principal investigator and with the approval of research review committee and either the physician members of the professional staff or an appropriate committee of the professional staff.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 52 SPACE FOR STORAGE OF DRUGS

Rule 51.52.1 Adequate space shall be provided in the on premises Pharmacy for storage of drugs and for keeping of necessary records. The pharmacy shall be capable of being securely locked in accordance with regulations regarding storage of dangerous drugs. Adequate space is defined on a minimum of 350 square feet for

50 beds or less; 500 sq. ft. for 75 beds or less; 750 sq. ft. for 100 beds or less, and 1000 sq. ft. for 100 beds or more.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.2 If there is no full-time pharmacists employed by the facility and if medications administered to patients are dispensed by pharmacist(s) elsewhere...then only the storage of pre-dispensed, individual medications (either medication containers or unit-dose medications) shall be allowed in the facility. The exception is for the allowance of Emergency Medications.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.3 Storage of Medications, as outlined directly above, in the facility shall be in an area to measure not less than 100 square feet of space. This storage area is to be designated as the Medication Preparation Area/Room, and is to have the following personality:

1. Medication Refrigerator (for storage of drugs and biological);

2. Hand washing lavatory with hot water capability, and paper towel dispenser;

3. Medication Preparation Area/Room to have self-closing self-locking door(s);

4. The air temperature in the Medication Preparation Area/Room is not to exceed 85 degrees Fahrenheit or fall below 50 degrees Fahrenheit;

5. Medication Preparation Area/Room to have counter-top space provided for medication preparation; and

6. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.4 All medication orders shall be reviewed monthly by the responsible physician. Adverse drug reactions and medication errors shall be reported to the physician responsible for the patient, and shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.5 The pharmacist in charge of dispensing medications shall provide for monthly inspection of all storage units including emergency boxes and emergency carts.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.6 A record of these inspections shall be maintained in order to verify the following:

1. Disinfectants and drugs for external use are stored separately from internal and injectable medications.

2. Drugs requiring special conditions for storage to ensure stability are properly stored.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.7 Adequate precautions shall be taken to store medications under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.8 All drugs shall be kept in locked storage.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.9 A central unit shall be established where essential information on investigational drugs, such as dosage form, dosage range, storage requirements, adverse reactions, usage, and contraindications, is maintained.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.10 Investigational drugs shall be properly labeled.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.11 Nurses may administer investigational drugs only after receiving basic pharmacologic information about the drugs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.12 The facility shall have specific methods for controlling and accounting for drug products.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.13 The pharmacy service shall maintain records of its transactions as required by law and as necessary to maintain adequate control of, and accountability for, all drugs. These records shall document all supplies issued to units, departments, or services of the facility, as well as prescription drugs dispensed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.14 Records and inventories of the drugs listed in the current Comprehensive Drug Abuse Prevention and Control Act shall be maintained as required by the act and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.15 Distribution and administration of controlled drugs are adequately documented, and inspection of these records by the pharmacist is documented.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.16 There is an emergency kit that is:

1. Made up under the supervision of responsibility of the pharmacist, and approved by the Clinical Director;

2. Readily available to staff yet not accessible to patients;

3. Constituted so as to be appropriate to the needs of the patients; and

4. Inspected monthly to remove deteriorated and outdated drugs and to ensure completeness of content.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.17 The pharmacist responsible for the emergency kit shall provide a list of its contents and appropriate instructions, and shall authenticate this list with his signature.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.18 Poisons, external drugs, and internal drugs shall be stored on separate shelves or in separate cabinets.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.19 Medications that are stored in a refrigerator containing items other than drugs shall be kept in a separate compartment or container with proper security.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.20 Antidote charts and the telephone number of the Regional Poison Control Center shall be kept in all drug storage and preparation areas.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.21 Up-to-date pharmaceutical reference material shall be provided so that appropriate staff will have adequate information concerning drugs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.52.22 Current editions of text and reference books covering the following topics shall be provided; theoretical and practical pharmacy; general, organic, pharmaceutical,

and biological chemistry; toxicology; pharmacology; bacteriology; sterilization and disinfection; and other subjects important to good patient care.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 53 DIETARY ORGANIZATION

Rule 51.53.1 The facility shall have an organized dietary department directed by a qualified food service supervisor, with services of a registered dietitian on at least a consultant basis. However, a facility which has a contract with an outside food management company may be found to meet this requirement if the company has a therapeutic dietitian who serves, as required by scope and complexity of the services, on a full-time, part-time, or consultant basis to the facility. If the dietitian is not employed full-time, a certified food service supervisor should direct the dietary department.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.53.2 The qualified dietitian shall be registered or eligible for registration by the Commission on Dietetic Registration.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.53.3 When a qualified dietitian is employed on a part-time or consultative basis, the dietitian shall devote enough time to accomplish the following tasks:

1. Assure continuity of services;

2. Direct the nutritional aspects of patient care;

3. Assure that dietetic instructions are carried out; and

4. On occasion, supervise the serving of meals; and assist in the evaluation of the dietetic services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.53.4 Regular written reports shall be submitted to the chief executive officer on the extent of services provided by the dietitian.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.53.5 There shall be written policies and procedures for food storage, preparation, and service developed by a registered dietitian.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.53.6 The dietetic service shall have an adequate number of appropriately qualified individuals to meet the dietetic needs of the facility's patients. Dietetic service

personnel shall assist patients when necessary in making appropriate food choices from the planned daily menu. Dietetic services personnel shall be made aware that emotional factors may cause patients to change their food habits. Dietetic service personnel shall inform appropriate members of the professional staff of any change in a patient's food habits.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.53.7 Written job descriptions of all dietary employees shall be available.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.53.8 There shall be procedures to control dietary employees with infectious and open lesions. Routine health examinations shall meet local and state codes for food service personnel.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.53.9 There shall be an on-going planned in-service training program for dietary employees which includes the proper handling of food and personal grooming, safety, sanitation, behavioral and therapeutic needs of patients.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 54 FACILITIES

Rule 51.54.1 Adequate space, equipment, ventilation and supplies as well as any necessary written procedure and precautions, shall be provided for the safe and sanitary operation of the dietetic service and the safe and sanitary handling and distribution of food.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.2 The food service area should be appropriately located.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.3 The dietitian's office should be easily accessible to all who require consultation services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.4 Sufficient space shall be provided for support personnel to perform their duties.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.5 The layout of the department and the type, amount, size, and placement of equipment shall make possible the efficient and sanitary preparation and distribution of food.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.6 Lavatories with wrist action blades, soap dispenser and disposable towel dispenser shall be located throughout the dietary department.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.7 Dry or staple food items shall be stored in a ventilation room which is not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents or vermin.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.8 All perishable foods shall be refrigerated at the appropriate temperature and in an orderly and sanitary manner. Each refrigerator shall contain a thermometer in good working order.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.9 Foods being displayed or transported shall be protected from contamination.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.10 Dishwashing procedures and techniques shall be developed and carried out in compliance with the state and local health codes.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.11 All garbage and kitchen refuse which is not disposed of mechanically shall be kept in leak-proof non-absorbent containers with close fitting covers and be disposed of routinely in a manner that will not permit transmission of disease, a nuisance, or a breeding place for flies.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.12 All garbage containers are to be thoroughly cleaned inside and outside each time emptied.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.54.13 All dietary areas, equipment, walls, floors, etc., shall be kept maintained in good working condition and sanitary at all times.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 55 DIETS

Rule 51.55.1 There shall be a systematic record of diets, correlated when appropriate, with the medical records. The dietitian shall have available an up-to-date manual of

regimens for all therapeutic diets, approved jointly by the dietitian and medical staff, which is available to dietary supervisory personnel. Diets served to patients shall be in compliance with these established diet principles:

1. The diet manual shall be reviewed annually and revised as necessary by a qualified dietitian, and shall be dated to identify the time of the review;

2. Revisions to the diet manual shall be approved by the facility's physician;

3. The diet manual should be used to standardize the ordering of diets;

4. The policies and procedures shall provide for dietetic counseling;

5. The nutritional deficiencies of any diet in the manual shall be indicated;

6. The policies and procedures shall require the recording of dietetic orders in the patient's record;

7. The policies and procedures shall require the recording of all observations and information pertinent to dietetic treatment in the patient's record by the food service supervisor or dietitian;

8. The policies and procedures shall require the use of standards for nutritional care in evaluating the nutritional adequacy of the patient's diet and in ordering diet supplements. The current Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences is suggested as a guide in developing these standards;

9. The policies and procedures shall describe the methods for assuring that each patient on a special diet received the prescribed diet regimen;

10. The policies and procedures shall provide for altering diets or diet schedules as well as for discontinuing diets;

11. Dietetic service personnel shall conduct periodic food acceptance studies among the patients and should encourage them to participate in menu planning;

12. The results of food acceptance studies should be reflected in revised menus; and

13. All menus shall be approved by a qualified dietitian.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 56 FOOD SERVICE AND DINING

Rule 51.56.1 Food shall be served in an appetizing and attractive manner, at planned and realistic mealtimes, and in a congenial and relaxed atmosphere.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.56.2 Dining areas should be attractive and maintained at appropriate temperatures.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.56.3 The dietetic services shall be patient-oriented and should take into account the many factors that contribute to the wide variations in patient eating habits, including cultural, religious, and ethnic factors.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.56.4 Snacks shall be available as appropriate to the nutritional needs of the patient and the needs of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.56.5 The dietetic service shall be prepared to give extra food to individual patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.56.6 Appropriate food should be available for patients with special or limited dietary needs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.56.7 There shall be adequate equipment provided for tray assembly and tray delivery.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.56.8 Facilities or arrangements shall be available for family and friends to eat with patients when possible.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 57 RECREATION

Rule 51.57.1 The facility shall provide or make arrangements for the provision of recreation services to all patients in accordance with their needs and interests and as appropriate within the scope of the facility's program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.57.2 The facility shall have a written plan that describes the organization of their recreation services or the arrangements made for the provision of recreation services. The recreation services shall have a well-organized plan for using community resources. The goals and objectives of the facility's recreation services shall be stated in writing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.57.3 The facility shall have written policies and procedures for the recreation services which are made available to recreation services and other appropriate personnel. The policies and procedures shall be reviewed and revised at least annually.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.57.4 Recreational activities shall be provided to all patients during the day, in the evening, and on weekends. The daily recreation program shall be planned to provide a consistent and well-structured yet flexible framework for daily living. Whenever possible, patients should participate in planning recreational services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.57.5 Recreation schedules shall be posted in places accessible to patients and staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.57.6 The recreation program shall be reviewed and revised according to the changing needs of the patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.57.7 When indicated, recreation services shall be incorporated in the patient's treatment plan. Recreation services that are included in a patient's treatment plan shall reflect an assessment of the patient's needs, interests, life experiences, capacities, and deficiencies. Recreation services staff shall collaborate with other professional staff in delineating goals for patient's treatment, health maintenance, and vocational adjustments.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.57.8 The patient's record shall contain progress notes that describe the patient's response to recreation services and other pertinent observations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.57.9 There shall be documentation that patients are given leisure time and that they are encouraged to use their leisure time in a way that fulfills their cultural and receational interests and their feelings of human dignity.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.57.10 Vehicles used for transportation shall not be labeled in a manner that calls unnecessary attention to the patient.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 58 QUALITY ASSURANCE ACTIVITIES

Rule 51.58.1 The recreation services shall have written procedures for ongoing review and revision of its goals, objectives, and role within the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.58.2 The recreation service shall maintain statistical and other records on the functioning and utilization of the services.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 59 CONTINUING EDUCATION

Rule 51.59.1 The facility service shall maintain ongoing staff development programs. Recreation service staff shall participate in appropriate clinical and administrative committees and conferences. Recreation services staff shall receive training and demonstrate competence in handling medical and psychiatric emergencies. The recreation service shall encourage extramural studies and evaluations of recreation services and extramural research in recreation services.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 60 FUNCTIONAL SAFETY AND SANITATION

Rule 51.60.1 Appropriate space, equipment, and facilities shall be provided to meet the needs of patients for recreation services:

1. Facilities and equipment designated for recreation services shall be constructed or modified in such a manner as to provide, insofar as possible, pleasant and functional areas that are accessible to all patients regardless of their disabilities;

2. Space for offices, storages, and supplies shall be adequate and accessible;

3. When indicated, equipment and supplies that enable the activity to be brought to the patient should be used; and

4. Space, equipment and facilities utilized both inside and outside the facility shall meet federal, state, and local requirements for safety, fire prevention, health, and sanitation.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 61 PHYSICAL AND OCCUPATIONAL THERAPY

Rule 51.61.1 The facility shall provide, or arrange for, under written agreement, physical and occupational therapy services as needed by patients to improve and maintain functioning.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.61.2 Qualified therapists, consultants, volunteers, assistants, or aides, are sufficient in number to provide comprehensive occupation and physical therapy services, as needed, to assure that appropriate treatment is rendered for each patient in accordance with stated goals and objectives.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.61.3 Services are provided only upon the written order of a licensed physician.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.61.4 The therapist must:

1. Record regularly and evaluate periodically the treatment training progress; and

2. Use the treatment training progress as the basis for continuation or change in the program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.61.5 Treatment training programs shall be designed to:

1. Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination, and activities of daily living; and

2. Prevent, insofar as possible, irreducible disabilities through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adoptions, and sensory stimulation.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.61.6 Evaluation results, treatment objectives, plans and procedures and progress notes shall be recorded in the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.61.7 For effective and efficient physical and occupational therapy services, the facility shall provide sufficient space, equipment and supplies.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.61.8 Physical and occupational therapists shall meet the qualifications of Rule 51.25.1.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.61.9 Therapy assistants must work under the supervision of the qualified therapist.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 62 EDUCATION

Rule 51.62.1 The facility shall provide, or make arrangements for the provision of, education services to meet the needs of all patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.62.2 Special education services shall be provided for patients whose emotional disturbances make it difficult for them to learn.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.62.3 Education services shall provide opportunities for patients who have fallen behind because of their disorder, to correct deficiencies in their education.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.62.4 Facilities that operate their own education service shall have adequate staff and space to meet the educational needs of patients. These facilities shall adhere to all regulations and standards of the State Department of Education that would assure receipt of approval for all work successfully completed within each individual's education plan and transferable to other educational providers, e.g. local public school districts in the State, following the patient's discharge.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.62.5 An education director and staff who meet state and/or local certification requirements for education and/or special education shall be provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.62.6 Special education teachers shall be certified for individuals with emotional disabilities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.62.7 An appropriate ratio of teachers to students shall be provided so teachers can give special attention to students or to groups of students who are at different stages of treatment and education.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.62.8 The education service shall have space and materials commensurate with the scope of its activities, including an adequate number of classrooms.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.62.9 When indicated, patients shall participate in education programs in the community. Teachers in the community shall be given the information necessary to work effectively with the patient.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.62.10 Clinicians shall periodically confer with teachers or principals on the progress of each patient.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.62.11 When appropriate, patients shall be encouraged to take part in extracurricular school activities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.62.12 There shall be documentation in each patient's record of periodic evaluations of educational achievement in relation to developmental level, chronological age, sex, special handicaps, medications, and psychotherapeutic needs.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 63 VOCATIONAL REHABILITATION

Rule 51.63.1 **Policies and Procedures:** When appropriate, patients shall receive counseling on their specific vocational needs, for example, vocational strengths and weaknesses, the demands of their current or future job, the responsibilities of holding a job, and the problems related to vocational training, placement, and employment.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.63.2 A facility may delegate vocational rehabilitation responsibilities to an outside vocational rehabilitation agency. However, the agency must assign an individual approved by the facility to serve as the facility's coordinator of vocational rehabilitation and agree to comply with the standards in this section.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.63.3 Facilities that have a vocational rehabilitation service shall have written policies and procedures to govern the operation of the service.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.63.4 The vocational rehabilitation service shall assess the patient’s vocational needs with regard to the following:

1. Current work skills and potential for improving skills or developing new ones;

2. Educational background;

3. Aptitudes, interests, and motivations for getting involved in various job-related activities;

4. Physical abilities;

5. Skills and experiences in seeking jobs;

6. Work habits related to tardiness, absenteeism, dependability, honesty, and relations with co-workers and their supervisor;

7. Personal grooming and appearance;

8. Expectations regarding the personal, financial, and social benefits to be derived from working; and

9. Amenability to vocational counseling.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.63.5 Vocational services shall be provided according to an individualized treatment plan.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.63.6 The criteria for determining a patient's job readiness shall be stated in the patient's treatment plan.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.63.7 A record shall be kept of vocational rehabilitation activities, including the date and a description of the activity, participants, and results.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.63.8 All work programs must conform to federal, state, and local rules and regulations.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 64 STAFF COMPOSITION AND SUPERVISION

Rule 51.64.1 The facility's vocational rehabilitation service shall have a sufficient number of appropriately qualified staff and support personnel thru direct or contractual services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.64.2 A person or team shall be assigned responsibility for the implementation of vocational rehabilitation services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.64.3 Vocational Rehabilitative Services shall be provided by at least one qualified vocational rehabilitation counselor or qualified occupational therapist available who is responsible for the professional standards, coordination, and delivery of vocational rehabilitation services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.64.4 All personnel providing vocational rehabilitation services shall have training, experience, and competence consistent with acceptable standards of their specialty field.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.64.5 Sufficient qualified vocational rehabilitation counselors and support personnel shall be available to meet the needs of patients.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 65 SPEECH, LANGUAGE, AND HEARING

Rule 51.65.1 **Policies and Procedures:** Speech, language, and hearing services shall be available, either within the facility or by written arrangement with another facility or a qualified clinician, to provide assessments of speech, language, or hearing when indicated, and to provide counseling, treatment, and rehabilitation when needed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.65.2 Facilities that have a speech, language, and hearing service shall have written policies and procedures to govern the operation of the service.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.65.3 The speech, language, and hearing service shall provide the following services:

1. Speech and language screening of patients when deemed necessary by members of the treatment team, the family, or significant others;

2. Comprehensive speech and language evaluation of patients when indicated by screening results;

3. Comprehensive audiological assessment of patients when indicated;

4. Procurement, maintenance, or replacement of hearing aids when specified by a qualified audiologist; and

5. Rehabilitation programs, when appropriate, to establish the speech skills necessary for comprehension and expression.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.65.4 Assessment and treatment results shall be reported accurately and systematically and in a manner that accomplishes the following:

1. Defines the problem;

2. Provides a basis for formulating a plan that contains treatment objectives and procedures;

3. Provides information of staff working with the patient; and

4. Provides evaluations and summary reports for inclusion in the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 66 STAFF COMPOSITION AND SUPERVISION

Rule 51.66.1 The speech, language, and hearing service shall be administered and supervised by qualified speech-language and hearing clinicians.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.66.2 All staff with independent responsibilities shall have a Certificate of Clinical Competence or a Statement of Equivalence in either speech pathology or audiology from the American Speech-Language-Hearing Association, or have documented equivalent training and experience; and shall meet current legal requirements of licensure or registration.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.66.3 Support personnel, such as speech pathology assistants and communication aides, shall be qualified by training and/or experience for level of work they perform and shall be appropriately supervised by a staff speech-language pathologist or audiologist.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 67 QUALITY ASSURANCE ACTIVITIES

Rule 51.67.1 **Equipment** shall meet the standards of the American Board of Examiners in Speech Pathology and Audiology of the American Speech-Language-Hearing Association, including the standards concerning the location, calibration, and maintenance of equipment; or equipment shall meet equivalent standards.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 68 DENTAL

Rule 51.68.1 **Policies and Procedures:** The facility shall have a written plan that outlines the procedures used to assess and treat the dental health care needs of patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.68.2 The written dental health care plan shall describe the following:

1. Mechanisms for evaluating each patient's need for dental treatment;
2. Provisions for emergency dental services;
3. Policies on oral hygiene and preventive dentistry;
4. Provisions for coordinating dental services with other services provided by the facility; and
5. A mechanism for the referral of patients for services not provided by the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.68.3 When a facility provides dental services, a written policy shall delineate the functions of the service and the specific services provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.68.4 Reports of all dental services provided shall be made a part of the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 69 STAFF COMPOSITION AND SUPERVISION

Rule 51.69.1 A dental service provided by the facility shall be directed by a fully licensed dentist who is a member of the professional staff and qualified to assume management and administrative responsibility for the dental service.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.69.2 A dental service provided by the facility shall have a sufficient number of adequately trained personnel to meet the needs of patients.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 70 FUNCTIONAL SAFETY AND SANITATION

Rule 51.70.1 A dental service provided by the facility shall have adequate space, equipment, instruments, and supplies to meet the needs of patients.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 71 REFERRALS

Rule 51.71.1 The facility shall have written policies and procedures that facilitate the referral of patients and the provision of consultation between the facility's program components and between the facility and other service providers in the community. The written policies and procedures shall describe the conditions under which referrals can be made and consultations provided. These conditions shall provide for the examinations, assessments, or consultations that are not within the professional domain or expertise of the staff; special treatment services; and assistance from providers who can contribute to the patient's well-being.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.71.2 The written policies and procedures shall describe the methods by which continuity of care is assured for the patient. These methods shall include, but not be limited to, providing the facility, program component, or other service provider to which the patient is referred with the following:

1. Background information on the referral;

2. Information on the patient's treatment, for example, current treatment, diagnostic assessments, and special requirements;

3. Treatment objectives desired;

4. Suggestions for continued coordination between the referring and the receiving resource;

5. Special clinical management requirements; and

6. Information on how the patient can be returned to the referring facility or program component.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.71.3 The facility shall ask the facility, program component, or other service provider to which the patient is referred to submit a follow-up report within a designated time period.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.71.4 The written policies and procedures shall describe the mechanism by which a patient may request a referral.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.71.5 The written policies and procedures shall describe the means by which the facility assists in the referral of individuals who are seeking services that the facility does not provide.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.71.6 The written policies and procedures shall be reviewed and approved annually by the director and appropriate administrative and professional staff members. The annual review and approval shall be documented.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.71.7 Each community service provider to which patients are referred shall express in writing its willingness to abide by federal and state standards concerning confidentiality of patient information.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.71.8 The facility shall have a letter of agreement and/or contract with community service providers that it uses repeatedly.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 72 EMERGENCY

Rule 51.72.1 The facility shall have written procedures for taking care of emergencies. Emergency services shall be provided by the facility or through clearly defined arrangements with another facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.72.2 When emergency services are provided by an outside facility, a written plan shall delineate the type of emergency services available and the arrangements for referring or transferring patients to another facility. The written plan shall be available to all professional staff and shall clearly specify the following:

1. The staff of the facility who are available and authorized to provide necessary emergency evaluations;

2. The staff of the facility who are authorized to arrange for patients to be referred or transferred to another facility when necessary;

3. The arrangements the facility had made for exchanging records with the outside facility when it is necessary for the care of the patient;

4. The location of the outside facility and the names of the appropriate personnel to contact;

5. The method of communication between the two facilities;

6. The arrangements the facility has made to assure that when a patient requiring emergency care is transferred to a non-psychiatric or substance abuse service or facility, he or she will receive further evaluation and/or treatment of his or her psychiatric or substance abuse problem, as needed;

7. The arrangements the facility has made for transporting patients, when necessary, from the facility to the facility providing emergency services;

8. The policy for referring patients needing continued care after emergency services back to the referring facility; and

9. Policies concerning notification of patient's family of emergencies and of arrangements that have been made for referring or transferring the patient to another facility.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 73 LIBRARY

Rule 51.73.1 Library services shall be made available to meet the professional and technical needs of the facility's staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.73.2 Facilities that do not maintain a professional library shall have an arrangement with a nearby facility or institution to use its professional library.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.73.3 Current reference material, books, and basic health care journals shall be available in each facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.73.4 The library shall establish regular and convenient hours of service so that staff may have prompt access to current materials.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.73.5 When a facility operates its own library, the professional library service shall provide pertinent, current and useful medical, psychiatric, psychological, alcohol, drug, educational, and related materials.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.73.6 A facility providing extensive library services should utilize the services of a professional librarian.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 74 LABORATORY/RADIOLOGY

Rule 51.74.1 The facility shall have provisions for promptly obtaining required laboratory, x-ray, and other diagnostic services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.74.2 If the facility provides its own laboratory and x-ray services, these shall meet the applicable standards established for hospital licensure. Refer to Subchapter 21 & Subchapter 22; and Subchapters 57-61; and Subchapters 70-73 of the Minimum Standards of Operation for Mississippi Hospitals.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.74.3 If the facility itself does not provide such services, arrangements shall be made for obtaining these services from a licensed and certified laboratory.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.74.4 All laboratory and x-ray services shall be provided only on the orders of the attending physician or the psychiatric mental health nurse practitioners.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.74.5 The facility shall assist the patient, if necessary, in arranging for transportation to and from the source of service.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.74.6 All signed and dated reports of laboratory, x-ray, and other diagnostic services shall be filed with the patient's medical record.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 75 VOLUNTEER

Rule 51.75.1 In facilities where volunteer services are utilized, the objectives and scope of the volunteer service shall be clearly stated in writing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.2 An appropriately qualified and experienced staff member shall be assigned to select and evaluate volunteers and to coordinate volunteer activities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.3 The authority and responsibilities of the volunteer coordinator shall be clearly stated in writing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.4 The volunteer coordinator shall perform the following functions:

1. Assist staff in determining the need for volunteer services and in developing assignments;

2. Plan and implement the program for recruiting volunteers;

3. Coordinate efforts to recruit, select, and train volunteers, and to place volunteers in appropriate services or units;

4. Instruct staff on the proper, effective, and creative use of volunteers;

5. Keep staff and the community informed about volunteer services and activities;

6. Provide opportunities for volunteers to acquire the qualifications for certification when applicable; and

7. Assign an appropriate staff member to provide ongoing supervision, in-service training, and evaluation of volunteers.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.5 An orientation program shall be conducted to familiarize volunteers with the facility's goals and services and to provide appropriate clinical orientation regarding the facility's patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.6 The orientation program shall include explanations of at least the following:

1. The importance of maintaining confidentiality and protecting patients' rights;

2. The procedures for responding to unusual events and incidents; and

3. The program's channels of communication and the distinctions between administrative and clinical authority and responsibility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.7 Volunteers shall be under the direct supervision of the staff of the service or unit utilizing their services, and shall receive general direction and guidance form the volunteer coordinator.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.8 The use of volunteers as members of treatment teams to supplement the total treatment program shall be done only in collaboration with appropriate

professional staff members and after consideration of the patients' needs for continuity.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.9 Supervisory professional staff shall be available to help volunteers establish the most effective relationship with patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.10 Procedures shall be established to assure that the observations of volunteers are reported to the professional staff members responsible for the patient. These observations may be recorded in the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.11 Volunteers may be utilized to help meet patients' basic needs for social interaction, self-esteem, and self-fulfillment.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.12 Volunteer activity records and reports shall contain information that can be used to evaluate the effectiveness of the volunteer services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.75.13 At least the following records shall be maintained by the volunteer service:

1. A personnel record that includes the volunteer's application, record of assignments, and progress reports;

2. A master assignment schedule for all volunteers, including times and units of assignment; and

3. A current job description for each volunteer.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 76 RESEARCH (OPTIONAL)

Rule 51.76.1 When a facility or program conducts or participates in research with human subjects, policies shall be designed and written to assure that rigorous review is made of the merits of each research project and of the potential effects of the research procedures on the participants.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.2 An interdisciplinary research review committee shall review all research projects utilizing human subjects. The committee shall be either a permanent standing committee or a committee convened on an as-needed basis.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.3 Members of the research review committee shall be qualified by training and experience to serve on the committee.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.4 Individuals who have appropriate experience in the research areas being reviewed shall be included on the committee.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.5 A majority of the committee members should be individuals who are not directly associated with the research project under consideration.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.6 Some committee members should be individuals who are not formally associated with the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.7 Prior to the authorization and initiation of each research project, the research committee shall conduct a detailed review of the project

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.8 This review shall include the following:

1. The adequacy of the research design;
2. The qualifications of the individuals responsible for coordinating the project;
3. The benefits of the research in general;
4. The benefits and risks to the participants;
5. The benefits to the facility;
6. The compliance of the research design with accepted ethical standards;
7. The process to be used to obtain informed consent from participants; and
8. The procedures for dealing with any potentially harmful effects that may occur in the course of the research activities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.9 This initial review shall form the basis for a written report that shall be submitted by the committee to the chief executive officer.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.10 All individuals asked to participate in a research project shall be given the following information before being asked to give their consent:

1. A description of the benefits to be expected;

2. A description of the potential discomforts and risks;

3. A description of alternative services that might prove equally advantageous to them; and

4. A full explanation of the procedures to be followed, especially those that are experimental in nature.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.11 If the investigator does not wish to fully disclose the purpose, nature, expected outcome, and implications of the research to the participants before it begins, the investigator shall clearly and rigorously justify to the research review committee that such disclosure is inadvisable and that failure to give full disclosure is not detrimental to the participants. Under such conditions, disclosure may be deferred until the research project is completed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.12 All research project participants shall sign a consent form that indicates their willingness to participate in the project.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.13 All consent forms, except as provided in Rule 51.76.11 shall address all of the information specified in Rule 51.76.10 and shall indicate the name of the person who supplied the participant with the information and the date the form was signed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.14 The informed consent document shall address the participant's right to privacy and confidentiality.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.15 Neither the consent form nor any written or oral agreement entered into by the participant shall include any language that releases the facility, its agents, or those responsible for conducting the research from liability for negligence.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.16 All prospective participants over the age of 12 and all parents or guardians of participants under the age of 18 shall sign a written consent form that indicates willingness to participate in the project.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.17 The consent form shall address all of the information specified in Rule 51.76.10 and shall indicate the name of the individual who supplied the participant with the information and the date the consent form was signed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.18 Prospective participants under the age of 18, and all prospective participants who are legally or functionally incompetent to provide informed consent, shall participate only when and if consent has been given by a person legally empowered to consent, and such consent has been reviewed by an independent advocacy group, if available.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.19 Such legal guardian and/or advocate shall receive the same information as required in Standard 174.10 and shall sign the consent form.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.20 A patient's refusal to participate in a research project shall not be a cause for denying or altering the provision of indicated services to that patient.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.21 Participants shall be allowed to withdraw consent and discontinue participation in a research project at any time without affecting their status in the program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.22 Privacy and confidentiality should be strictly maintained at all times.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.23 Upon completion of the research procedures, the principal investigator shall attempt to remove any confusion, misinformation, stress, physical discomfort, or other harmful consequences that may have arisen with respect to the participants as a result of the procedures.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.24 Investigators and others directly involved in research shall, both in obtaining consent and in conducting research, adhere to the ethical standards of their respective professions concerning the conduct of research and should be guided by the regulations of the US Department of Health and Human Services and other federal, state, and local statues and regulations concerning the protection of human subjects.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.25 Upon completion of the research, the principle investigator, whether a member of the facility's staff or an outside researcher, shall be responsible for communicating the purpose, nature, outcome, and possible practical or theoretical implications of the research to the staff of the program in a manner which they can understand.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.76.26 Reports of all research projects shall be submitted to the chief executive officer and the research committee and shall be maintained by the facility.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 77 PHYSICAL PLANT MANAGEMENT: INFECTION CONTROL

Rule 51.77.1 Because infections, acquired in a facility or brought into a facility from the community, are potential hazards for all persons having contact with the facility, there shall be an infection control program. Effective measures shall be developed to prevent, identify, and control infections.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.77.2 Written policies and procedures pertaining to the operation of the infection control program shall be established, reviewed at least annually, and revised as necessary.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.77.3 A practical system shall be developed for reporting, evaluating, and maintaining records of infections among patients and personnel. This system shall include assignment of responsibility for the ongoing collection and analysis of data, as well as for the implementation of required follow-up action. Corrective action taken on the basis of records and reports of infections and infection potentials among patients and personnel shall be documented.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.77.4 All new employees shall be instructed in the importance of infection control and personal hygiene, and in their responsibility in the infection control program. There shall be documentation that in-service education in infection prevention and control is provided to employees in all services and program components.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 78 MEDICAL WASTE

Rule 51.78.1 **"Infectious medical wastes"** include solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following wastes shall be considered to be infectious medical wastes:

1. Wastes resulting from the care of patients and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases, as defined by the Mississippi Department of Health;

2. Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biological, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures;

3. Blood and blood products such as serum, plasma, and other blood components;

4. Pathological wastes, such as tissues, organs, body parts, and body fluids that are removed during surgery and autopsy;

5. Contaminated carcasses, body parts, and bedding of animals that were exposed to pathogens in medical research;

6. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents;

7. Other wastes determined infectious by the generator or so classified by the Mississippi Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.78.2 "Medical Waste" means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment."

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.78.3 All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:

1. **Storage and Containment of Infectious Medical Waste and Medical Waste**:

   a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.

   b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.

   c. Unless approved by the Mississippi Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven days above a temperature of 6 C (38F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0 C (32F) for a period of not more than 90 days without specific approval of the Mississippi Department of Health.

   d. Containment of infectious medical waste shall be separate from other wastes. Enclosures or containers used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be marked with prominent warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using language to be determined by the Department and legible during daylight hours.

   e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid wasted during storage, handling, or transport.

   f. All bags used for containment and disposal of infectious medical waste shall be of a distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled.

   g. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered non-infectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor.

   h. Infectious medical waste and medical waste contained in disposable containers as prescribed above, shall be placed for storage, handling, or transport in

disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leak-proof, have tight-fitting covers and be kept clean and in good repair.

i. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in I.E.

j. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

i. Exposure to hot water at least 180 F for a minimum of 15 seconds.

ii. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of 3 minutes:

a. Hypochlorite solution (500 ppm available chlorine);

b. Phenolic solution (500 ppm active agent);

c. Iodoform solution (100 ppm available iodine); and

d. Quaternary ammonium solution (400 ppm active agent).

2. Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as non infectious waste or for other purposed except after being decontaminated by procedures as described in part (10) of this section.

a. Trash chutes shall not be used to transfer infectious medical waste.

b. Once treated and rendered non-infectious, previously defined infectious medical waste will be classified as medical waste and may be land-filled in an approved landfill.

3. Treatment or disposal of infectious medical waste shall be by one of the following methods:

a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

b. By sterilization by heating in a steam sterilizer, so as to render the non-infectious.

4. Infectious medical waste so rendered non-infectious shall be disposable as medical waste. Operating procedures for steam sterilizers shall include, but not be limited to, the following:

    a. Adoption of standard written operating procedures for each steam sterilizer including time, temperature, pressure, type of waste, type of container(s), closure on container(s), pattern of loading, water content, and maximum load quantity.

    b. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121 C (250 F) for one-half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually.

    c. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions.

    d. Use of the biological indicator Bacillus stearothermophilus placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions.

    e. Maintenance of records of procedures specified in (a), (b), (c) and (d) above for period of not less than a year.

    f. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the Mississippi Department of Health.

    g. Recognizable human anatomical remains shall be disposed of by incineration or internment, unless burial at an approved landfill is specifically authorized by the Mississippi Department of Health.

    h. Chemical sterilization shall use only those chemical sterilants recognized by the US Environmental Protection Agency, Office of Pesticides and Toxic Substances. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with Bacillus subtilis spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.

5. Treatment and disposal of medical waste which is not infectious shall be by one of the following methods:

    a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

b. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land, and which is not a treatment facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.78.4 All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 79 THERAPEUTIC ENVIRONMENT

Rule 51.79.1 The facility shall establish an environment that enhances the positive self-image of patients and preserves their human dignity.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.2 The grounds of the facility shall have adequate space for the facility to carry out its stated goals.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.3 When patient needs or facility goals involve outdoor activities, areas appropriate to the ages and clinical needs of the patients shall be provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.4 The facility shall be accessible to individuals with physical disabilities, or the facility shall have written policies and procedures that describe how individuals with physical disabilities can gain access to the facility for necessary services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.5 Waiting or reception areas shall be comfortable; and their design, location, and furnishings shall accommodate the characteristics of patient and visitors, the anticipated waiting time, the need for privacy and/or support form staff, and the goals of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.6 Appropriate staff shall be available in waiting or reception areas to address the needs of patients and visitors.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.7 Rest rooms shall be available for patients and visitors.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.8 A telephone shall be available for private conversations.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.9 An adequate number of drinking units shall be accessible at appropriate heights.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.10 If drinking units employ cups, only single-use, disposable cups shall be used.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.11 Facilities that do not have emergency medical care resources shall have first-aid supply kits available in appropriate places.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.12 All supervisory staff shall be familiar with the locations, contents, and use of the first-aid kits.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.13 The facility shall provide an environment appropriate to the needs of patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.14 The design, structure, furnishing, and lighting of the patient environment shall promote clear perceptions of people and functions.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.15 When appropriate, lighting shall be controlled by patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.16 Whenever possible the environment shall provide views of the outdoors.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.17 Areas that are primarily used by patients shall have windows or skylights.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.18 Appropriate types of mirrors that distort as little as possible shall be placed at reasonable heights in appropriate places to aid in grooming and to enhance patients' self-awareness.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.19 Clocks and calendars should be provided in at least major use areas to promote awareness of time and season.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.20 Ventilation shall contribute to the habitability of the environment.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.21 Direct outside air ventilation shall be provided to each patient's room by air conditioning or operable windows.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.22 Ventilation shall be sufficient to remove undesirable odors.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.23 All areas and surfaces shall be free of undesirable odors.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.24 Door locks and other structural restraints should be used minimally.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.25 The use of door locks or closed sections shall be approved by the professional staff and the governing body.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.26 The facility shall have written policies and procedures to facilitate staff-patient interaction, particularly when structural barriers in the therapeutic environment separate staff from patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.27 Staff should respect a patient's right to privacy by knocking on the door of the patient's room before entering.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.28 Areas with the following characteristics shall be available to meet the needs of patients:

1. Areas that accommodate a full range of social activities, from two-person conversations to group activities;

2. Attractively furnished areas in which a patient can be alone, when appropriate; and

3. Attractively furnished areas for private conversations with other occupants, family or friends.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.29 Appropriate furnishings and equipment shall be available.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.30 Furnishings shall be clean and in good repair.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.31 Furnishings shall be appropriate to the age and physical conditions of the patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.32 All furnishings, equipment, and appliances shall be maintained in good operating order.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.33 Broken furnishings and equipment shall be repaired promptly.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.34 Dining areas shall be comfortable, attractive, and conducive to pleasant living.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.35 Dining arrangements shall be based on a logical plan that meets the needs of the patients and the requirements of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.36 Dining tables should seat small groups of patients, unless other arrangements are justified on the basis of patient needs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.37 When staff members do not eat with the patients, the dining rooms shall be adequately supervised and staffed to provide assistance to patients when needed and to assure that each patient received an adequate amount and variety of food.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.38 Sleeping areas shall have doors for privacy.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.39 Patient rooms shall contain no more than four patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.40 The number of patients in a room shall be appropriate to the ages, developmental levels, and clinical needs of the patients and to the goals of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.41 Sleeping areas shall be assigned on the basis of individual needs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.42 Areas shall be provided for personal hygiene.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.43 The areas for personal hygiene shall provide privacy.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.44 Bathrooms and toilets shall have partitions and doors.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.45 Toilets shall have seats.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.46 Good standards of personal hygiene and grooming shall be taught and maintained, particularly in regard to bathing, brushing teeth, caring for hair and nails, and using the toilet.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.47 Patients shall have the personal help needed to perform these activities and, when indicated, to assume responsibility for self-care.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.48 The services of a barber and beautician shall be available to patients either within the facility or in the community.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.49 Articles for grooming and personal hygiene that are appropriate to the patient's age, developmental level, and clinical status shall be readily available in a space reserved near the patient's sleeping area.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.50 If clinically indicated, a patient's personal articles may be kept under lock and key by staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.51 Ample closet and drawer space shall be provided for storing personal property and property provided for patient's use.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.52 Lockable storage space should be provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.53 Patients shall be allowed to keep and display personal belongings and to add personal touches to the decoration of their rooms.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.54 The facility should have written rules to govern the appropriateness of such decorative display.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.55 If access to potentially dangerous grooming aides or other personal articles is contraindicated for clinical reasons, the professional staff shall explain to the patient the conditions under which the articles may be used and shall document the clinical rationale for these conditions under which the articles may be used and shall document the clinical rationale for these conditions in the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.56 If the hanging of pictures on walls and similar activities are privileges to be earned for treatment purposes, the professional staff shall explain to the patient the conditions under which the privileges may be granted and shall document the treatment and granting of privileges in the patient's record.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.57 Patients shall be encouraged to take responsibility for maintaining their own living quarters and for other day-to-day housekeeping activities of the program, as appropriate to their clinical status.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.58 Such responsibilities shall be clearly defined in writing, and staff assistance and equipment shall be provided as needed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.59 Descriptions of such responsibilities shall be included in the patients' orientation program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.60 Documentation shall be provided that these responsibilities have been incorporated into the patient's treatment plan.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.61 Patients shall be allowed to wear their own clothing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.62 If clothing is provided by the program, it shall be appropriate and shall not be dehumanizing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.63 Training and help in the selection and proper care of clothing shall be available as appropriate.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.64 Clothing shall be suited to the climate.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.65 Clothing shall be becoming, in good repair, of proper size, and similar to the clothing worn by the patient's peers in the community.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.66 An adequate amount of clothing shall be available to permit laundering, cleaning, and repair.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.67 A laundry room should be accessible so patients may wash their clothing with appropriate supervision.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.68 The use and location of noise-producing equipment and appliances, such as television, radios, and record players, shall not interfere with other therapeutic activities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.69 A place and equipment shall be provided for table games and individual hobbies.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.70 Toys, equipment, and games shall be stored on shelves that are accessible to patients as appropriate.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.71 Books, magazines, and arts and crafts materials shall be available in accordance with patients' recreational, cultural, and educational backgrounds and needs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.72 Each facility shall formulate its own policy regarding the availability and care of pets and other animals, consistent with the goals of the facility and with the requirements of good health and sanitation.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.73 Depending on the size of the program, facilities shall be available for serving snacks and preparing meals for special occasions and recreational activities, for example, baking cookies or making popcorn or candy. These facilities shall permit patient participation.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.74 Unless contraindicated for therapeutic reasons, the facility shall accommodate the patients' need to be outdoors through the use of nearby parks and playgrounds, adjacent countryside, and facility grounds.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.75 Recreational facilities and equipment shall be available, consistent with the patients' needs and the therapeutic program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.76 Recreational equipment shall be maintained in working order.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.77 The environment shall be maintained and equipped so as to ensure the health and safety of the patients. Physical health and safety features of the environment shall conform to requirements of local, state, and federal authorities having jurisdiction. In any event, the facility shall provide verification of the following:

1. Patients shall be protected against the danger of fire and smoke;

2. Patients shall be protected against injury attributable to the design and equipment of the environment;

3. Patients shall be protected against electrical hazard; and

4. Patients shall be protected against spread of disease and infection.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.78 **Fire Control and Internal Disaster**. The facility shall provide fire protection by the elimination of fire hazards, by the installation of necessary safeguards such as extinguishers, sprinkling devices, fire barriers to insure rapid and effective fire control and the adoption of written fire control and evacuation plans rehearsed at least three times a year by key personnel.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.79 Written fire control plans shall contain provisions for prompt reporting of all fire extinguishing fires; protection of patients, personnel and guests evacuation; training of personnel in use of first aid fire fighting equipment and cooperation with fire fighting authorities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.79.80 The facility shall have:

1. Written evidence of regular inspections and approval by state or local fire control agencies;

2. Stairwells kept closed by fire doors and equipped with unimpaired automatic closing devices;

3. Fire extinguishers refilled when necessary and kept in condition for instant use. There shall be an annual inspection of each fire extinguisher which shall include a tag showing the month and year of the inspection and the initials of the inspector. Each liquid type extinguisher shall be hydrostatically tested every five years;

4. Proper routine storage and prompt disposal of trash;

5. "No Smoking" signs prominently displayed where appropriate, with rules governing the ban on smoking in designated areas enforced and obeyed by all personnel;

6. Fire regulations easily available to all personnel and all fire codes rigidly observed and carried out; and

7. Corridors and exits clear of all obstructions except for permanently mounted handrails.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 80 PHYSICAL PLANT CONSTRUCTION

Rule 51.80.1 **General**. Every institution subject to these Minimum Standards shall be housed in a safe building which contains all the facilities required to render the services contemplated in the application for license.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.80.2 **Codes**. The term "safe" as used in Subchapter 80 hereof shall be interpreted in the light of compliance with the requirements of the latest codes presently in effect, which are incorporated by reference as a part of these Minimum Standards; National Fire Codes which includes the Life Safety Code, National Fire Protection Association or Standard Building Code, Southern Building Code Congress and Standard Plumbing Code, Southern Building Code Congress or American Standard National Plumbing Code, American Standards Association No. 17.3; and Sanitary Code of the Mississippi Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.80.3 New buildings must conform to the codes listed in the paragraph above. Where a choice of codes is provided above, an applicant may choose which of the codes he will follow, and the provisions of the code chosen shall apply throughout except to the extent that these Minimum Standards specifically permit deviation therefrom.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 81 SUBMISSION OF PLANS AND SPECIFICATIONS

Rule 51.81.1 **Construction** shall not be started for any institution subject to these standards (whether new or remodeling or additions to an existing facility) until the plans and specifications for such construction or remodeling have been submitted to the Licensing Agency in writing and its approval of the changes given in writing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.2 **Exception**. Foundation changes made necessary by unanticipated conditions, or any conditions which present a hazard to life or property if not immediately corrected.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.3 Plans and specifications for any substantial construction or remodeling should be prepared by competent architects and engineers licensed to practice in the state and who assume responsibility for supervising the construction. The following plans shall be submitted to the Licensing Agency for review:

1. **Preliminary Plans** - To include schematics of building, plot plans showing size and shape of entire site, existing structures, if any, streets and location and characteristics of all needed utilities, floor plans of every floor diminished and with proposed use of each room or area shown. If for additions or remodeling, plan of existing building showing all proposed alterations, outline specifications to include a general description of the construction, type of finishes, and type of heating, ventilating, plumbing and electrical systems proposed.

2. **Final Working Drawings and Specifications** - Complete and in sufficient detail to be the basis for the award of construction contracts.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.4 All plans submitted for review must be accompanied in their first submission by an order of the governing board indicating the type and scope of license to be applied for.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.5 Plans receiving approval by the Licensing Agency upon which construction has not begun within six (6) months following such approval must be resubmitted for approval.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.6 In all new facilities, plans must be submitted to all regulatory agencies, such as the County Health Department, etc., for approval prior to starting construction.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.7 Upon completion of construction an inspection shall be made by the Licensing Agency and approval given prior to occupying the building or any part thereof.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.8 **Environment**. All facilities shall be so located that they are reasonably free from undue noises, smoke, dust or foul odors, and should not be located adjacent to

railroads, freight yards, schools, children's playgrounds, airports, industrial plants or disposal plants.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.9 **Zoning Restrictions**. The locations of an institution shall comply with all local zoning ordinances.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.10 **Access**. Institutions located in rural areas must be served by good roads which can be kept passable at all times.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.11 **Elements of Construction**. Corridors-shall be 6'0" wide and 7'6" high (clear). The surface of all floors and walls shall be washable. All corridors longer than 150' shall be subdivided by a smoke barrier and must be maintained free of obstruction.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.12 **Doors**. All doors in corridors shall be 20-minutes fire rated floors (1-3/4" solid core wood door as a minimum). All doors to patient bedrooms, diagnostic and treatment areas, and other doors used by residents shall be at least 36" wide. No door shall swing into the corridor except closet doors. Doors to hazardous areas defined in the Life Safety Code shall be 1-1/2 hours "B" labeled fire doors. Exit doors shall conform to the requirements set forth in the Life Safety Code.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.13 **Stairs**. Shall be 44" wide, minimum; be in a 2-hour fire enclosure; and have a "B" (1-1/2 hour) level door at all landings.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.14 **Elevators**. One power driven elevator is required in all facilities having patient rooms above the first floor. Two or more elevators are required if 60 or more patients are housed above the ground floor.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.15 **One-Story Building**. Wall, ceiling and roof construction shall be of a type approved as being of 1-hour fire resistive construction as defined by National Bureau of Fire Underwriters or the Bureau of Standards. Floor systems shall be of non-combustible construction.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.16 **Multi-Story Building**. Must be of two-hour fire resistive constructions as defined in Standard Building Code or comply with the Life Safety Code of National Fire Protection Association as applied to hospitals.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.17 **Fire Reporting and Protection**. A manually operated electrically supervised fire alarm system shall be installed in each facility. There must be a telephone in the building to summon help in case of fire.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.18 **Sprinkler systems** tied into the fire alarm system shall be provided at least for hazardous areas. Adequate water supply shall be provided for the sprinkler system. Hazardous areas are: Laundries, Storage Areas, Repair and Maintenance Shops, Soiled Linen Collection Rooms, Trash Collection Rooms, Laundry Chutes, and Trash Chutes.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.19 **Flame Spread Rate (ASTM Standard E84-61)** on all wall and ceiling surfaces in required exists and hazardous areas shall be 25 or less. All other areas shall have a flame spread rating of not more than 75, except that up to 10% of the aggregate wall and ceiling area may have a finish with a rating up to 200.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.20 **Heating and Ventilating**. Suitable artificial heat shall be furnished to maintain 75 degrees F, inside temperature with 10 degrees F, outside temperature. Circulating hot water from a remote boiler or vapor-steam with circulating pumps and controls on emergency electrical service to provide heating in case of power failures are the preferred methods of heating. Electrical heating will be approved provided a standby electric generator is provided of capacity to furnish 80% of the maximum heating load in addition to other power and lighting loads that may be connected to it, or the facility is supplied by two electric service lines connected to separate transformers at the sub-station so arranged that electric services can be maintained in case of failure of one line or transformer. Direct fired units are forbidden except in areas such as laundries, storerooms, kitchens, and similar occupancies and then only if in ductwork or more than 8 feet above the floor. Open flame heaters are prohibited. Gas fired ranges and other appliances (except Bunsen burners) may be used where no hazard is created, but must be services with rigid pipe connections. Gas fired sterilizer, water heater, and other like appliances shall have provided adequate air intake for combustion and full venting for combustion products. No hall will be used as a plenum. Mechanical ventilation shall be installed in all toilets and janitors closets.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.21 **Toilets, janitors' closets, soiled linen, dishwashing and similar areas** shall have six (6) air changes per hour. Areas occupied by patients shall have two (2) air changes per hour.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.22 **Plumbing**. All institutions subject to these standards shall be connected to an approved municipal water system or to a private supply whose purity has been certified by the laboratory of the Mississippi Department of Health. Private supplies must be sampled, tested, and its purity certified at least twice annually and immediately following any repair or modification to the underground lines, the elevated tank, or to the well or pump. Supply must be adequate, both as to volume and pressure, for fire fighting purposes. Deficiencies in either must be remedied by the provision of auxiliary pumps, pressure tanks or elevated tanks as may be required.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.23 An approved circulating method of supplying hot water for all uses must be provided. Water to lavatories and bathing areas must be 100 degrees-110 degrees F. Water to mechanical dishwashers must be delivered at 180 degrees F. for rinsing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.24 Supply piping within the building shall be in accordance with plumbing code incorporated by reference in Rule 51.81.22 hereof. Special care must be taken to avoid use of any device or installation which might cause contamination of the supply through back-siphonage or cross connections.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.25 **Sewage Disposal**. All institutions subject to these standards shall dispose of all sanitary wastes through connection to a suitable municipal sewerage system or through a private sewerage system that has been approved in writing by the Sanitary Engineering Department of the Mississippi Department of Health and the Air and Water Pollution Board.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.81.26 All fixtures located in the kitchen, including the dishwasher, shall be installed so as to empty into a drain which is not directly connected to the sanitary house drain. Kitchen drain may empty into a manhole or catch basin having a perforated cover with an elevation of at least 24" below the kitchen floor elevation, and thence to the sewer. Exceptions: existing licensed institutions which have no plumbing fixtures installed on floors which are above the floor on which the kitchen is located.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 82 EMERGENCY ELECTRIC SERVICE

Rule 51.82.1 **General**: To provide electricity during an interruption of the normal electric supply that could affect the medical care, treatment, or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. The source of this emergency electric service shall be an emergency generator, with a stand-by supply of fuel of 24 hours. Emergency electrical systems shall be provided in accordance with the applicable section of the Life Safety Code.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.2 **Patient Rooms**. Each patient room shall meet the following requirements:

1. Shall contain 100 sq. ft. of floor area for a single bedroom and 80 sq. ft. per bed in multi-bedrooms;

2. Ceiling Height. Shall be 8'0" minimum;

3. All rooms housing patients shall be outside rooms and shall have window area equal to 1/8 of the floor area. The sill shall not be higher than 36 inches above the floor and shall be above grade. Windows shall not have any obstruction to vision (wall, cooling tower, etc.) within 50 feet as measured perpendicular to the plane of the window;

4. Each patient shall be provided with a hanging storage space of not less than 16" X 24" X 52" for his personal belongings;

5. Each patient room shall be equipped with a quality bed acceptable for his environment;

6. A bedside cabinet or table shall be provided;

7. Rooms shall be equipped with curtains or blinds at windows. All curtains shall have a flame spread of 25 or less;

8. All walls shall be suitable for washing;

9. All walls and ceilings shall have a 1-hour fire rating;

10. A lavatory shall be located in the bedroom or in a private toilet room; and

11. Patient bed light shall be provided which shall be capable of control by the patient.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.3 **Service Areas**. The size of each service area will depend on the number beds within the unit and shall include the following:

1. **Nurses Station**. For charting, communication and storage for supplies and nurses personal effects;

2. **Nurses Toilet with Lavatory**. Convenient to nurses' station;

3. **Clean Work Room**. For storage and assembly of supplies. Shall contain storage cabinets or storage carts, work counter and sink;

4. **Soiled Utility**. Shall contain deep sink work counter, waste receptacle, soiled linen receptacle;

5. **Medicine Station**. Adjacent to nurses' station, with sink, small refrigerator, locked storage and work counter. (May be in clean work room in self-contained cabinet.);

6. **Clean Linen Storage**. A closet large enough to hold an adequate supply of clean linen;

7. **Provision for between-meal nourishments**;

8. **Patient Bath**. At least one tub or shower stall for each 18 patients not served by private bath;

9. **Fire Extinguisher**. One approved Class 2A unit for each 3000 sq/ ft.; and

10. **Janitor's Closet**. Closet large enough to contain floor receptor with plumbing and space for some supplies and mop buckets.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.4 **Special Care Room for Isolation**. It shall contain:

1. One patient bed per room; and

2. Private lavatory and toilet.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.5 **Seclusion Room**. If a seclusion room is provided, it shall be provided with a key-only lock or an electronic lock on the door tied into the fire alarm system, and a security screen on the window.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.6 **Dietary**. Construction and equipment shall comply with Mississippi Department of Health regulations, and shall include:

1. Food preparation center. Provide lavatory (without mirror) with wrist action blades, soap dispenser and disposable towel dispenser. All cooking appliances to have ventilating hood;

2. Food serving facilities. If dining space is provided, it shall contain a minimum of 15 sq. ft. per person seated;

3. Dishwashing room. Provide commercial type dishwashing equipment;

4. Pot washing facilities;

5. Refrigerated storage (three day supply);

6. Day storage (three day supply);

7. Cart cleaning facilities (can be in dishwashing room);

8. Can wash and storage (must be fly-tight);

9. Cart storage;

10. Dietitian's office;

11. Janitors closet;

12. Personnel toilets and lockers convenient to, but not in, the kitchen proper; and

13. Approved automatic fire extinguisher system in range hood. In addition, Class 1B extinguisher to be installed in the kitchen.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.7 **Administrative Area**: To include:

1. Business office with information desk, and personnel toilets;

2. Administrator's office;

3. Admitting area;

4. Lobby or foyer, with public toilets;

5. Medical Library (This area should be as close to medical records as possible);

6. Space for conferences and in-service training;

7. Medical records--office and storage;

8. Director of Nurses' office; and

9. Fire Extinguisher. An approved Class 2A unit shall be provided.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.8 **Housekeeping Area**. To include:

1. Housekeeper's office or suitable area designated for record keeping; and

2. Storage space for the maid's carts, if used.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.9 **Laundry**. To include:

1. Soiled linen room with lavatory with wrist action blades;

2. Clean linen and mending area. (To include space for storage of clean linen carts);

3. Laundry process room. Commercial type equipment sufficient for the needs of the facility. (If laundry is processed outside facility, this area not needed);

4. Janitors closet; and

5. Facilities shall be provided for personal laundry for use by patients. This area shall be separated from areas by a one hour fire rated wall.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.10 **General Storage**. There shall be a two hour fire rated lockable room large enough to provide five square feet of general storage for each bed provided. If storage is provided in a separate building it must be fifty feet away.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.11 **Boiler Room**. Space shall be adequate for the installation and maintenance of the required machinery.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.12 **Maintenance Area**. Sufficient area for performing routine maintenance activities shall be provided and shall include an office or suitable area designated for recordkeeping.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.13 **Day Room**. At least two general areas for use as living room, day room or recreation shall be provided. A minimum of 18 square feet per patient bed shall be available for this purpose.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.14 **Dining Room**. A minimum of 15 square feet per patient bed shall be provided for use as a Dining Room. Adequate tables and chairs shall be provided to seat all patients, staff and guests.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.15 **Counseling Rooms**. At least one small room shall be provided for each 20 patients for the purpose of individual private treatment or counseling.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.16 **Examination and Treatment Room**. At least one room shall be provided for the purpose of examination and treatment. The room shall be equipped with a lavatory and towel dispenser, examination table and storage space, with adequate lighting.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.82.17 **Group Counseling Rooms**. At least two rooms shall be provided large enough to accommodate 8-10 patients for the purpose of group counseling sessions.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 83 GLOSSARY

Rule 51.83.1 **Administrative**. Relates to the fiscal and general management of a facility rather than to the direct provision of services to patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.2 **Aftercare**. Services that are provided to a patient after discharge and that support and increase the gains made during treatment.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.3 **Applicant**. An individual who has applied for admission to a program but who has not completed the intake process.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.4 **Approved**. Acceptable to the authority having jurisdiction.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.5 **Assessment**. Those procedures by which a program evaluates an individual's strengths, weakness, problems and needs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.6 **Audiological Assessment**. The audiological tests for delineating the site of auditory dysfunction, including such tests as pure tone air-conduction and bone-conduction threshold, speech reception thresholds, speech discrimination measurements, impedance measurements, and others.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.7 **Audiologists, Qualified**. An individual who is certified by the American Speech-Language-Hearing Association as clinically competent in the area of audiology and is licensed by the State.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.8 **Audiometric Screening**. A process that may include such tests as pure tone aid conduction thresholds, pure tone air-conduction thresholds, pure tone air-conduction suprathreshold screenings, impedance measurements, or observations of reactions to auditory stimuli.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.9 **Audit, Financial**. An independent review by a public accountant certifying that a facility's financial reports reflect its financial status.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.10 **Authentication**. Proof of authority and responsibility by written signature, identifiable initials, computer key, or other method. The use of a rubber stamp signature is acceptable only under the following conditions: the person whose signature the rubber stamp represents is the only one who has possession of the stamp and is the only one who uses it, and this person gives the chief executive officer a signed statement that he or she is the only one who has the stamp and is the only one who will use it.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.11 **Authority Having Jurisdiction**. The organization, office, or individual responsible for approving a piece of equipment, an installation, or a procedure.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.12 **Bylaws**. The laws, rules, or regulations adopted for the government of the facility. Also used for the laws, rules, or regulations of the professional staff.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.13 **Chief Executive Officer**. A job-descriptive term used to identify the individual appointed by the governing body to act on its behalf in the overall management of the facility. Other job titles may include administrator, superintendent, director, president, vice-president, and executive vice-president.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.14 **Child Psychiatrist, Qualified**. A doctor of medicine who specializes in the assessment and treatment of children and/or adolescents having psychiatric disorders and who is fully licensed to practice medicine in the state in which he or she practices. The individual shall have successfully completed training in a child psychiatry fellowship program approved by the Liaison Committee on Graduate Medical Education of the American Medical Association or have been certified in child psychiatry by the American Board of Psychiatry and Neurology.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.15 **Child Psychologist, Qualified**. An individual licensed by the State Board of Psychological Examiners with a specialty area in either developmental psychology or in clinical or counseling psychology with demonstrated educational background and experience in the evaluation and treatment of children and/or adolescents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.16 **Department**. A staff entity organized on administrative, functional, or disciplinary lines.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.17 **Dietetic Services**. The provision of services to meet the nutritional needs of patients, with specific emphasis on patients who have special dietary needs, for example, patients who are allergic to certain foods or who cannot accept a regular diet.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.18 **Diet Manual**. An up-to-date, organized system for standardizing the ordering of diets.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.19 **Discharge**. The point at which the patient's active involvement with a facility is terminated and the facility no longer maintains active responsibility for the patient.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.20 **Drug History**. A delineation of the drugs used by a patient, including prescribed and unprescribed drugs and alcohol. A drug history includes, but is not necessarily limited to, the following: drugs used in the past; drugs used recently, especially within the preceding 48 hours; drugs of preference; frequency with which each drug is used; route of administration of each drug; drugs used in combination; dosages used; year of first use of each drug; previous occurrences of overdose, withdrawal, or adverse drug reactions; and history or previous treatment received for alcohol or drug abuse.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.21 **Emergency Kit**. A kit designed to provide the medical supplies and pharmaceutical agents required during an emergency. In compiling emergency kits, staff should consider the patients' needs for psychotropic, anticholinergic, and adrenalin agents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.22 **External Disaster**. A catastrophe that occurs outside the facility and for which the facility, based on its size, and resources must be prepared to serve the community.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.23 **Facility**. An organization that provides psychiatric substance abuse, and/or mental health services to patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.24 **Fiscal Management**. Procedures used to control a facility's overall financial and general operations. Such procedures may include cost accounting, program budgeting, materials purchasing, and patient billing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.25 **Formulary**. A catalog of the pharmaceuticals approved for use in a facility. A formulary lists the names of the drugs and information regarding dosage, contraindications, and unit dispensing size.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.26 **Goal**. An expected result or condition that takes time to achieve, that is specified in a statement of relatively broad scope, and that provides guidance in establishing intermediate objectives directed towards its attainment.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.27 **Governing Body**. The person or person with ultimate authority and responsibility for the overall operation of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.28 **Guardian**. A parent, trustee, committee, conservator, or other person or agency empowered by law to act on behalf of, or have responsibility for, an applicant or patient.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.29 **Hazardous Area**. Any area in which the following are used: products that are highly combustible, highly flammable, or explosive; or materials that are likely to burn with extreme rapidity or produce poisonous fumes or gases. Consult the 1972 edition of the Life Safety Code (NFPA 101) for further clarification.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.30 **Hazardous Procedures**. Procedures that place the patient at physical or psychological risk or in pain.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.31 **Human Subject Research**. The use of patients receiving services in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment and understanding of an illness. This involves all behavioral and medical experimental research that involves human beings and experimental subjects.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.32 **Incident Reports**. Documentation of events or actions that are likely to lead to adverse effects and/or that vary from established policies and procedures pertaining to patient care.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.33 **Intake**. The administrative and assessment process for admission to a program.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.34 **Interdisciplinary Team**. A group of clinical staff composed of representative from different professions, disciplines, or service areas.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.35 **Listed**. Used to indicate equipment or materials included in a list published by a nationally recognized testing laboratory, inspection agency, or other organization concerned with product evaluation. The organization periodically inspects the

production of listed equipment or materials, and the organization's list states that the equipment or material either meets nationally recognized standards or has been tested and found suitable for use in a specified manner.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.36 **May**. Used to reflect an acceptable method of compliance with a standard that is recognized but not preferred. See shall and should.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.37 **Medical Record Administrator, Qualified**. A registered record administrator who has successfully passed an appropriate examination conducted by the American Medical Record Association.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.38 **Medical Record Technician, Qualified**. An accredited record technician who has successfully passed the appropriate accreditation examination conducted by the American Medical Record Association.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.39 **NFPA**. National Fire Protection Association, 470 Atlantic Avenue, Boston, Massachusetts 02210.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.40 **Nurse**. A person licensed and registered to practice nursing in the state in which he or she practices.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.41 **Nurse, Practical**. A person licensed or registered as a practical or vocational nurse in the state in which he or she practices.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.42 **Nurse, Psychiatric, Qualified and/or Psychiatric Mental Health Nurse Practitioners**. A licensed nurse who has had at least three years of experience in psychiatric or mental health nursing and at least one year of experience in a supervisory position.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.43 **Objective**. An unexpected result or condition that takes less time to achieve than a goal, is stated in measurable terms, has a specified time for achievement, and is related to the attainment of a goal.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.44 **Occupational Therapist, Qualified**. An individual who is a graduate of an occupational therapy program approved by a nationally recognized accrediting body, or who currently holds certification by the American Occupational Therapy Association as an occupational therapist, registered, who meets any current legal requirements of licensure or registration; and who is currently competent in the field.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.45 **Outreach**. The process of systematically interacting with the community to identify persons in need of services, alert persons and their families to the availability of services, locate needed services, and enable persons to enter the service delivery system.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.46 **Parenteral Product**. Sterile, pharmaceutical preparations ingested by the body through a route other than the alimentary canal.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.47 **Patient**. An individual who receives treatment services. Patient is synonymous with client, resident, consumer, and recipient of treatment services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.48 **Personnel Record**. The complete employment record of a staff member or an employee, including job application, education and employment history, performance evaluation, and, when applicable, evidence of current licensure, certification, or registration.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.49 **Pharmacist, Qualified**. An individual who has a degree in pharmacy and is licensed and registered to prepare, preserve, compound, and dispense drugs and chemicals in the state in which he or she practices.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.50 **Physical Therapist**. A graduate of a physical therapy program approved by a nationally recognized accrediting body, or shall hold current registration and is currently competent in the field.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.51 **Physician, Qualified**. A doctor of medicine or doctor of osteopathy who is fully licensed to practice medicine in the state in which he or she practices.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.52 **Program**. A general term for an organized system of services designed to address the treatment needs of patients.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.53 **Program Evaluation**. An assessment component of a facility that determines the degree to which a program is meeting its stated goals and objectives.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.54 **Recreation Therapist, Qualified**. An individual who is a qualified recreation specialist; or has a bachelors' degree in recreation and one year of recreational experience in a health care setting; or has an associate degree in recreation or in a specialty area such as art or music plus completion of comprehensive in-service training in recreation.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.55 **Recreation Services**. Structured activities designed to develop an individual's creative, physical, and social skills through participation in recreational, art, dance, drama, social, and other activities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.56 **Rehabilitation Counselor**. An individual who has a bachelor's degree in rehabilitation counseling and three years of experience in working with children/adolescents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.57 **Restraint**. A physical or mechanical device used to restrict the movement of the whole or a portion of a patient's body. This does not include mechanisms used to assist a patient in obtaining and maintaining normative body functioning, for example, braces and wheelchairs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.58 **Seclusion**. A procedure that isolates the patient to a specific environmental area removed from the patient community.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.59 **Service**. Used to indicate a functional division of a program or of the professional staff. Also used to indicate the delivery of care.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.60 **Shall**. Used to indicate a mandatory standard.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.61 **Should**. Used in a standard to indicate the commonly accepted method of compliance.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.62 **Social Assessment**. The process of evaluating each patient's environment, religious background, childhood developmental history, financial status, reasons for seeking treatment, and other pertinent information that may contribute to the development of the individualized treatment plan.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.63 **Social Worker, Qualified**. An individual who is licensed in the State with a master's degree from an institution accredited by the Council on Social Work Education, and is clinically qualified by training with two years experience in working with mentally ill children/adolescents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.64 **Speech Screening**. A process that may include such tests as articulation in connected speech and formula testing situations; voice in terms of judgments of pitch, intensity, and quality and determinations of appropriate vocal hygiene; and fluency, usually measured in terms of frequency and severity of stuttering or dysfluency (based upon evaluation of speech flow-sequence, duration, rhythm, rate, and fluency).

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.65 **Support Staff**. Employees or volunteers whose primary work activities involve clerical, housekeeping, security, laboratory, recordkeeping, and other functions necessary for the overall clinical and administrative operation of the facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.66 **Teacher, Qualified**. An individual licensed and who has at least a bachelor's degree in education from an accredited institution. The individual shall have certification in special education, and preferably shall have training in the education or emotionally disturbed children/adolescents.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.67 **Therapeutic Recreational Services**. Goal-oriented activities designed to help an individual develop expressive and/or performance skills through participation in art, crafts, dance, drama, movement, music, prevocational, recreation, self-care, and social activities.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.68 **Transfer**. Movement of a patient from one treatment service or location to another.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.69 **Utilization Review**. The process of using predefined criteria to evaluate the necessity and appropriateness of allocated services and resources to assure the facility's services are necessary, cost efficient, and effectively utilized.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.70 **Vocational Assessments**. The process of evaluating each patient's past experiences and attitudes toward work; current motivations or areas of interest; and possibilities of future education, training, and/or employment.

SOURCE: Miss. Code Ann. §43-11-13

Rule 51.83.71 **Professional Art Therapist, Qualified.** A persons who has completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution and who is licensed by the State of Mississippi.

SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 52 MINIMUM STANDARDS FOR CHEMICAL DEPENDENCY UNITS

Subchapter 1 INTRODUCTION LEGISLATIVE AUTHORITY

Rule 52.1.1 Mississippi Department of Health Mississippi Code Annotated 43-11-1 through 43-11-27 (Supplement 1986) The Mississippi Health Care Commission adopted additional regulations for Chemical Dependency Units on August 19, 1982. The regulations became effective, September 19, 1982. The Mississippi Department of Health took over the licensing duties of the Mississippi Health Care Commission effective July 1, 1986.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.1.2 A Chemical Dependency Unit is a hospital or an established and dedicated unit of a "general", "psychiatric", or "rehabilitation" hospital, or a "freestanding" unit, which has beds that are organized, properly staffed and equipped to render

services over a continuous period exceeding 24-hours to individuals requiring diagnosis and treatment of alcohol and other drug-related dependencies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.1.3 These standards are to applied in conjunction with the Minimum Standards of Operation for Mississippi Hospitals where applicable.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.1.4 The standards are written so that they closely parallel the standards for accreditation of alcohol and drug abuse programs established by the Joint Commission on Accreditation of Hospitals. By basing these standards on the Joint Commission's standards, we have developed standards which have the input of a national panel of knowledgeable experts and skilled people on alcoholism and drug abuse treatment.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 2 FACILITY MANAGEMENT: GOVERNING BODY

Rule 52.2.1 Every facility shall have a governing body that has overall responsibility for the operation of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.2 A public facility shall have a written description of the administrative organization for the agency within which it operates.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.3 A public facility shall also have a written description of how the lines of authority within the government agency relate to the governing body of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.4 A private facility shall have a charter or constitution, bylaws.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.5 The names and addresses of all owners or controlling parties of the facility (whether they are individuals; partnerships; corporate bodies; or subdivisions of other bodies, such a public agencies or religious, fraternal, or other charitable organizations) shall be fully disclosed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.6 In case of corporations, the names and addresses of all officers, directors, and principal stockholders either beneficial or of record shall be disclosed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.7 The governing body shall meet at least quarterly.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.8 Minutes of these meetings shall be kept and shall include at least the following:

1. The date of the meeting
2. The names of members who attended
3. The topics discussed
4. The decisions reached and actions taken
5. The dates for implementation of recommendations
6. The reports of the chief executive officer and others.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.9 The governing body shall establish a committee structure to fulfill its responsibilities and to assess the results of the facility's activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.10 The governing body, through the chief executive officer, shall have a written statement of the facility's goals and objectives, as well as written procedures for implementing these goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.11 There shall be documentation that the statement and procedures are based upon a planning process, and that the facility's goals and objectives are approved by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.12 The governing body, through the chief executive officer, shall have a written plan for obtaining financial resources that are consonant with the facility's goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.13 When a categorical program (for example, a child, adolescent, or adult psychiatric, alcoholism, or drug abuse program) is a component of a larger facility, the staff of the categorical program, subject to the overall responsibility

of the governing body, shall be given the authority necessary to plan, organize, and operate the program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.14 The categorical program shall hire and assign its own staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.15 The categorical program shall employ a sufficient number of qualified and appropriately trained staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.16 The governing body, through its chief executive officer, shall develop policies and shall make sufficient resources available (for example, funds, staff, equipment, supplies, and facilities) to assure that the program is capable of providing appropriate and adequate services to patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.17 The facility's physical and financial resources shall be adequately insured.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.18 Members of the governing body and appropriate administrative and professional staff should have adequate comprehensive liability insurance.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.19 The governing body shall establish bylaws, rules and regulations, and a table of organization to guide relationships between itself and the responsible administration and professional staffs and the community.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.20 The governing body may establish one set of bylaws, rules and regulations that clearly delineates the responsibilities and authority of the governing body and the administrative and professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.21 Administrative and professional staffs may establish separate bylaws, rules and regulations that are consistent with policies established by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.22 All bylaws, rules and regulations shall comply with legal requirements, be designed to encourage high quality patient care, and be consistent with the facility's community responsibility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.23 Such bylaws, rules and regulations shall describe the powers and duties of the governing body and its officers and committees; or the authority and responsibilities of any person legally designed to function as the governing body, as well as the authority and responsibility delegated to the responsible administrative and professional staffs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.24 Such bylaws, rules and regulations shall state the eligibility criteria for governing body membership; the types of membership and the method of selecting members; frequency of governing body meetings; the number of members necessary for a quorum and other attendance requirements for governing body meetings; the requirement that meetings be documented in the form of written minutes and the duration of appointment or election for governing body members, officers, and committed chairpersons.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.25 Such bylaws, rules and regulations shall state the eligibility criteria for governing body membership; the types of membership and the method of selecting members; frequency of governing body meetings; the number of members necessary for a quorum and other attendance requirements for governing body meetings; the requirement that meetings be documented in the form of written minutes and the duration of appointment or election for governing body members, officers, and committed chairpersons.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.26 Such bylaws, rules and regulations shall describe the qualifications, authority, and responsibilities of the chief executive officer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.27 Such bylaws, rules and regulations shall specify the method for appointing the chief executive officer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.28 Such bylaws, rules and regulations shall provide the administrative and professional staffs with the authority and freedom necessary to carry out their responsibilities within the organizational framework of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.29 Such bylaws, rules and regulations shall provide the professional staff with the authority necessary to encourage high quality patient care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.30 Such bylaws, rules and regulations shall state the procedures under which the administrative and professional staff cooperatively function.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.31 Such bylaws, rules and regulations shall require the establishment of controls designed to encourage each member of the professional staff to observe the standards of the profession and assume and carry out functions in accordance with local, state, and federal laws and rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.32 Such bylaws, rules and regulations shall require the professional staff bylaws, rules and regulations to be subject to governing body approval.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.33 Such bylaws, rules and regulations shall specify procedures for selecting professional staff officers, directors, and department or service chiefs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.34 Such bylaws, rules and regulations shall require that physicians with appropriate qualifications, licenses, and clinical privileges evaluate and authenticate medical histories and physical examinations, and prescribe medications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.35 Such bylaws, rules and regulations may also allow dentists with appropriate qualifications, licenses, and clinical privileges to prescribe medications.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.36 Such bylaws, rules and regulations shall describe the procedure for conferring clinical privileges on all professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.37 Such bylaws, rules and regulations shall define the responsibilities of physicians in relation to non-physician members of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.38 Such bylaws, rules and regulations shall provide a mechanism through which the administrative and professional staffs report to the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.39 Such bylaws, rules and regulations shall define the means by which the administrative and professional staffs participate in the development of facility and program policies concerning program management and patient care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.40 Such bylaws, rules and regulations shall require an orientation program for new governing body members and a continuing education program for all members of the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.2.41 Such bylaws, rules and regulations shall require that the bylaws, rules and regulations be reviewed at least every two years, revised as necessary, and signed and dated to indicate the time of last review.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 3 CHIEF EXECUTIVE OFFICER

Rule 52.3.1 The governing body shall appoint a chief executive officer who shall be employed on a full-time basis.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.3.2 The qualifications, authority, and duties of the chief executive officer shall be stated in the governing body's bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.3.3 The chief executive officer shall be a health professional with appropriate professional qualifications and experience, including previous administrative responsibility in a health facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.3.4 The chief executive officer shall have a medical degree or at least a master's degree in administration, psychology, social work, education, or nursing; and, when required, should have appropriate licenses. Experience shall include previous administrative responsibility in a facility for children or adolescents. Experience may be substituted for a professional degree when it is carefully evaluated, justified, and documented by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.3.5 In facilities primarily serving children or adolescents, the chief executive officer shall have appropriate professional qualifications and experience, including previous administrative responsibility in a facility for children or adolescents.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.3.6 In accordance with the facility's bylaws, rules and regulations, the chief executive officer shall be responsible to the governing body for the overall operation of the facility, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.3.7 The chief executive officer shall assist the governing body in formulating policy by preparing the following items and presenting them to and reviewing them with the governing body:

1. Long-term and short-term plans of the facility.
2. Reports on the nature and extent of funding and other available resources.
3. Reports describing the facility's operations.
4. Reports evaluating the efficiency and effectiveness of facility or program activity.
5. Budgets and financial statements.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.3.8 The chief executive officer shall be responsible for the preparation of a written manual that defines the facility policies and procedures and that is regularly revised and updated.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.3.9 There shall be documentation that the chief executive officer attends and participates in continuing education programs.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 4 PROFESSIONAL STAFF ORGANIZATION

Rule 52.4.1 There shall be a single organized professional staff that has the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as for accounting therefore to the governing body. The manner in which the professional staff is organized shall be consistent with the facility's documented staff organization and bylaws, rules and regulations, and pertain to the setting where the facility is located. The professional staff bylaws, rules and regulations, and the

rules and regulations of the governing authority shall require that a qualified physician be responsible for diagnosis and all care and treatment. The organization of the professional staff, and its bylaws, rules and regulations shall be approved by the facility's governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.4.2 The professional staff shall strive to assure that each member is qualified for membership and shall encourage the optimal level of professional performance of its members through the appointment/reappointment procedure, the specific delineation of clinical privileges, and the periodic reappraisal of each staff member according to the provisions.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.4.3 **Qualifications**. The appointment and reappointment of professional staff members shall be based upon well-defined, written criteria that are related to the goals and objectives of the facility as stated in the bylaws, rules and regulations of the professional staff and of the governing body.

1. Upon application or appointment to the professional staff, each individual must sign a statement to the effect that he or she has read and agrees to be bound by the professional staff and governing body bylaws, rules and regulations.

2. The initial appointment and continued professional staff membership shall be dependent upon clinical competence and ethical practice in keeping with the qualifications, standards, and requirements set forth in the professional staff and governing body bylaws, rules and regulations.

3. Unless otherwise provided by law, only those practitioners who are licensed, certified, or registered, or who have demonstrated competence and experience, shall be eligible for professional staff membership.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.4.4 **Method of Selection**. Each facility is responsible for developing a process of appointment to the professional staff whereby it can satisfactorily determine that the person is appropriately licensed, certified, registered, or experienced, and qualified for the privileges and responsibilities he or she seeks.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.4.5 **Privilege Delineation**. Privileges shall be delineated for each member of the professional staff, regardless of the type and size of the facility and the age and disability group served.

1. Delineation of privileges shall be based on all verified information available in the applicant's or staff member's credentials file.

2. Whatever method is used to delineate clinical privileges for each professional staff applicant, there must be evidence that the granting of such privileges is based on the member's demonstrated current competence.

3. Clinical privileges shall be facility-specific.

4. The professional staff shall delineate in its bylaws, rules and regulations of the qualifications, status, clinical duties, and responsibilities of clinical practitioners who are not members of the professional staff but whose services require that they be processed through the usual professional staff channels.

5. The training, experience, and demonstrated competence of individuals in such categories shall be sufficient to permit their performing their assigned functions.

6. There shall be provisions for individuals in such categories to receive professional supervision, when indicated, from their professional counterparts.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.4.6 **Reappointment**. The facility's professional staff bylaws, rules and regulations shall provide for review and reappointment of each professional staff member at least once every two years.

1. The reappointment process should include a review of the individual's status by a designated professional staff committee, such as the credentials committee.

2. When indicated, the credentials committee shall require the individual to submit evidence of his or her current health status that verifies the individual's ability to discharge his or her responsibilities.

3. The committee's review of the clinical privileges of a staff member for reappointment should include the individual's past and current professional performance as well as his or her adherence to the governing body and professional staff bylaws, rules and regulations.

4. The professional staff bylaws rules and regulations shall limit the time within which the professional staff reappointment and privilege delineation processes must completed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.4.7 **Professional Staff Organization**. The professional staff shall be organized to accomplish its required functions.

1. The professional staff organization must provide a framework in which the staff can carry out its duties and functions effectively. The complexity of the organization shall be consistent with the size of the facility and the scope of its activities.

2. The professional staff bylaws, rules and regulations shall provide for the selection of officers for an executive committee and when appropriate, for other organizational components of the facility.

3. The professional staff bylaws, rules and regulations should specify the organization needed to provide effective governance of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.4.8 **Executive Committee**. The executive committee shall be empowered to act for the professional staff in the intervals between the staff meetings. The committee shall serve as a liaison mechanism between the professional staff and the administration.

1. There shall be a mechanism that assures medical participation in the deliberations of the executive committee.

2. The professional staff bylaws, rules and regulations shall define the size, composition, method of selecting members, and frequency of meetings of the executive committee.

3. The executive committee shall maintain a permanent record of its proceedings and actions.

4. The functions and responsibilities of the executive committee shall include at least the following:

   a. Receiving and acting upon reports and recommendations from professional staff committees, departments, and services.

   b. Implementing the approved policies of the professional staff.

   c. Recommending to the governing body all matters relating to appointments and reappointments, staff categorization and assignments, clinical privileges, and except when such is a function of the professional staff or one of its committees, corrective action.

   d. Fulfilling the professional staff's accountability to the governing body for the quality of the overall clinical care rendered to patients in the facility; and

   e. Initiating and pursuing corrective action when warranted, in accordance with the provisions of the professional staff bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.4.9 **Professional Staff Bylaws**. The professional staff shall develop and adopt bylaws, rules and regulations to establish a framework of self-government and a means of

accountability to the governing body. The bylaws, rules and regulations shall be subject to the approval of the governing body.

1. The professional staff shall regulate itself by its bylaws, rules and regulations.

2. The professional staff bylaws, rules and regulations shall reflect current staff practices, shall be enforced, and shall be periodically reviewed and revised as necessary.

3. The professional staff bylaws, rules and regulations shall include a requirement for an ethical pledge from each practitioner.

4. The professional staff bylaws, rules and regulations shall describe the specific role of each discipline represented on the professional staff or exercising clinical privileges in the care of patients.

5. The professional staff bylaws, rules and regulations shall include the following patient record requirements.

6. Symbols and abbreviations shall be used only when they have been approved by the professional staff and when there is an explanatory legend;

7. The categories of personnel who are qualified to accept and transcribe verbal orders, regardless of the mode of transmission of the orders, shall be specifically identified;

8. The period of time following admission to the facility within which a history and physical examination must be entered in the patient record shall be specified;

9. The time period in which patient records must be completed following discharge shall be specified and shall not exceed fourteen (14) days; and

10. The entries in patient records that must be dated and authenticated by the responsible practitioner shall be specified.

11. The professional staff bylaws, rules and regulations shall specify mechanisms for review, evaluation, and monitoring of professional staff practices.

12. The professional staff bylaws, rules and regulations shall specify mechanisms for the denial of staff appointments and reappointments, as well as for denial, curtailment, suspension, or revocation of clinical privileges.

13. When appropriate, this procedure shall provide for a practitioner to be heard, upon request, at some stage of the process.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 5 WRITTEN PLAN FOR PROFESSIONAL SERVICES AND STAFF COMPOSITION

Rule 52.5.1 The facility shall formulate and specify in a written plan for professional services its goals, objectives, policies, and programs so that its performance can be measured.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.2 The plan shall describe the services offered by the facility so that a frame of reference for judging the various aspects of the facility's operation is available.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.3 The written plan for professional services shall describe the following:

1. the population served, including age groups and other characteristics of the patient population;

2. the hours and days the facility operates;

3. the methods used to carry out initial screening and/or triage;

4. the intake or admission process; including how the initial contact was made with the patient and the family or significant others;

5. the assessment and evaluation procedures provided by the facility;

6. the methods used to deliver services to meet the identified clinical needs of patients served;

7. the basic therapeutic programs offered by the facility;

8. the treatment planning process and the periodic review of therapy;

9. the discharge and post-therapy planning processes;

10. the organizational relationships of each of the facility's therapeutic programs, including channels of staff communication, responsibility, and authority, as well as supervisory relation-ships; and

11. the means by which the facility provides, or makes arrangements for the provision of, the following:

    a. other medical, special assessments, and therapeutic services;

    b. patient education services, whether provided from within or outside the facility;

    c. emergency services and crisis intervention; and

d. discharge and aftercare, including post-therapy planning and follow-up evaluation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.4 When the facility is organized by departments or services, the written plan for professional services shall describe how each department or service relates to the goals and other programs of the facility, specify lines of responsibility within each department or service, and define the rolls of department or service personnel and the methods for interdisciplinary collaboration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.5 When a facility is organized on a team or unit basis, either totally or in part, the written plan for professional services shall delineate the roles and responsibilities of team members in meeting the identified clinical needs of patients and in relation to the goals and programs of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.6 The written plan for professional services shall be made known and available to all professional personnel and to the chief executive officer.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.7 The plan shall be reviewed at least annually, and revised as necessary, in relation to the changing needs of the patients, the community, and the overall objectives and goals of the facility, and it shall be signed and dated by the reviewers.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.8 Within the scope of its activities, the facility shall have enough appropriately qualified health care professional, administrative and support staff available to adequately assess and address the identified clinical needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.9 Appropriately qualified professional staff may include qualified child and/or adolescent psychiatrists and other physicians, clinical psychologists, social workers, psychiatric nurses, and other health care professionals in numbers and variety appropriate to the services offered by the facility and with training and experience working with children and/or adolescents.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.10 When appropriate qualified professional staff are not available or needed on a fulltime basis, arrangements shall be made to obtain sufficient services on an attending continuing consultative, or part-time basis.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.11 There shall be documentation to verify that health care professional staff meets all federal, state, and local requirements for licensing, registration, or certification.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.12 **Medical Services**. A physician licensed in the State of Mississippi shall be responsible for diagnosis and all medical care and treatment. Medical services shall be provided directly or on call 24-hours a day, 7 days a week. Upon admission there shall be written orders for the immediate care of the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.13 **Nursing Services**. Nursing services shall be under the direct supervision of a registered professional nurse who has had at least one (1) year of experience in psychiatric or mental health nursing or has had previous work experience in chemical dependency units.

1. The number of registered professional nurses, licensed practical nurses, and other nursing personnel shall be adequate to formulate and carry out the nursing components of the individual treatment plan for each patient.

2. There shall be a registered professional nurse on duty 24-hours a day, 7-days a week, to plan, assign, supervise, and evaluate nursing care, and to provide for the delivery of nursing care to patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.14 **Psychiatric Services**. Patients shall be provided with psychiatric services, in accordance with their needs by a psychiatrist licensed in the State of Mississippi. Services to patients include evaluations, consultations therapy and program development.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.15 **Psychiatric Services**. Psychiatric services are under the supervision of a clinical director, service chief or equivalent licensed physician who is qualified to provide the leadership required for an intensive treatment program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.16 **Psychological Services**. Patients shall be provided psychological services in accordance with their needs by a qualified psychologist.

1. Services to patients include evaluations, consultations, therapy and program development.

2. A qualified psychologist is an individual licensed by the State Board of Psychological Examiners with a specialty area in Clinical or Counseling Psychology (refer to Mississippi Code of 1972, annotated and amended, Section 73-31-1).

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.17 **Social Services**. Social work services are under the supervision of a licensed qualified social worker.

1. The director of the service or department shall have a master's degree from an accredited school of social work, or have been certified by the Academy of Certified Social Workers.

2. Social work staff shall be qualified and numerically adequate to provide the following services:

   a. Psychosocial data for diagnosis and treatment planning.

   b. Direct therapeutic services to individual patients, patient groups or families.

   c. Develop community resources.

   d. Participate in interdisciplinary conferences and meetings concerning treatment planning, including identification and utilization of other facilities and alternative forms of care and treatment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.5.18 **Activity Services**. Activity service staff shall be sufficient in number and skills to meet the needs of patients and achieve the goals of the service. The activity service shall be supervised by a qualified activity director. A qualified activity director is an individual with a bachelor's degree who has at least one-year of experience in assessing, planning, and coordinating activity services in a health care setting.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 6 PERSONNEL POLICIES AND PROCEDURES

Rule 52.6.1 Personnel policies and procedures shall be developed in writing, adopted, and maintained to promote the objectives of the facility and to provide for an adequate number of qualified personnel during all hours of operation to support the functions of the facility and the provision of high quality care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.6.2 All personnel policies shall be reviewed and approved on an annual basis by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.6.3 There shall be documentation to verify that the written personnel policies and procedures are explained and made available to each employee.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.6.4 The policies and procedures shall include a mechanism for determining that all personnel are medically and emotionally capable of performing assigned tasks and are free of communicable and infectious diseases.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.6.5 There shall be written policies and procedures for handling cases of patient neglect and abuse.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.6.6 The policies and procedures on patient neglect or abuse shall be given to all personnel. Any alleged violations of these policies and procedures shall be investigated, and the results of such investigation shall be reviewed and approved by the director and reported to the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.6.7 A personnel record shall be kept on each staff member and shall contain the following items, as appropriate:

1. Application for employment
2. Written references and a record of verbal references
3. Verification of all training and experience, and licensure, certification, registration and/or renewals
4. Wage and salary information
5. Performance appraisals
6. Initial and subsequent health clearances
7. Disciplinary and counseling actions
8. Commendations
9. Employee incident reports
10. Record of orientation to the facility, its policies and procedures and the employee's position.

11. For each position in the facility, there shall be a written job description that specifies the duties and responsibilities of the position and the minimum level of education, training, and/or related work experience required or needed to fulfill it.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 7 STAFF DEVELOPMENT

Rule 52.7.1 The facility shall have a written plan as evidence of implementation of a program of staff development and in-service training that is consistent with the basic goals and objectives of the program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.7.2 Staff development shall be under the supervision and direction of a committee or qualified person. This person or committee may delegate responsibility for any part of the program to appropriately qualified individuals.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.7.3 The staff development plan shall include plans for orientation of new employees and shall specify subject areas to be covered in the orientation process.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.7.4 The staff development program shall reflect all administrative and service changes in the facility and shall prepare personnel for promotions and responsibilities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.7.5 A continuous professional education program shall be provided to keep the professional staff informed of significant clinical and administrative developments and skills.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.7.6 The facility shall provide continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality, privacy, patients' rights, infection control, fire prevention, disaster preparedness, accident prevention and patient safety.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.7.7 Specialized training shall be provided for staff working with children and adolescents.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.7.8 The facility shall have documentation of the staff development, in-service training and orientation activities of all employees.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 8 PATIENT RIGHTS

Rule 52.8.1 There shall be written policies and procedures designed to enhance the dignity of all patients and to protect their rights as human beings. These written policies and procedures shall include but not be limited to the following standards:

1. There shall be procedures to inform all patients of their legal and human rights and the rules and regulations of the facility applicable to his or her conduct. There shall be documentation of implementation of these procedures.

2. Physical restraints and seclusion shall be used only in extreme cases to protect the patient from injuring himself or others, and when all other alternatives are exhausted. They shall not be used as punishment of staff convenience.

   a. There shall be documentation verifying that patients under physical restraint or in seclusion are observed by a staff member at least every thirty (30) minutes.

   b. Authorization for the use of physical restraints and/or seclusion shall be written as justified in the patient's record by the attending physician. This authorization shall be renewed at least every twenty-four (24) hours.

3. The patient has the right, to the extent permitted by law, to refuse specific medications or treatment procedures. The responsibility of the facility, when the patient refuses treatment, is to seek appropriate legal alternatives or orders of involuntary treatment or, in accordance with professional standards, to terminate the relationship with the patient upon reasonable notice.

4. The risks associated with the use of any drugs and/or procedures shall be fully explained to the patient in terms that he/she can understand. The decision as to whether or not the patient is able to exercise sound judgment rests with the physician and must be documented in the patient's clinical record.

5. The patient shall give his consent in writing prior to the use of potentially hazardous drugs and procedures. In the event that the patient is unable to exercise sound judgment, the written consent of family members having the legal right to consent must be obtained prior to the use of potentially hazardous drugs and procedures. Potentially hazardous drugs and procedures shall be administered in accordance with accepted clinical practice and shall be directed and supervised by a physician.

6. There shall be written policies and procedures for reviewing and responding to patient's communications, e.g. opinions, recommendations, and grievances, in a way that will preserve and foster conflict resolution and problem solving. The

written policies shall also delineate the means by which patients are familiarized with these procedures. Each patient's personal privacy shall be assured and protected within the constraints of the individual treatment plan.

7. There shall be procedures designed to protect the patient's rights and privacy with respect to facility visitors, e.g. educational or other individual or group visitations through the program. The patients shall be informed in advance of such visitations, which shall be conducted so as to minimally interrupt the patient's usual activities and therapeutic program.

8. The facility shall provide the patient with means of communication with persons outside the program in at least the following ways, unless contraindicated by physician. Patients shall be allowed to conduct private telephone conversations with family and friends. Patients shall be allowed to send and receive unopened mail.

9. The facility shall inform the patient, the patient's family, or legal guardian as appropriate, of the cost (itemized when possible) of services rendered.

10. The facility shall assure confidential treatment of personal and Medical Records, and may approve or refuse their release to any individual outside the family, except, in case of transfer to another health care institution, or as required by law or third-party payment contract.

11. Each patient's personal dignity shall be recognized and respected in the provision of all care and treatment.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 9 MEDICAL RECORDS

Rule 52.9.1 **Organization**. A Medical Record shall be maintained in accordance with accepted professional principles for each patient admitted for care in the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.2 Such records shall be kept confidential and only authorized personnel shall have access to the record. Staff members and other persons having access to patient records shall be required to abide by the written policies regarding confidentiality of patient records and disclosure of information in the records as well as all applicable federal, state, and local laws, rules, and regulations. Policies on confidentiality of records shall also conform to the alcohol and drug abuse confidentiality regulations as published in Part IV of the July 1, 1975 Federal Register.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.3 The facility shall have written policies and procedures that protect the confidentiality of patient records and govern the disclosure of information in the records. The policies and procedures shall specify the conditions under which information on applicants or patients may be disclosed and the procedures for releasing such information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.4 A patient or his or her authorized representative may consent to the release of information provided that written consent is given on a form containing the following information:

1. name of patient
2. name of program
3. the name of the person, agency or organization to which the information is to be disclosed
4. the specific information to be disclosed
5. the purpose for the disclosure
6. the date the consent was signed and the signature of the individual witnessing the consent
7. the signature of the patient, guardian or authorized representative, and
8. a notice that the consent is valid only for a specified period of time.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.5 The written consent of a patient, or his or her authorized representative, to the disclosure of information shall be considered valid only if the following conditions have been met:

1. the patient or the representative shall be informed, in a manner calculated to assure his or her understanding, of the specific type of information that has been requested and, if known, the benefits and disadvantages of releasing the information;
2. the patient or the representative shall give consent voluntarily;
3. the patient or the representative shall be informed that the provision of services is not contingent upon his or her decision concerning the release of information; and
4. the patient's consent shall be acquired in accordance with all applicable federal, state, and local laws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.6 Every consent for release of information, the actual date the information was released, the specific information released, and the signature of the staff member who released the information shall be made a part of the patient record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.7 In a life-threatening situation or when an individual's condition or situation precludes the possibility of obtaining written consent, the facility may release pertinent medical information to the medical personnel responsible for the individual's care without the individual's consent and without the authorization of the chief executive officer or a designee, if obtaining such authorization would cause an excessive delay in delivering treatment to the individual.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.8 When information has been release under emergency conditions, the staff member responsible for the release of information shall enter all pertinent details of the transaction into the individual's record, including at least the following items:

1. the date the information was released;
2. the person to whom the information was released;
3. the reason the information was released;
4. the reason written consent could not be obtained; and
5. the specific information released.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.9 The patient or applicant shall be informed that the information was released as soon as possible after the release of information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.10 **Medical Records** shall not be removed from the facility except upon subpoena and court order.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.11 Preservation and Storage. Records shall be preserved, either in the original or by microfilm, for a period of time not less than that determined by the statute of limitations in the State of Mississippi.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.12 Written Policies and Procedures shall govern the compilation, storage, dissemination, and accessibility of patient records. The policies and procedures shall be designed to assure that the facility fulfills its responsibility to safeguard and protect the patient record against loss, unauthorized alteration, or disclosure of information; to assure that each patient record contains all required information; to assure uniformity in the format and forms in use in patient records; to require entries in patient records to be dated and signed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.13 The facility shall provide adequate facilities for the storage, processing, and handling of patient records, including suitably locked and secured rooms and files. When a facility stores patient data on magnetic tape, computer files, or other types of automated information systems, adequate security measures shall prevent inadvertent or unauthorized access to such data. A written policy shall govern the disposal of patient records. Methods of disposal shall be designed to assure the confidentially of information in the records.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.14 **Personnel**. The patient records department shall maintain, control, and supervise the patient records, and shall be responsible for maintaining the quality.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.15 A qualified medical record individual who is employed on at least a part-time basis, consistent with the needs of the facility and the professional staff, shall be responsible for the patient records department. This individual shall be a registered record administrator or an accredited record technician who has successfully completed examination requirements of the American Medical Record Association, or an individual with the documented equivalent in training and/or experience.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.16 When it can be demonstrated that the size, location, or needs of the facility do not justify employment of a qualified individual, the facility must secure the consultative assistance of a qualified record administrator at least twice a year to assure that the patient record department is adequate to meet the needs of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.17 **Centralization of Reports**. All clinical information pertaining to a patient's stay shall be centralized in the patient's record. The original or all reports originating in the facility shall be filed in the medical record. Appropriate patient records shall be kept on the unit where the patient is being treated and shall be directly accessible to the clinicians caring for the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.18 **Contents of Records**. The medical record shall contain sufficient information to justify the diagnosis and warrant the treatment and end results. The patient record shall describe the patient's health status at the time of admission, the services provided and the patient's progress in the facility, and the patient's health status at the time of discharge. The patient record shall provide information for the review and evaluation of the treatment provided to the patient. When appropriate, data in the patient record shall be used in training, research, evaluation, and quality assurance programs. When indicated, the patient record shall contain documentation that the rights of the patient and of the patient's family are protected. The patient record shall contain documentation of the patient's and, as appropriate, family members' involvement in the patient's treatment program. When appropriate, a separate record may need to be maintained on each family member involved in the patient's treatment program. The patient record shall contain identifying data that is recorded on standardized forms. This identifying data shall include the following:

1. full name;
2. home address;
3. home telephone number;
4. date of birth;
5. sex;
6. race or ethnic origin;
7. next of kin;
8. education;
9. marital status;
10. type and place of employment;
11. date of initial contact or admission to the facility;
12. legal status, including relevant legal documents;
13. other identifying data as indicated;
14. date the information was gathered; and
15. signature of the staff member gathering the information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.19 The patient record shall contain information on any unusual occurrences, such as the following:

1. treatment complications;
2. accidents or injuries to the patient;
3. morbidity;
4. death of a patient; and
5. procedures that place the patient at risk or that cause unusual pain.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.20 As necessary, the patient record shall contain documentation of the consent of the patient, appropriate family member or guardians for admission, treatment, evaluation, aftercare, or research.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.21 The patient record shall contain both physical and emotional diagnoses that have been made using a recognized diagnostic system.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.22 The patient record shall contain reports of laboratory, roentgenographic, or other diagnostic procedures, and reports of medical/surgical services when performed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.23 The patient record shall contain correspondence concerning the patient's treatment, and signed and dated notations of telephone calls concerning the patient's treatment. A discharge summary shall be entered in the patient's record within a reasonable period of time (not to exceed 14-days) following discharge as determined by the professional staff bylaws, rules and regulations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.24 The patient record shall contain a plan for aftercare.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.25 All entries in the patient record shall be signed and dated. Symbols and abbreviations shall be used only if they have been approved by the professional staff, and only when there is an explanatory legend. Symbols and abbreviations shall not be used in the recording of diagnoses.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.26 When a patient dies, a summation statement shall be entered in the record in the form of a discharge summary. The summation statement shall include the circumstances leading to death and shall be signed by a physician. An autopsy shall be performed whenever possible. When an autopsy is performed, a provisional anatomic diagnosis shall be recorded in the patient's record within 72 hours. The complete protocol shall be made part of the record within three months.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.27 **Promptness of Record Completion**. Current records shall be completed promptly upon admission. Records of patients discharged shall be completed within 14 days following discharge. The staff regulations of the facility shall provide for the supervision or termination of staff privileges of physicians who are persistently delinquent in completing records.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.9.28 **Identification, Filing and Indexing**. A system of identification and filing to ensure the prompt location of a patient's medical records shall be maintained.

1. The patient index cards shall bear at least the full name of the patient, the address, the birth date, and the medical record number.

2. Records shall be indexed according to disease and physician and shall be kept up to date. For indexing, any recognized system may be used.

3. Indexing shall be current within six months following discharge of the patient.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 10 FACILITY AND PROGRAM EVALUATION

Rule 52.10.1 Program evaluation is a management tool primarily utilized by the facility's administration to assess and monitor, on a priority basis, a variety of facility, service, and programmatic activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.2 The facility shall have a written statement of goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.3 The goals and objectives shall result from a planning process.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.4 The goals and objectives shall be related to the needs of the population served.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.5 The written statement of the goals and objectives of the facility service and programmatic activities shall be provided to the governing body and facility administration and shall be made available to staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.6 The facility shall have a written plan for evaluating its progress in attaining its goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.7 The written plan shall specify the information to be collected and the methods to be used in retrieving and analyzing this information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.8 The written plan shall specify methods for assessing the utilization of staff and other resources to meet facility goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.9 The written plan shall specify when evaluations shall be conducted.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.10 The written plan shall specify the criteria to be used in assessing the facility's progress in attaining its goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.11 The written plan shall require an explanation of any failure to achieve facility goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.12 There shall be documentation that the goals and objectives of facility, service, and programmatic activities shall be evaluated at least annually and revised as necessary.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.13 There shall be documentation that the results of the evaluation shall be provided to the governing body and facility administration and shall be made available to staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.10.14 There shall be documentation that the findings of the evaluation have influenced facility and program planning.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 11 FISCAL MANAGEMENT

Rule 52.11.1 The facility shall annually prepare a formal, written budget of expected revenues and expenses.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.11.2 The budget shall categorize revenues for the facility by source.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.11.3 The budget shall categorize expenses by the types of services of programs provided.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.11.4 The budget shall be reviewed and approved by the governing body prior to the beginning of the fiscal year.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.11.5 Revisions made in the budget during the fiscal year shall be reviewed and approved by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.11.6 The facility management system shall include a fee schedule.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.11.7 The facility shall maintain current, written schedules of rate and charge policies that have been approved by the governing body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.11.8 The fee schedule shall be accessible to personnel and to individuals served by the facility.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 12 INDIVIDUALIZED COMPREHENSIVE TREATMENT PLANNING INTAKE

Rule 52.12.1 Written policies and procedures governing the intake process shall specify the following:

1. the information to be obtained on all applicants or referrals for admission;

2. the records to be kept on all applicants;

3. the statistical data to be kept on the intake process; and

4. the procedures to be followed when an applicant or a referral is found ineligible for admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.12.2 Criteria for determining the eligibility of individuals for admission shall be clearly stated in writing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.12.3 The intake procedure shall include an initial assessment of the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.12.4 The intake assessment shall be done by professional staff. The results of the intake assessment shall be clearly explained to the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.12.5 The results of the intake assessment shall be clearly explained to the patient's family when appropriate.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.12.6 Acceptance of a patient for treatment shall be based on an intake procedure that results in the following conclusions:

1. the treatment required by the patient is appropriate to the intensity and restrictions of care provided by the facility or program component; and/or

2. the treatment required can be appropriately provided by the facility or program component; and

3. the alternatives for less intensive and restrictive treatment are not available.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.12.7 During the intake process, every effort shall be made to assure that applicants understand the following:

1. the nature and goals of the treatment programs;

2. the treatment costs to be borne by the patient, if any; and

3. the rights and responsibilities of patients, including the rules governing patient conduct and the types of infractions that can result in disciplinary action or discharge from the facility or program component.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.12.8 Facilities shall have policies and procedures that adequately address the following items for each patient:

1. responsibility for medical and dental care, including consents for medical or surgical care and treatment;

2. when appropriate, arrangements for family participation in the treatment program;

3. arrangements for clothing, allowances, and gifts;

4. arrangements regarding the patient's departure from the facility or program; and

5. arrangements regarding the patient's departure from the facility or program against clinical advice.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.12.9 When a patient is admitted on court order, the rights and responsibilities of the patient and the patient's family shall be explained to them.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.12.10 Sufficient information shall be collected during the intake process to develop a preliminary treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.12.11 Staff members who will be working with the patient but who did not participate in the initial assessment shall be informed about the patient prior to meeting him or her.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 13 ASSESSMENTS

Rule 52.13.1 Within 72 hours of admission, the staff shall conduct a complete assessment of each patient's needs. The assessment shall include, but shall not necessarily be limited to, physical, emotional, behavioral, social, recreational, and nutritional needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.13.2 A licensed physician shall be responsible for assessing each patient's physical health. The health assessment shall include a medical, alcohol and drug history; a physical examination; neurological examination when indicated and a laboratory workup. The physical examination shall be completed, within 24 hours after admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.13.3 In facilities serving children and adolescents, each patient's physical health assessment shall also include evaluations of the following: motor development and functioning; sensorimotor functioning; speech, hearing, and language functioning; visual functioning; and immunization status. Facilities serving children and adolescents shall have all necessary diagnostic tools and personnel available to perform physical health assessments.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.13.4 A registered nurse shall be responsible for obtaining a nursing history and assessment at the time of admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.13.5 An emotional and behavioral assessment of each patient shall be completed and entered in the patient's record. The assessment shall include, but not be limited to, the following items:

1. a history of previous emotional and behavioral functioning;

2. the patient's current emotional and behavioral functioning;

3. when indicated, a direct psychiatric evaluation; and

4. when indicated, psychological assessments, including intellectual and personality testing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.13.6 A social assessment of each patient shall be completed by the qualified social worker and entered in the patient's record. The assessment shall include information relating to the following areas, as necessary:

1. environment and home;

2. religion;

3. childhood history;

4. military service history;

5. financial status;

6. the social, peer-group, and environment setting from which the patient comes; and

7. the patient's family circumstances, including the constellation of the family group, the current living situation; and social, ethnic, cultural, emotional, and health factors, including drug and alcohol use.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.13.7 When appropriate, an activities assessment of each patient shall be completed by the qualified activity director and shall include information relating to the individual's current skills, talents, aptitudes, and interest.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.13.8 A nutritional assessment shall be conducted by the food service supervisor or registered dietitian and shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 14 TREATMENT PLANS

Rule 52.14.1 Each patient shall have a written individual treatment plan that is based on assessments of his or her clinical needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.2 Overall development and implementation of the treatment plan shall be assigned to an appropriate member of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.3 The treatment plan shall be developed as soon as possible after the patient's admission.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.4 Appropriate therapeutic efforts may begin before a fully developed treatment plan is finalized.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.5 Upon admission, a prelimary treatment plan shall be formulated on the basis of the intake assessment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.6 Within 72 hours following admission a designated member of the treatment team shall develop an initial treatment plan that is based on at least an assessment of the patient's presenting problems, physical health, emotional status, and behavioral status. This initial treatment plan shall be utilized to implement immediate treatment objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.7 If a patient's stay in a facility is ten days or less, only a discharge summary will be required in addition to be initial treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.8 If a patient's stay in a facility exceeds ten days, the interdisciplinary team shall develop a master treatment plan that is based on a comprehensive assessment of the patient's needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.9 The master treatment plan shall contain objectives and methods for achieving them.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.10 The treatment plan shall reflect the facility's philosophy of treatment and the participation of staff from appropriate disciplines.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.11 The treatment plan shall reflect consideration of the patient's clinical needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.12 The treatment plan shall specify the services necessary to meet the patient's needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.13 The treatment plan shall include referrals for needed services that are not provided directly by the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.14 The treatment plan shall contain specific goals that the patient must achieve to attain, maintain, and/or reestablish emotional and/or physical health as well as maximum growth and adaptive capabilities. These goals shall be based on assessments of the patient and, as appropriate, the patient's family.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.15 The treatment plan shall contain specific objectives that related to the goals, are written in measureable terms, and include expected achievements dates.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.16 The treatment plan shall describe the services, activities, and programs planned for the patient, and shall specify the staff members assigned to work with the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.17 The treatment plan shall specify the frequency of treatment procedures.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.18 The treatment plan shall delineate the specific criteria to be met for termination of treatment. Such criteria shall be a part of the initial treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.19 When appropriate, the patient shall participate in the development of his or her treatment plan, and such participation shall be documented in the patient's record.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.14.20 A specific plan for involving the family or significant others shall be included in the treatment plan when indicated.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 15 PROGRESS NOTES

Rule 52.15.1 Progress notes shall be recorded by the physician, nurse, social worker and, when appropriate, others significantly involved in treatment. The frequency of progress notes is determined by the condition of the patient but should be recorded at least weekly for the first two (2) months and at least monthly thereafter.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.15.2 Progress notes shall be entered in the patient's record and shall include the following:

1. documentation of implementation of the treatment plan;

2. documentation of all treatment rendered to the patient;

3. description of change in the patient's condition; and

4. descriptions of the response of the patient to treatment, the outcome of treatment, and the response of significant others to important intercurrent events.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.15.3 Progress notes shall be dated and signed by the individual making the entry.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.15.4 All entries involving subjective interpretation of the patient's progress should be supplemented with a description of the actual behavior observed.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 16 TREATMENT PLAN REVIEW

Rule 52.16.1 Interdisciplinary case conferences shall be regularly conducted to review and evaluate each patient's treatment plan and his or her progress in attaining the stated treatment goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.16.2 Interdisciplinary case conferences shall be documented, and the results of the review and evaluation shall be recorded in the patient's record. The review and update shall be completed no later than thirty (30) days following the first 10-days of treatment and at least every sixty (60) days thereafter.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 17 DISCHARGE PLANNING/AFTERCARE

Rule 52.17.1 The facility maintains a centralized coordinated program to ensure that each patient has a planned program of continuing care which meets his post discharge needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.17.2 Each patient shall have an individualized discharge plan which reflects input from all disciplines involved in his care. The patient, patient's family, and/or significant others shall be involved in the discharge planning process.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.17.3 Discharge planning data shall be collected at the time of admission or within seven (7) days thereafter.

The chief executive officer shall delegate the responsibility for discharge planning, in writing, to one or more staff members.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.17.4 The facility shall maintain written discharge planning policies and procedures which describe:

1. how the discharge coordinator will function, and his authority and relationships with the facility's staff;

2. the time period in which each patient's need for discharge planning is determined (within seven days after admission);

3. the maximum time period after which reevaluation of each patient's discharge plan is made;

4. local resources available to the facility and the patient to assist in developing and implementing individual discharge plans; and

5. provisions for periodic review and reevaluation of the facility's discharge planning program (at least annually).

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.17.5 An interdisciplinary case conference shall be held prior to the patient's discharge. The discharge/aftercare plan shall be reviewed with the patient, patient's family and/or significant others.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.17.6 The facility shall have documentation that the aftercare plan has been implemented and shall have documentation of follow-ups to assure referrals to appropriate community agencies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.17.7 **Discharge Summary:** A discharge summary shall be entered in the patient's record within fourteen (14) days following discharge. The discharge summary shall include but not be limited to:

1. reason for admission;

2. brief summary of treatment;

3. reason for discharge;

4. assessment of treatment plan goals and objectives; and

5. recommendations and arrangements for further treatment, including prescribed medications and aftercare.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 18 SUPPORT SERVICES: PHARMACY

Rule 52.18.1 **Direction and Supervision**. The hospital shall have a pharmacy directed by a registered pharmacist, who has had, by education or experience, training in the specialized area of hospital pharmacy. The pharmacy or drug room shall be administered in accordance with accepted professional principles. The pharmacist shall be assisted, as needed, by additional qualified pharmacists and ancillary personnel. Pharmacy assistants shall work under the supervision of a pharmacist and shall not be assigned duties that are required to be performed only by registered pharmacists.

Provision shall be made for emergency pharmaceutical services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.2 **Records**. Records shall be kept of the transactions of the pharmacy (or drug room) and correlated with other hospital records where indicated. Such special records shall be kept as required by law. The pharmacy shall establish and maintain a satisfactory system of records and accountability in accordance with the policies of the hospital for maintaining adequate control over the requisitioning and dispensing of all drugs and pharmaceutical supplies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.3 A record of the stock on hand and of the dispensing of all narcotic drugs shall be maintained in such a manner that the disposition of any particular item may be readily traced.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.4 The label of each outpatient's individual prescription medication container shall bear the lot and control number of the drug, the name of the manufacturer (or trademark) and, unless the physician directs otherwise, the name of the medication dispensed.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.5 **Control of Toxic or Dangerous Drugs. Policies** shall be established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage. The facility shall establish a written policy that all toxic or dangerous medications, not specifically prescribed as to time or number of doses, shall be automatically stopped after a reasonable time limit. The classification ordinarily thought of as toxic, dangerous or abuse drugs shall be narcotics, sedatives, anticoagulants, antibiotics, oxytocics and cortisone products, and shall include other categories so established by federal, state or local laws.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.6 **Drugs to be Dispensed**. The pharmacist, with the advice and guidance or the pharmacy and therapeutics committee, shall be responsible for specifications as to quality, quantity, and source of supply of all drugs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.7 There shall be available a formulary or list of drugs accepted for use in the facility which is developed and amended at regular intervals by the pharmacy and therapeutics committee (or equivalent committee) with the cooperation of the pharmacist and the administration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.8 The pharmacy or drug room shall be adequately supplied with preparations as approved.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.9 **Committee**. There shall be a pharmacy and therapeutics committee (or equivalent committee) composed of physicians and pharmacists, and registered professional nurses established in the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.10 It shall represent the organizational line of communication and the liaison between the professional staff and the pharmacist.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.11 The committee shall assist in the formulation of board professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, and safety procedures, and all other matters relating to drugs in hospitals.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.12 The committee shall perform the following specific functions:

1. serve as an advisory group to the professional staff and the pharmacist on matters pertaining to the choice of drugs;

2. develop and review periodically a formulary or drug list for use in the facility;

3. establish standards concerning the use and control of investigational drugs and research in the use of recognized drugs;

4. evaluate clinical data concerning new drugs or preparations requested for use in the facility;

5. make recommendations concerning drugs to be stocked on the nursing unit floors and by other services; and

6. prevent unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients.

7. The committee shall meet at least quarterly and report to the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.13 **Medication Control**. The facility shall have written policies and procedures designed to ensure that all medications are dispensed and administered safely and properly in accordance with the applicable federal, state, and local laws and regulations.

1. Medication orders shall be written only by authorized prescribers.

2. An up-to-date list of authorized prescribers shall be available in all areas where medication is dispensed.

3. Telephone orders shall be accepted only from individuals on the list of authorized prescribers.

4. Telephone orders shall be limited to emergency situations that have been defined in writing in the facility's policies and procedures manual.

5. Telephone orders shall be accepted and written in the patient's record only by staff authorized to administer medication.

6. Telephone orders shall be signed by an authorized prescriber on the next regular working day, but in all events within 72 hours.

7. A written order signed by the authorized prescriber shall be included in patient's record.

8. Medication orders that contain abbreviations and chemical symbols shall be carried out only if the abbreviations and symbols are on a standard list approved by the physician members of the professional staff.

9. There shall be automatic stop orders on specified medications. Refer to Rule 52.18.5.

10. There shall be a specific routine of drug administration, indicating dose schedules and standardization of abbreviations.

11. Only pharmacists, physicians, registered nurses, or licensed practical nurses shall administer medications.

12. Self-administration of medication shall be permitted only when specifically ordered by the responsible physician.

13. Drugs brought into the facility by patients shall not be administered unless they can be absolutely identified, and unless written orders to administer these specific drugs are given by the responsible physician. If the drugs that the patient brings to the facility are not to be used, they shall be packaged, sealed, and stored, and, if approved by the responsible physician, they shall be returned to the patient, family, or significant others at the time of discharge.

14. The patient and, when appropriate, the family shall be instructed about which medications if any, are to be administered at home.

15. Medications administered, medication errors, and adverse drug reactions shall be documented in the patient's record.

16. Facilities should implement a reporting system under which the reporting program of the federal Food and Drug Administration and the drug manufacturer are advised of unexpected adverse drug reactions.

17. There shall be methods of detecting drug side effects of toxic reactions.

18. Investigational drugs shall be used only under the direct supervision of the principal investigator and with the approval of research review committee and either the physician members of the professional staff or an appropriate committee of the professional staff.

19. A central unit shall be established where essential information on investigational drugs, such as dosage form, dosage range, storage requirements, adverse reactions, usage, and contraindications, is maintained.

20. Investigational drugs shall be properly labeled.

21. Nurses may administer investigational drugs only after receiving basic pharmacologic information about the drugs.

22. The facility shall have specific methods for controlling and accounting for drug products.

23. The pharmacy service shall maintain records of its transactions as required by law and as necessary to maintain adequate control of, and accountability for, all drugs.

24. These records shall document all supplies issued to units, departments, or services of the facility, as well as all prescription drugs dispensed.

25. Records and inventories of the drugs listed in the current Comprehensive Drug Abuse Prevention and Control Act shall be maintained as required by the act and regulations.

26. Distribution and administration of controlled drugs are adequately documented, and inspections of these records by the pharmacist is documented.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.14 **Emergency Medication Kit**. There is an emergency kit that is:

1. made up under the supervision and responsibility of the pharmacist, and is approved by the Pharmacy and Therapeutic Committee;

2. readily available to staff yet not accessible to patients;

3. constituted so as to be appropriate to the needs of the patients; and

4. inspected monthly to remove deteriorated and outdated drugs and to ensure completeness of content.

SOURCE Miss. Code Ann. §41-9-17

Rule 52.18.15 The pharmacist responsible for the emergency kit shall provide a list of its contents and appropriate instructions, and shall authenticate this list with his signature.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.16 **Storage of Drugs**. Drug storage shall be maintained in accordance with the security requirements of federal, state, and local laws. Drugs preparation areas and drug storage area shall be well-lighted and shall be so located that personnel will not be interrupted when handling drugs. All drugs shall be kept in locked storage.

1. Poisons, external drugs, and internal drugs shall be stored on separate shelves or in separate cabinets.

2. Medications that are stored in a refrigerator containing items other than drugs shall be kept in a separate compartment or container with proper security.

3. Antidote charts and the telephone number of the regional poison control center shall be kept in all drug storage and preparation areas.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.17 **Space for Storage of Drugs**. Adequate space shall be provided in the Pharmacy for storage of drugs and for keeping of necessary records. The pharmacy shall be capable of being securely locked in accordance with regulations regarding storage of dangerous drugs. Adequate space is defined on a minimum of 250 sq. ft. for 50 beds or less; 500 sq. ft. of storage for 75 beds or less; 750 sq. ft. for 100 beds or less; and 1000 sq. ft. for 100 beds or more.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.18 **Quality Assurance Activities**. A pharmacist shall regularly review the medication records of patients.

1. All medication orders shall be reviewed monthly by the responsible physician. Adverse drug reactions and medication errors shall be reported to the physician responsible for the patient, and shall be documented in the patient's record.

2. The pharmacist in charge of dispensing medications, shall provide for monthly inspection of all storage units, including emergency boxes and emergency carts.

3. A record of these inspections shall be maintained in order to verify the following:

4. Disinfectants and drugs for external use are stored separately from internal and injectable medications.

5. Drugs requiring special conditions for storage to ensure stability are properly stored.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.19 **Continuing Education**. The director of the pharmacy service shall receive orientation in the specialized functions of the facility.

1. A pharmacist should participate in staff development programs for the clinical staff.

2. As appropriate, a pharmacist should participate in drug abuse education programs conducted by the facility.

3. As appropriate, a pharmacist should participate in public education and information programs relative to the services of the facility.

4. Up-to-date pharmaceutical reference material shall be provided so that appropriate staff will have adequate information concerning drugs.

5. Current editions of text and reference books covering the following topics shall be provided: theoretical and practical pharmacy; general, organic, pharmaceutical, and biological chemistry; toxicology; pharmacology; bacteriology; sterilization and disinfection; and other subjects important to good patient card.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.18.20 **Functional Safety and Sanitation**. Adequate precautions shall be taken to store medications under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

1. All drugs shall be kept in locked storage.

2. Security shall be maintained in accordance with local and state laws.

3. Poisons, external drugs, and internal drugs shall be stored on separate shelves or in separate containers.

4. Drug preparation and storage areas shall be well-lighted and shall be located where personnel will not be interrupted when handling drugs.

5. Metric-apothecaries' weight and measure conversion charts shall be posted in each drug preparation area and wherever else they are needed.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 19 DIETARY

Rule 52.19.1 **Organization**. The facility shall have an organized dietary department directed by a qualified food service supervisor, with services of a registered dietitian on at least a consultant basis. However, a facility which has a contract with an outside food management company may be found to meet this requirement if the company has a therapeutic dietitian who serves, as required by scope and complexity of the services, on a full-time, part-time, or consultant basis to the facility.

1. The qualified dietitian shall be registered or eligible for registration by the Commission on Dietetic Registration.

2. When a qualified dietitian is employed on a part-time or consultative basis, the dietitian shall devote enough time to accomplish the following tasks:

   a. Assure continuity of services;

   b. Direct the nutritional aspects of patient care;

   c. Assure that dietetic instructions are carried out;

   d. On occasion, supervise the serving of meals; and

   e. Assist in the evaluation of the dietetic services.

3. Regular written reports shall be submitted to the chief executive officer on the extent of services provided by the dietitian.

4. There shall be written policies and procedures for food storage, preparation, and service developed by a registered dietitian.

5. The dietetic service shall have an adequate number of appropriately qualified individuals to meet the dietetic needs of the facility's patients.

6. Written job descriptions of all dietary employees shall be available.

7. There shall be procedures to control dietary employees with infectious and open lesions. Routine health examinations shall meet local and state codes for food service personnel.

8. There shall be an on-going planned in-service training program for dietary employees which includes the proper handling of food and personal grooming, safety, sanitation, behavioral and therapeutic needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.19.2 **Facilities**. Adequate space, equipment, ventilation and supplies as well as any necessary written procedure and precautions, shall be provided for the safe and sanitary operation of the dietetic service and the safe and sanitary handling and distribution of food.

1. The food service area should be appropriately located.

2. The dietitian's office should be easily accessible to all who require consultation services.

3. Sufficient space shall be provided for support personnel to perform their duties.

4. The layout of the department and the type amount, size, and placement of equipment shall make possible the efficient preparation and distribution of food.

5. Lavatories with wrist action blades, soap dispenser and disposable towel dispenser shall be located throughout the dietary department.

6. Dry or staple food items shall be stored in a ventilation room which is not subject to sewage or waste water back flow, or contamination by condensation, leakage, rodents or vermin.

7. All perishable foods shall be refrigerated at the appropriate temperature and in an orderly and sanitary manner. Each refrigerator shall contain a thermometer in good working order.

8. Foods being displayed or transported shall be protected from contamination.

9. Dishwashing procedures and techniques shall be developed and carried out in compliance with the state and local health codes.

10. All garbage and kitchen refuse which is not disposed of mechanically shall be kept in leak-proof non-absorbent containers with close fitting covers and be disposed of routinely in a manner that will not permit transmission of disease, a nuisance, or a breeding place for files. All garbage containers are to be thoroughly cleaned inside and outside each time emptied.

11. All dietary areas, equipment, walls, floors, etc., shall be kept maintained in good working condition and sanitary at all times.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.19.3 **Diets**. There shall be systematic record of diets, correlated when appropriate, with the medical records. The dietitian shall have available an up-to-date manual of regimens for all therapeutic diets, approved jointly by the dietitian and medical staff, which is available to dietary supervisory personnel. Diets serve to patients shall be in compliance with these established diet principles.

1. The diet manual shall be reviewed annually and revised as necessary by a qualified dietitian, and shall be dated to identify the time of the review.

2. Revisions to the diet manual shall be approved by the facility's physician.

3. The diet manual should be used to standardize the ordering of diets.

4. The policies and procedures shall provide for dietetic counseling.

5. The nutritional deficiencies of any diet in the manual shall be indicated.

6. The policies and procedures shall require the recording of dietetic orders in the patient's record.

7. The policies and procedures shall require the recording of all observations and information pertinent of dietetic treatment in the patient's record by the food service supervisor or dietitian.

8. The policies and procedures shall require the use of standards for nutritional care in evaluating the nutritional adequacy of the patient's diet and in ordering diet supplements. The current Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences is suggested as a guide in developing these standards.

9. The policies and procedures shall describe the methods for assuring that each patient on a special diet receives the prescribed diet regimen.

10. The policies and procedures shall provide for altering diets or diet schedules as well as for discontinuing diets.

11. Dietetic service personnel shall conduct periodic food acceptance studies among the patients and should encourage them to participate in menu planning.

12. The results of food acceptance studies should be reflected in revised menus.

13. All menus shall be approved by a qualified dietitian.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.19.4 **Food Service and Dining**. Food shall be served in an appetizing and attractive manner, at planned and realistic mealtimes, and in a congenial and relaxed atmosphere.

1. Dining areas should be attractive and maintained at appropriate temperatures.

2. The dietetic services shall be patient-oriented and should take into account the many factors that contribute to the wide variations in patient eating habits, including cultural, religious, and ethnic factors.

3. Snacks shall be available as appropriate to the nutritional needs of the patients and the needs of the facility.

4. The dietetic service shall be prepared to give extra food to individual patients.

5. Appropriate food should be available for patients with special or limited dietary needs.

6. There shall be adequate equipment provided for tray assembly and tray delivery.

7. Facilities or arrangements shall be available for family and friends to eat with patients when possible.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 20 ACTIVITY SERVICES

Rule 52.20.1 The facility shall provide, or make arrangements for the provision of activity services to all patients in accordance with their needs and interests and as appropriate within the scope of the facility's program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.2 The facility shall have a written plan that describes the organization of their activity services or the arrangements made for the provision of activity services. The activity services shall have a well-organized plan for using community resources. The goals and objectives of the facility's activity services shall be stated in writing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.3 The facility shall have written policies and procedures for the activity services which are made available to activity services and other appropriate personnel. The policies and procedures shall be reviewed and revised at least annually.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.4 Appropriate activities shall be provided to all patients during the day, in the evening, and on weekends. The daily activities program shall be planned to

provide a consistent and well-structured yet flexible framework for daily living. Whenever possible, patients should participate in planning activity services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.5 Activity schedules shall be posted in places accessible to patients and staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.6 The activities program shall be reviewed and revised according to the changing needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.7 When indicated, activity services shall be incorporated in the patient's treatment plan. Activity services that are included in a patient's treatment plan shall reflect an assessment of the patient's needs, interests, life experiences, capacities, and deficiencies. Activity services staff shall collaborate with other professional staff in delineating goals for patients' treatment, health maintenance, and vocational adjustments.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.8 The patient's record shall contain progress notes that describe the patient's response to activity services and other pertinent observations.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.9 There shall be documentation that patients are given leisure time and that they are encouraged to use their leisure time in a way that fulfills their cultural and recreational interests and their feelings of human dignity.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.10 Vehicles used for transportation shall not be labeled in a manner that calls unnecessary attention to the patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.11 **Quality Assurance Activities**. The activity service shall have written procedures for ongoing review and revision of its goals, objectives, and role within the family. The activity service shall maintain statistical and other records on the functioning and utilization of the services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.12 **Continuing Education**. The facility shall maintain ongoing staff development programs.

1. Activity service staff shall participate in appropriate clinical and administrative committees and conferences.

2. Activity service staff shall receive training and demonstrate competence in handling medical and psychiatric emergencies.

3. The activity service shall encourage extramural studies and evaluations of activity services and extramural research in activity services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.20.13 **Functional Safety and Sanitation**. Appropriate space, equipment, and facilities shall be provided to meet the needs of patients for activity services:

1. Facilities and equipment designated for activity services shall be constructed or modified in such a manner as to provide, insofar as possible, pleasant and functional areas that are accessible to all patients regardless of their disabilities.

2. Space for offices, storage, and supplies shall be adequate and accessible.

3. When indicated, equipment and supplies that enable the activity to be brought to the patient should be used.

4. Space, equipment and facilities utilized both inside and outside the facility shall meet federal, state, and local requirements for safe fire prevention, health and sanitation.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 21 REFERRALS

Rule 52.21.1 The facility shall have written policies and procedures that facilitate the referral of patients and the provision of consultation between the facility's program components and between the facility and other service providers in the community.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.21.2 The written policies and procedures shall describe the methods by which continuity of care is assured for the patient. These methods shall include, but not be limited to, providing the facility, program component, or other service provider to which the patient is referred with the following:

1. background information on the referral;

2. information on the patient's treatment, for example, current treatment, diagnostic assessments, and special requirements;

3. treatment objectives desired;

4. suggestions for continued coordination between the referring and the receiving resource;

5. special clinical management requirements; and

6. information on how the patient can be returned to the referring facility or program component.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.21.3 The referring facility shall ask the receiving facility, program component, or other service provider to which the patient is referred, to submit a follow-up report within a designated time period.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.21.4 The written policies and procedures shall describe the mechanism by which a patient may be referred.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.21.5 The written policies and procedures shall describe the means by which the facility assists in the referral of individuals who are seeking services that the facility does not provide.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.21.6 The written policies and procedures shall be reviewed and approved annually by the director and appropriate administrative and professional staff members. The annual review and approval shall be documented.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.21.7 Each community service provider to which patients are referred shall express in writing its willingness to abide by federal and state standards concerning confidentiality of patient information.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.21.8 The facility shall have a letter of agreement and/or contract with community service providers that it uses repeatedly.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 22 LABORATORY AND RADIOLOGIC SERVICES

Rule 52.22.1 The facility shall have provisions for promptly obtaining required laboratory, x-ray, and other diagnostic services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.22.2 If the facility provides its own laboratory and x-ray services, these shall meet the applicable standards established for hospital censure. Refer to Subchapter 21, Subchapters 57-61 & Rule 41.71.3 of the Minimum Standards of Operation for Mississippi Hospitals.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.22.3 If the facility itself does not provide such services, arrangements shall be made for obtaining these services from a licensed and certified laboratory.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.22.4 All laboratory and x-ray services shall be provided only on the orders of the attending physician.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.22.5 The facility shall assist the patient, if necessary, in arranging for transportation to and from the source of service.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.22.6 All signed and dated reports of laboratory, x-ray, and other diagnostic services shall be filed with the patient's medical record.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 23 LIBRARY SERVICES

Rule 52.23.1 Library services shall be made available to meet the professional and technical needs of the facility's staff.

1. Facilities that do not maintain a professional library shall have an arrangement with a nearby facility or institution to use its professional library.

2. Current reference material, books, and basic health care journals shall be available in each facility.

3. The library service shall establish regular and convenient hours of service so that staff may have prompt access to current materials.

4. When a facility operates its own library, the professional library service shall provide pertinent, current and useful medical, psychiatric, psychological, alcohol, drug, educational, and related materials. A facility providing extensive library services should utilize the services of a professional librarian.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 24 EMERGENCY SERVICES

Rule 52.24.1 The facility shall have written procedures for taking care of emergencies. Emergency services shall be provided by the facility or through clearly defined arrangements with another facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.24.2 When emergency services are provided by an outside facility, a written plan shall delineate the type of emergency services available and the arrangements for referring or transferring patients to another facility. The written plan shall be available to all professional staff and shall clearly specify the following:

1. The staff of the facility who are available and authorized to provide necessary emergency evaluations;

2. The staff of the facility who are authorized to arrange for patients to be referred or transferred to another facility when necessary;

3. The arrangements the facility has made for exchanging records with the outside facility when it is necessary for the care of the patient;

4. The location of the outside facility and the names of the appropriate personnel to contact;

5. The method of communication between the two facilities;

6. The arrangements the facility has made to assure that when a patient requiring emergency care is transferred to a non-psychiatric or substance abuse service or facility, he or she will receive further evaluation and/or treatment of his or her psychiatric or substance abuse program, as needed;

7. The arrangements the facility has made for transporting patients, when necessary, from the facility to the facility providing emergency services;

8. The policy for referring patients needing continued care after emergency services back to the referring facility; and

9. Policies concerning notification of the patient's family of emergencies and of arrangements that have been made for referring or transferring that patient to another facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.24.3 When an emergency service is provided by the facility, the service shall be well organized, properly directed, and integrated with other services of the facility and shall comply with Chapter 41, Subchapters 25-26

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 25 PHYSICAL PLANT MANAGEMENT: INFECTION CONTROL

Rule 52.25.1 Because infections acquired in a facility or brought into a facility from the community are potential hazards for all persons having contact with the facility, there shall be an infection control program.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.25.2 Effective measures shall be developed to prevent, identify and control infections.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.25.3 Written policies and procedures pertaining to the operation of the infection control program shall be established, reviewed at least annually, and revised as necessary.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.25.4 A practical system shall be developed for reporting, evaluating, and maintaining records of infections among patients and personnel. This system shall include assignment of responsibility for the ongoing collection and analysis of data, as well as for the implementation of required follow-up action. Corrective action taken on the basis of records and reports of infections and infection potentials among patients and personnel shall be documented.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.25.5 All new employees shall be instructed in the importance of infection control and personal hygiene, and in their responsibility in the infection control program. There shall be documentation that inservice education-in infection prevention and control is provided to employees in all services and program components.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 26 REGULATED MEDICAL WASTE

Rule 52.26.1 "Infectious medical wastes" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following wastes shall be considered to be infectious medical wastes:

1. Wastes resulting from the care of patients and animals who have Class I and (or) II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases. (See attached) as defined by the Mississippi Department of Health;

2. Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biologicals, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures;

3. Blood and blood products such as serum, plasma, and other blood components;

4. Pathological wastes, such as tissues, organs, body parts, and body fluids that are removed during surgery and autopsy;

5. Contaminated carcasses, body parts, and bedding of animals that were exposed to pathogens in medical research;

6. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents;

7. Other wastes determined infectious by the generator or so classified by the MS Department of Health.

8. `Medical Waste' means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment."

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.26.2 **Medical Waste Management Plan**. All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:

1. **Storage and Containment of Infectious Medical Waste and Medical Waste**

   a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.

   b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.

   c. Unless approved by the Mississippi Department of Health or treated and rendered non-infectious. Infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven days above a temperature of 6 C (38F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of O C (32F) for a period of not more than 90 days without specific approval of the Department of Health.

d. Containment of infectious medical waste shall be separate from other wastes. Enclosures or containers used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be marked with prominent warning sings on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using language to be determined by the Department and legible during daylight hours.

e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid wasted during storage, handling, or transport.

f. All sharps shall be contained for disposal in leak-proof, rigid, puncture resistant containers which are taped closed or tightly lidded to preclude loss of the contents.

g. All bags used for containment and disposal of infectious medical waste shall be of a distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled.

h. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered non-infectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor.

i. Infectious medical waste and medical waste contained in disposable containers as prescribed above, shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leak-proof, have tight-fitting covers and be kept clean and in good repair.

j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in I.E.

k. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

   i. Exposure to hot water at least 180 F for a minimum of 15 seconds.

   ii. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of 3 minutes:

a. Hypochlorite solution (500 ppm available chlorine).

b. Phenolic solution (500 ppm active agent).

c. Iodoform solution (100 ppm available iodine).

d. Quaternary ammonium solution (400 ppm active agent).

b. Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as noninfectious waste or for other purposes except after being decontaminated by procedures as described in part (10) of this section.

i. Trash chutes shall not be used to transfer infectious medical waste.

ii. Once treated and rendered non-infectious, previously defined infectious medical waste will be classified as medical waste and may be land-filled in an approved landfill.

2. **Treatment or disposal of infectious medical waste shall be by one of the following methods**:

a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

b. By sterilization by heating in a steam sterilizer, so as to render the waste non-infectious. Infectious medical waste so rendered non-infectious shall be disposable as medical waste. Operating procedures for steam sterilizers shall include, but not be limited to, the following:

i. Adoption of standard written operating procedures for each steam sterilizer including time, temperature, pressure, type of waste, type of container(s), closure on container(s), pattern of loading, water content, and maximum load quantity.

ii. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121 C (250 F) for one-half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually.

iii. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions.

iv. Use of the biological indicator Bacillus stearothermophilus placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions.

v. Maintenance of records of procedures specified in (a), (b), (c) and (d) above for period of not less than a year.

c. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the MS Department of Health.

d. Recognizable human anatomical remains shall be disposed of by incineration or internment, unless burial at an approved landfill is specifically authorized by the Mississippi Department of Health.

e. Chemical sterilization shall use only those chemical sterilants recognized by the U.S. Environmental Protection Agency, Office of Pesticides and Toxic Substances. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste noninfectious. Testing with Bacillus subtilis spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.

3. **Treatment and disposal of medical waste which is not infectious shall be by one of the following methods**:

   a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

   b. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land, and which is not a treatment facility.

4. All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 27 THERAPEUTIC ENVIRONMENT

Rule 52.27.1 The facility shall establish an environment that enhances the positive self-image of the patient and preserves human dignity.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.2 Patients shall be allowed to wear their own clothing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.3 Patients shall be allowed to keep and display personal belongings and to add personal touches to the decoration of their own room.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.4 Articles for grooming and personal hygiene shall be readily available for the individual patient in a space reserved adjacent to his sleeping area.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.5 All areas and surfaces shall be free of undesirable odors.

SOURCE Miss. Code Ann. §41-9-17

Rule 52.27.6 There shall be ample closet and drawer space for the storage of personal property provided for the patient's use.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.7 Program personnel shall respect the patient's right to privacy by knocking on the door of the patient's room before entering.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.8 A laundry room in which a patient may wash his own clothing shall be accessible.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.9 The services of a barber and a beautician shall be made available at the patient's request.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.10 Staff areas should be open to promote patient-personnel interaction.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.11 Patients shall be encouraged to take responsibility for maintaining their own living quarters. Such responsibilities shall be clearly defines in writing and provided to the patient at orientation.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.12 The environment shall contribute to the development of therapeutic relationships in at least the following ways.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.13 Areas shall be available for a range of social activities for all patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.14 Attractively furnished areas shall be available where a patient can be alone, when this would not be in conflict with a therapeutic prescription for group activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.15 Attractively furnished areas shall be provided to ensure privacy for conversations with other patients, family, or friends.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.16 The environments shall be designed to allow views of the outdoors.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.17 To promote awareness of the time and season, clocks and calendars should be provided at least in the major use areas.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.18 There shall be documentation of planned programs, consistent with the needs of the patients, for social, educational and recreational activities for all patients for daytime, evenings, and weekends.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.19 The facility shall assure accessibility for handicapped individuals, preferably through its physical environment, or as an alternative, through a written plan that indicates how the patient or potential patient shall receive necessary services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.27.20 The environment shall be maintained and equipped so as to ensure the health safety of the patients. Physical health and safety features of the environment shall conform to requirements of local, state, and federal authorities having jurisdiction. In any event, the facility shall provide verification of the following:

1. patients shall be protected against the dangers of fire and smoke.

2. patients shall be protected against injury attributable to the design and equipment of the environment.

3. patients shall be protected against electrical hazards.

4. patients shall be protected against spread of disease and infection.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 28 PHYSICAL PLANT CONSTRUCTION REFERENCES

Rule 52.28.1 The following minimum standards as stated in previous parts are also applicable to chemical dependency units: Chapter 41- Physical Plant

1. Rule 41.8.1 General

2. Rule 41.8.2 Codes

3. Subchapter 9 Submission of Plans

4. Rule 41.9.1

5. Rule 41.9.2

6. Rule 41.9.3

7. Rule 41.9.4

8. Rule 41.9.5

9. Rule 41.9.6

10. Rule 41.9.7 Environment

11. Rule 41.9.8 Zoning Restrictions

12. Rule 41.9.9 Access

13. Rule 41.9.10 Elements of Construction

    a. Corridors - shall be 60" wide and 7'6" high (clear). The surface of all floors and walls shall be washable. All corridors longer than 150' shall be subdivided by a smoke barrier and must be maintained free of obstruction.

    b. Doors-all doors in corridors shall be 20-minutes fire rated doors (1-3/4" solid core wood door as a minimum). All doors to patient bedrooms, diagnostic and treatment areas, and other doors used by residents shall be at least 36" wide. No door shall swing into the corridor except closet doors. Doors to hazardous areas defined in the Life Safety Code shall be 1-1/2 hour "B" labeled fire doors. Exit doors shall conform to the requirements set forth in the Life Safety code.

14. Subchapter 10 Fire Reporting and Protection

15. Rule 41.10.1

16. Rule 41.102

17. Rule 41.10.3Heating and Ventilating

18. Subchapter 11 Plumbing

19. Rule 41.11.1

20. Rule 41.11.2

21. Rule 41.11.3

22. Subchapter 12 Sewage Disposal

23. Rule 41.12.1

24. Rule 41.12.2

25. Rule 41.13.2

    a. Nurses' Call System: A minimum of 10% of the facility bedrooms be equipped with a nurses' call system. The rooms that are equipped with nurses' call system shall be located adjacent to the nurses' station.

    b. These rooms are generally intended for initial detoxification or special treatment.

26. Subchapter 14 Emergency Electrical Services

27. Rule 41.14.1

28. Rule 41.14.2

29. Emergency Electrical Systems: Emergency electrical service shall be provided in accordance with the applicable section of the Life Safety Code.

30. Rule 41.14.3

31. Rule 41.14.3(1)

32. Rule 41.14.3(2)

33. Rule 41.14.3(3)

34. Rule 41.14.3(4)

35. Rule 41.14.4 Finishings:

    a. Bed-each patient room shall be equipped with a quality bed acceptable for this environment.

    b. Bedside Cabinet-A bedside cabinet or table shall be provided.

36. Rule 41.14.5

37. Rule 41.14.6 Delete (Cubicle Curtains)

38. Rule 41.14.7

39. Rule 41.14.8

40. A lavatory shall be located in the bedroom or in a private toilet room.

41. Rule 41.14.9 Service Areas

42. Rule 41.14.10 Delete (Isolation Room)

43. Rule 41.14.11 Detention Room

44. Subchapter 15 Delete (Special Care)

45. Subchapter 31 Delete (Newborn Nursery)

46. Rule 41.15.9 Delete (Pediatric Unit)

47. Rule 41.16.9

48. Subchapter 17 Delete (Central Sterile Supply)

49. Subchapter 19: Outpatient Area: An outpatient area shall be provided when indicated.

50. Subchapter 20 Radiology Suite (Delete if provided by arrangement)

51. Subchapter 21 Laboratory (Delete if provided by arrangement)

52. Subchapter 22 Drug Room-Refer to Subchapters 66-69-Pharmacy Services

53. Subchapter 23 Dietary

54. Subchapter 24 Administrative Area

55. Rule 41.24.2:

    a. Housekeeping Area-to include: Housekeeper's office or suitable area designated for record keeping.

    b. Storage space for maid's carts, if used.

56. Rule 41.24.3 Laundry: Facilities shall be provided for personal laundry for use by patients. This area shall be separated from areas by a one hour fire rated wall.

57. Rule 41.24.4 General Storage: There shall be a two hour fire rated lockable room large enough to provide five square feet of general storage for each bed provided.

58. Rule 41.24.5 Boiler Room

59. Rule 41.24.6 Maintenance Area: Sufficient area for performing routine maintenance activities shall be provided and shall include an office or suitable area designated for record keeping.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.28.2 Add the following sections:

1. Day Room: At least two general areas for use as living room, day room or recreation shall be provided. A minimum of 18 square feet per patient bed shall be available for this purpose.

2. Dining Room: A minimum of 15 square feet per patient bed shall be provided for use as a Dining Room. Adequate tables and chairs shall be provided to seat all patients, staff and guests.

3. Counseling Rooms: At least one, small room shall be provided for each 20 patients for the purpose of individual private treatment or counseling.

4. Examination & Treatment Room: At least one room shall be provided for the purpose of examination and treatment. The room shall be equipped with a lavatory and towel dispenser, examination table and storage space, with adequate lighting.

5. Group Counseling Rooms: At least two rooms shall be provided large enough to accommodate 8-10 patients for the purpose of group counseling sessions.

6. Subchapter 42 Fire Control and Internal Disaster

7. Rule 41.46.1 Housekeeping

8. Rule 41.46.2

9. Rule 41.46.3 Delete

10. Rule 41.46.4

11. Rule 41.46.5

12. Rule 41.46.6

13. Rule 41.46.7

14. Rule 41.46.8

15. Rule 41.46.9

16. Subchapter 47 Laundry and Linen

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 29 GLOSSARY

Rule 52.29.1 **Activity Director, Qualified**. An individual with a bachelor's degree who has at least one year of experience in assessing, planning, and coordinating activity services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.2 **Activity Services**. Structured activities designed to develop an individuals creative, physical, and social skills through participation in recreational, art, dance, drama, social, and other activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.3 **Administrative**. Relates to the fiscal and general management of a facility rather than to the direct provision of services to patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.4 **Aftercare**. Services that are provided to a patient after discharge and that support and increase the gains made during treatment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.5 **Assessment**. Those procedures by which a person evaluates an individual's strengths, weaknesses, problems and needs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.6 **Authentication**. Proof of authority and responsibility by written signature, identifiable initials, computer key, or other method. The use of a rubber stamp signature is acceptable only under the following conditions: the person whose signature the rubber stamp represents is the only one who has possession of the stamp and is the only one who uses it, and this person gives the chief executive officer a signed statement that he or she is the only one who has the stamp and is the only one who will use it.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.7 **Authority Having Jurisdiction**. The organization, office, or individual responsible for approving a piece of equipment, an installation, or a procedure.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.8 **Bylaw**s. The laws, rules, or regulations adopted for the government of the facility. Also used for the laws, rules, or regulations of the professional staff.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.9 **Chemical Dependency Unit**. A hospital or an established and dedicated unit of a "general", "psychiatric" or "rehabilitation" hospital, or a "free-standing" unit, which has beds that are organized, properly staffed and equipped to render services over a continuous period exceeding 24 hours to individuals requiring diagnosis and treatment of alcohol and other drug-related dependencies.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.10 **Chief Executive Officer**. A job-descriptive term used to identify the individual appointed by the governing body to act on its behalf in the overall management of the facility. Other job titles may include administrator, superintendent, director, president, vice-president, and executive vice-president.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.11 **Clinical Privileges**. Authorization of the governing body to render patient care and treatment services in the facility within well-defined limits, based upon the individual's professional qualifications, experience, competence, ability, and judgment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.12 **Consultant**. An individual who provides professional advice or services upon request.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.13 **Contract**. A formal agreement with any organization, agency, or individual, approved by the governing body, that specifies the services, personnel, and/or space to be provided to, or on behalf of, the facility and the monies to be expended in exchange.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.14 **Counselor**. An individual with specialized training.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.15 **Department**. A staff entity organized on administrative, functional, or disciplinary lines.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.16 **Detoxification**. The systematic reduction of the amount of a toxic agent in the body or the elimination of a toxic agent from the body.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.17 **Dietetic Services**. The provision of services to meet the nutritional needs of patients, with specific emphasis on patients who have special dietary needs, for example, patients who are allergic to certain foods or who cannot accept a regular diet.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.18 **Dietitian, Qualified**. An individual who is registered by the Commission on Dietetic Registration of the American Dietetic Association.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.19 **Diet Manual**. An up-to-date, organized system for standardizing the ordering of diets.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.20 **Discharge**. The point at which the patient's active involvement with a facility is terminated and the facility no longer maintains active responsibility for the patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.21 **Drug History**. A delineation of the drugs used by a patient, including prescribed and unprescribed drugs and alcohol. A drug history includes, but is not necessarily limited to, the following: drugs used in the past; drugs used recently, especially within the preceding 48 hours; drugs of preference; frequency with which each drug is used; route of administration of each drug; drugs used in combination; dosages used; year of first use of each drug; previous occurrences of overdose, withdrawal, or adverse drug reactions; and history or previous treatment received for alcohol or drug abuse.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.22 **Emergency Kit**. A kit designed to provide the medical supplies and pharmaceutical agents required during an emergency. In compiling emergency kits, staff should consider the patients' needs for psychotropic, anticholinergic, and adrenalin agents.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.23 **External Disaster**. A catastrophe that occurs outside the facility and for which the facility, based on its size, and resources must be prepared to serve the community.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.24 **Facility**. An organization that provides psychiatric substance abuse, and/or mental health services to patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.25 **Fiscal Management**. Procedures used to control a facility's overall financial and general operations. Such procedures may include cost accounting, program budgeting, materials purchasing, and patient billing.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.26 **Formulary**. A catalog of the pharmaceuticals approved for use in a facility. A formulary lists the names of the drugs and information regarding dosage, contraindications, and unit dispensing size.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.27 **Goal**. An expected result or condition that takes time to achieve, that is specified in a statement of relatively broad scope, and that provides guidance in establishing intermediate objectives directed towards its attainment.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.28 **Governing Body**. The person or person with ultimate authority and responsibility for the overall operation of the facility.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.29 **Guardian**. A parent, trustee, committee, conservator, or other person or agency empowered by law to act on behalf of, or have responsibility for, an applicant or patient.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.30 **Hazardous Area**. Any area in which the following are used: products that are highly combustible, highly flammable, or explosive; or materials that are likely to burn with extreme rapidity or produce poisonous fumes or gases. Consult the 1972 edition of the Life Safety Code (NFPA 101) for further clarification.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.31 **Hazardous Procedures**. Procedures that place the patient at physical or psychological risk or in pain.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.32 **Incident Reports**. Documentation of events or actions that are likely to lead to adverse effects and/or that vary from established policies and procedures pertaining to patient care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.33 **Interdisciplinary Team**. A group of clinical staff composed of representative from different professions, disciplines, or service areas.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.34 **May**. Used to reflect an acceptable method of compliance with a standard that is recognized but not preferred. See shall and should.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.35 **Medical Record Administrator, Qualified**. A registered record administrator who has successfully passed an appropriate examination conducted by the American Medical Record Association.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.36 **Medical Record Technician, Qualified**. An accredited record technician who has successfully passed the appropriate accreditation examination conducted by the American Medical Record Association.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.37 **NFPA**. National Fire Protection Association, 470 Atlantic Avenue, Boston, Massachusetts 02210.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.38 **Nurse**. A person licensed and registered to practice nursing in the state in which he or she practices.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.39 **Nurse, Practical**. A person licensed or registered as a practical or vocational nurse in the state in which he or she practices.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.40 **Objective**. An unexpected result or condition that takes less time to achieve than a goal, is stated in measurable terms, has a specified time for achievement, and is related to the attainment of a goal.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.41 **Occupational Therapist, Qualified**. An individual who is a graduate of an occupational therapy program approved by a nationally recognized accrediting body, or who currently holds certification by the American Occupational Therapy Association as an occupational therapist, registered, who meets any current legal

requirements of licensure or registration; and who is currently competent in the field.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.42 **Parenteral Product**. Sterile, pharmaceutical preparations ingested by the body through a route other than the alimentary canal.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.43 **Patient**. An individual who receives treatment services. Patient is synonymous with client, resident, consumer, and recipient of treatment services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.44 **Personnel Record**. The complete employment record of a staff member or an employee, including job application, education and employment history, performance evaluation, and, when applicable, evidence of current licensure, certification, or registration.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.45 **Pharmacist**. An individual who has a degree in pharmacy and is licensed and registered to prepare, preserve, compound, and dispense drugs and chemicals in the state in which he or she practices.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.46 **Physician, Qualified**. A doctor of medicine or doctor of osteopathy who is fully licensed to practice medicine in the state in which he or she practices.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.47 **Program**. A general term for an organized system of services designed to address the treatment needs of patients.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.48 **Program Evaluation**. An assessment component of a facility that determines the degree to which a program is meeting its stated goals and objectives.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.49 **Psychiatrist, Qualified**. A doctor of medicine who specializes in the assessment and treatment of individuals having psychiatric disorders and who is fully licensed to practice medicine in the state in which he or she practices.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.50 **Psychologist, Qualified**. An individual licensed by the State Board of Psychological Examiners with a specialty area in clinical or counseling psychology (refer to Mississippi Code of 1972, annotated and amended. Section 73-31-1)

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.51 **Restraint**. A physical or mechanical device used to restrict the movement of the whole or a portion of a patient's body. This does not include mechanisms used to assist a patient in obtaining and maintaining normative body functioning, for example, braces and wheelchairs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.52 **Seclusion**. A procedure that isolates the patient to a specific environmental area removed from the patient community.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.53 **Service**. Used to indicate a functional division of a program or of the professional staff. Also used to indicate the delivery of care.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.54 **Shall**. Used to indicate a mandatory standard.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.55 **Should**. Used in a standard to indicate the commonly accepted method of compliance.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.56 **Social Assessment**. The process of evaluating each patient's environment, religious background, childhood developmental history, financial status, reasons for seeking treatment , and other pertinent information that may contribute to the development of the individualized treatment plan.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.57 **Social Worker, Qualified**. An individual who is licensed in the State with a master's degree from an institution accredited by the Council on Social Work Education, and is clinically qualified by training with two years experience in working with mentally ill children/adolescents.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.58 **Substance Abuse Worker**. Professionals representing multiple disciplines who have clinical training and/or experience specifically related to providing substance abuse services.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.59 **Therapeutic Activity Services**. Goal-oriented activities designed to help an individual develop expressive and/or performance skills through participation in art, crafts, dance, drama, movement, music, prevocational, recreational, self-care, and social activities.

SOURCE: Miss. Code Ann. §41-9-17

Rule 52.29.60 **Transfer**. Movement of a patient from one treatment service or location to another.

SOURCE: Miss. Code Ann. §41-9-17

CHAPTER 53 DRUG AND ALCOHOL TESTING REGULATIONS

Subchapter 1 AUTHORITY AND PURPOSE.

Rule 53.1.1 The following rules and regulations for drug and alcohol testing of employees and job applicants by public and private employers are duly adopted and promulgated by the Mississippi State Department of Health pursuant to the authority expressly conferred by the laws of the State of Mississippi at Sections 71-7-1, et. al., of the Mississippi Code of 1972, Ann., hereinafter referred to as "the Act."

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.1.2 The purpose of these rules and regulations is to promulgate standards and guidelines concerning:

1. Standards for drug and alcohol testing, laboratory certification, suspension and revocation of certification;

2. Body specimens that are appropriate for drug and alcohol testing;

3. Retention and storage procedures to ensure reliable results on confirmation tests and retests;

4. Initial drug and alcohol tests and confirmation tests; and

5. Standard language to be included in employer's drug and alcohol testing notices concerning:

   a. A statement advising the employee of the existence of state statutes on employer drug and alcohol testing;

b. A general statement concerning confidentiality; and

c. Procedures for how employees can confidentially report the use of prescription or nonprescription medications prior to being tested.

SOURCE: *Miss. Code Ann.* § 71-7-21

Subchapter 2 SCOPE.

Rule 53.2.1 In the State of Mississippi, every public and private employer who voluntarily implements a drug and alcohol testing policy and program, pursuant to the Act, shall do so in accordance with these regulations. Any person or entity who collects specimens for drug and alcohol testing, who conducts initial and/or confirmation tests, or who conducts retests on specimens after a positive confirmation test, pursuant to the Act, shall do so in accordance with these regulations.

SOURCE: *Miss. Code Ann.* § 71-7-21

Subchapter 3 DEFINITIONS.

Rule 53.3.1 **Alcohol**. Ethyl alcohol.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.2 **The Act**. Sections 71-7-1, et.al., of the Mississippi Code of 1972, Ann.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.3 **Board**. The Mississippi Board of Health.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.4 **Confirmation Test**. A drug and alcohol test on a specimen to substantiate the results of a prior drug and alcohol test on the specimen. The confirmation test must use an alternate method of equal or greater specificity than that used in the previous drug and alcohol test.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.5 **Department**. The Mississippi State Department of Health.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.6 **Drug**. An illegal drug, or a prescription or nonprescription medication.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.7 **Drug and Alcohol Test**. A chemical test administered for the purpose of determining the presence or absence of a drug or alcohol or their metabolites in a person's bodily fluids.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.8 **Employee**. Any person who supplies a service for remuneration or pursuant to any contract for hire to a private or public employer in this state.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.9 **Employer**. Any individual, organization or government body, subdivision or agency thereof, including partnership, association, trustee, estate, corporation, joint stock company, insurance company or legal representative, whether domestic or foreign, or the receiver, trustee in bankruptcy, trustee or successor thereof, and any common carrier by mail, motor, water, air or express company doing business in or operating within this state, or which has offered or may offer employment to one or more individuals in this state.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.10 **Illegal Drugs.** Any substance, other than alcohol, having psychological and/or physiological effects on a human being and that is not a prescription or nonprescription medication, including controlled dangerous substances and controlled substance analogs or volatile substances which produce the psychological and/or physiological effects of a controlled dangerous substance through deliberate introduction into the body.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.11 **Initial Test**. An initial drug or alcohol test to determine the presence or absence of drugs or alcohol or their metabolites in specimens.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.12 **Laboratory**. Any laboratory that is currently certified or accredited by the federal Clinical Laboratory Improvement Act, as amended, by the federal Substance Abuse and Mental Health Services Administration, by the College of American Pathologists, or that has been deemed by the State Board of Health to have been certified or accredited by an appropriate federal agency, organization or another state.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.13 **MRO**. Medical Review Officer.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.14 **Medical Review Officer**. A licensed physician responsible for receiving laboratory results generated by an employer's drug and/or alcohol testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's positive test result together with his or her medical history and any other relevant biomedical information.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.15 **Nonprescription Medication**. A drug that is authorized pursuant to federal or state laws for general distribution and use without a prescription in the treatment of human diseases, ailments, or injuries.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.16 **Prescription Medication**. A drug prescribed for use by a duly licensed physician, dentist or other medical practitioner licensed to issue prescriptions.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.17 **SAMHSA**. Substance Abuse and Mental Health Services Administration.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.3.18 **Specimen**. A tissue or product of the human body chemically capable of revealing the presence of drugs in the human body.

SOURCE: *Miss. Code Ann.* § 71-7-21

Subchapter 4 THE DRUGS.

Rule 53.4.1 An employer may include in its drug and alcohol testing protocols marijuana, cocaine, opiates, amphetamines, phencyclidine, alcohol and other controlled substances. However, if testing for controlled substances other than those specifically named above is conducted, testing for such substances can be done only if an appropriate federal agency has established an approved protocol and positive threshold for each such substance.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.4.2 Specimens collected under Department regulations may only be used to test for controlled substances designated for testing as described in this section and shall not be used to conduct any other analysis or test unless otherwise specifically authorized by Department regulations.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.4.3 This section does not prohibit procedures reasonably incident to analysis of specimens for controlled substances (e.g., determination of pH or tests for specific gravity, creatinine concentration or presence of adulterants).

SOURCE: *Miss. Code Ann.* § 71-7-21

Subchapter 5 BODY SPECIMENS APPROPRIATE FOR DRUG AND ALCOHOL TESTING.

Rule 53.5.1 **Drugs** - Urine for initial and confirmation tests.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.5.2 **Alcohol** - Breath and/or saliva for initial tests; Blood for confirmation tests.

SOURCE: *Miss. Code Ann.* § 71-7-21

Subchapter 6 COLLECTION OF SPECIMENS; INITIAL TESTING AND ANALYSIS PROCEDURES.

Rule 53.6.1 Employers who implement a drug and alcohol testing program pursuant to the Act shall contract with manufacturers, vendors, or other providers of drug and alcohol testing devices, or with a laboratory, for the purpose of initial drug and alcohol testing of employees to:

1. Train employees of the employer implementing the drug and alcohol testing program in the collecting of specimens and the administering of initial tests; or

2. Provide the employer with personnel to collect specimens and administer the initial tests.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.6.2 A specimen for a drug and alcohol test may be taken by any of the following persons:

1. A physician, a registered nurse or a licensed practical nurse;

2. A qualified person employed by a laboratory;

3. An employee or an independent contractor of the employer conducting a drug and alcohol testing program pursuant to the Act who has been trained in the collecting of specimens by a manufacturer, vendor, or other provider of drug and alcohol testing devices, or by a laboratory; or

4. Any person deemed qualified by the State Board of Health.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.6.3 Any initial drug or alcohol test yielding a positive result shall be followed by an appropriate confirmation test.

SOURCE: *Miss. Code Ann.* § 71-7-21

Subchapter 7 CONFIRMATION TEST - LABORATORY ANALYSIS PROCEDURES - REPORTING RESULTS.

Rule 53.7.1 Employers who implement a drug and alcohol testing program pursuant to the Act shall contract with a laboratory to conduct confirmation tests on specimens which produce a positive result in testing for drugs or alcohol in the initial.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.7.2 Laboratories, as certified or accredited as defined herein, which conduct confirmation drug and alcohol tests are required to have the following:

1. Methods of analysis and procedures to ensure reliable drug and alcohol testing results, including standards for initial tests and confirmation tests.

2. Chain-of-custody procedures to ensure proper identification, labeling and handling of specimens being tested,

3. Retention and storage procedures to ensure reliable results on confirmation tests and retests, and

4. Guidelines on how to establish cut-off detection levels for drugs or their metabolites for the purposes of determining a positive test result.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.7.3 Results of the confirmation test shall be reported by the laboratory to the employer's Medical Review Officer in accordance with the provisions set forth herein.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.7.4 All employers shall have a Medical Review Officer who shall be responsible for receiving and interpreting laboratory results of drug and alcohol tests. Said MRO shall be the sole person authorized to review the results of such tests.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.7.5 The laboratory shall report confirmation test results to the employer's Medical Review Officer within an average of five (5) working days after receipt of the specimen by the laboratory. The report shall identify the drugs/metabolites tested for, whether positive or negative, the specimen number assigned by the employer, and the laboratory specimen identification number (accession number).

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.7.6 The laboratory shall report as negative all specimens that are negative on the initial test or negative on the confirmation test. Only specimens confirmed positive shall be reported positive for a specific drug or alcohol.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.7.7 The laboratory shall send only to the Medical Review Officer the drug or alcohol testing results which, in the case of a report positive for drug or alcohol use, shall be signed by the individual responsible for day-to-day management of the laboratory or the individual responsible for attesting to the validity of the test reports.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.7.8 Unless otherwise instructed by the employer in writing, all records pertaining to a given urine or blood specimen shall be retained by the drug testing laboratory for a minimum of 2 years.

SOURCE: *Miss. Code Ann.* § 71-7-21

Rule 53.7.9 Laboratories will preserve positive specimens in such a manner as to ensure that said specimens will be available for any necessary retests in accordance with the Act.

SOURCE: *Miss. Code Ann.* § 71-7-21

Subchapter 8 LABORATORY CERTIFICATION, SUSPENSION AND REVOCATION OF CERTIFICATION.

Rule 53.8.1 A laboratory, as defined herein, is such a facility that is currently certified or accredited by the federal Clinical Laboratory Improvement Act, as amended, by the federal Substance Abuse and Mental Health Services Administration, by the College of American Pathologists, or that has been deemed by the State Board of Health to have been certified or accredited by an appropriate federal agency, organization or another state. Suspension and/or revocation of its standing as a laboratory by its certifying or accrediting body shall be deemed as suspension and/or revocation of its standing as a laboratory for the purposes of drug and alcohol testing.

SOURCE: *Miss. Code Ann.* § 71-7-21

Subchapter 9 STANDARD LANGUAGE.

Rule 53.9.1 Any employer in the State of Mississippi who utilizes an employee and/or job applicant drug and alcohol testing program, pursuant to the Act, shall in its

written policy statement and notice to employees include as a part of such written policy statement and notice the following wording:

1. You are hereby advised that (**Insert name of employer here**) has implemented a drug and alcohol policy and conducts a testing program, pursuant to Sections 71-7-1, et.al., of the Mississippi Code of 1972, Ann. (hereinafter referred to as "the Act"), and you are hereby advised of the existence of said Act.

2. All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by (**Insert name of employer here**) through its drug and alcohol testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Act and these regulations. Any information obtained by (**Insert name of employer here**) pursuant to the Act and these regulations shall be the property of the employer. (**Insert name of employer here**) shall not release to any person other than the employee or job applicant, or employer medical, supervisory or other personnel, as designated by (**Insert name of employer here**) on a need to know basis, information related to drug and alcohol test results unless: (a) The employee or job applicant has expressly, in writing, granted permission for (**Insert name of employer here**) to release such information; it is necessary to introduce a positive confirmed test result into an arbitration proceeding pursuant to a collective bargaining agreement, an administrative hearing under applicable state or local law, or a judicial proceeding, provided that information is relevant to the hearing or proceeding, or the information must be disclosed to a federal or state agency or other unit of the state or United States government as required under law, regulation or order, or in accordance with compliance requirements of a state or federal government contract, or disclosed to a drug abuse rehabilitation program for the purpose of evaluation or treatment of an employee; or there is a risk to public health or safety that can be minimized or prevented by the release of such information; provided, however, that unless such risk is immediate, a court order permitting the release shall be obtained prior to the release of the information. The confidentiality provisions provided for by the Act shall not apply to other parts of an employee's or job applicant's personnel or medical files. If an employee refuses to sign a written consent form for release of information to persons as permitted in the Act, (**Insert name of employer here**) shall not be barred from discharging or disciplining the employee.

3. An employee or job applicant to be tested shall be given (1) a medication disclosure form to permit the employee or job applicant to disclose any non-prescription or prescription medications that have been taken within forty-five (45) days prior to being tested, and (2) a statement that the form shall be submitted directly to the employer's designated Medical Review Officer, ensuring that no person or entity has access to the information disclosed on the form other than the Medical Review Officer.

SOURCE: *Miss. Code Ann.* § 71-7-21

CHAPTER 54 MINIMUM STANDARDS FOR CERTIFIED NURSE AIDES

Subchapter 1 GENERAL PURPOSE

Rule 54.1.1 Any aide that has been found by the licensing agency to have abused neglected, or misappropriated the property of a long-term care resident, shall be placed on the Nurse Aide Registry. Only the licensing agency may flag and/or place adverse findings against a nurse aide due to resident abuse, resident neglect, or misappropriation of resident property on the Nurse Aide Registry. The purpose of these regulations is to provide the procedural guidelines relating to all aspects of the administrative hearing process, should one be requested, for the placement of findings against a nurse aide on the Nurse Aide Registry.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 2 AUTHORITY.

Rule 54.2.1 Administrative Hearings are held pursuant to Title 42 of the Code of Federal Regulations (CFR), Sections 483.156(a), Establishment of Registry, and 483.158(c), Registry Content.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 3 DEFINITIONS

Rule 54.3.1 **Abuse**. Shall mean the willful infliction of physical pain, intimidation, injury or mental anguish on a long-term care resident, or the willful deprivation of goods or services which are necessary to attain or maintain the physical, mental, and/or psychosocial health of a long-term care resident. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish. "Abuse" shall not mean conduct which is a part of the treatment and care of, and in furtherance of the health and safety of a patient or resident. However, it shall include, but not be limited to, exploitation, involuntary seclusion, physical abuse, psychological abuse, psychosocial well-being, sexual abuse and/or verbal abuse.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.2 **Exploitation.** Shall mean the illegal or improper use of a resident or his resources for another's profit or advantage.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.3 **Involuntary Seclusion**. Shall mean separation of a resident from other residents or from his or her room or confinement to his or her room (with or without roommates) against the resident's will, or the will of the resident's legal representative. Emergency or temporary monitored separation from other residents will not be considered involuntary seclusion and may be permitted if

used for a limited period of time as a therapeutic intervention to reduce agitation as determined by professional staff and consistent with the resident's plan of care or until professional staff can develop a plan of care to meet the resident's needs.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.4 **Physical Abuse**. Shall include hitting, slapping, pinching, kicking, etc…, by which physical and/or psychological harm or trauma occurs. It also includes controlling behavior through corporal punishment.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.5 **Psychological Abuse**. Shall include, but is not limited to, intentional humiliation, harassment, threats of punishment or deprivation, whereby individuals suffer psychological harm or trauma.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.6 **Sexual Abuse**. Shall include, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.7 **Verbal Abuse**. Is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm, saying things to frighten a resident, such as telling a resident that he/she will never be able to see her/his family again.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.8 **Mental Abuse**. Shall include, but is not limited to, humiliation, harassment, threats of punishment or deprivation.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.9 **Aide**. Shall mean a certified nurse aide (CNA) who has met all requirements of the licensing agency and whose name appears on the Nurse Aide Registry. For purposes of alleged violation(s) by a student/trainee nurse aide, said individual is to be considered under the same guidelines as an aide.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.10 **Court**. Shall mean the chancery court of the county in which the nurse aide resides or the First Judicial District Chancery Court of Hinds County.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.11 **Department**. Shall mean the Mississippi Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.12 **Director**. Shall mean the Director of Division of Health Facilities Licensure and Certification, Mississippi Department of Health.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.13 **Finding**. Shall mean a determination made by the licensing agency that validates allegations of abuse, neglect, mistreatment, or misappropriation against a long-term care resident by an aide. The determination shall be based on clear and convincing evidence.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.14 **Hearing Officer**. Shall mean an individual appointed by the Director to preside over the Administrative Hearing with power to administer oaths, take testimony, rule on questions of evidence and make agency determinations of fact. The Hearing Officer may be employee of the Department or the Licensing Agency provided this individual is not directly involved in the investigation.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.15 **Investigator**. Shall mean an employee of the licensing agency who is a surveyor assigned to collect information regarding all alleged charges of resident abuse, resident neglect or misappropriation of resident property by an aide towards a resident.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.16 **Licensing Agency**. Shall mean the Division of Licensure and Certification of the Mississippi Department of Health, which is the Mississippi Survey Agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.17 **Long-Term Care Resident**. Shall mean any resident of a skilled nursing facility (SNF) and/or nursing facility (NF). For the purposes of these regulations, "resident" shall mean resident of a long-term care facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.18 **Misappropriation of Resident Property**. Is defined as the patterned or deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.19 **Neglect**. Shall mean the failure to supply the long term care resident with the care, food, clothing, goods, shelter, health care, supervision, or other services which are necessary to maintain his/her mental and physical health. Neglect occurs on an individual basis when a resident does not receive care in one or more areas (e.g., absence of frequent monitoring for a resident known to be incontinent, resulting in being left to lie in urine or feces).

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.3.20 **Surveyor**. Shall mean an individual who has successfully completed the Health Care Financing Administration approved training and passed the Surveyor Minimum Qualifications Test (SMQT).

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 4 PROCEDURE

Rule 54.4.1 Whenever information is received, or when the licensing agency has cause to believe that an aide has abused, neglected, or misappropriated the property of a long-term care resident, the licensing agency shall investigate the same. Documentation of said investigation shall be made including, but not limited to, the nature of the allegation and the evidence that led the licensing agency to conclude that the allegation was valid or not.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.4.2 Once an allegation that resident neglect, resident abuse, or misappropriation of resident property is found valid, based on oral or written evidence and investigation, the State completes the following notification procedures: The State notifies the following in writing within ten (10) working days of the investigation:

1. Aide(s) implicated in the investigation;

2. The current administrator of the facility in which the incident occurred; and

3. Nurse Aide Registry.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.4.3 Upon receipt of a copy of the notice of right to hearing by the Nurse Aide Registry, a disciplinary flag will be entered in the Nurse Aide Registry to indicate that an investigation has been conducted, allegations have been found valid by the licensing agency, and the aide has been notified of his/her right to a hearing. No specific details are entered on the Nurse Aide Registry at this time.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.4.4 Notice of Right to Hearing is sent to the aide at his/her last known address registered with the nursing home or the licensing agency. Attached to the notice shall be a written finding by the Licensing Agency stating the reasons for its determination. The notice is sent via regular United States Postal Services mail and Certified Mail, Return Receipt Requested.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.4.5 The notice will include the following information:

1. A statement informing the aide of the nature of the allegation and his/her conduct constituting the violation and confirmation of the findings by the licensing agency's investigator;

2. Date and approximate time of the occurrence;

3. A statement that the aide has a right to a hearing and must request a hearing in writing within thirty (30) days from the date of the notice;

4. A statement that the "Request for Hearing Form" accompanying the notice may be used to request a hearing;

5. A statement that if the aide fails to request a hearing in writing or the time to request a hearing has expired, it will be interpreted as a waiver of his/her right to a hearing and the Licensing Agency's findings will be reported to the Nurse Aide Registry;

6. A statement of the Licensing Agency's intent to place substantiated findings by an Administrative Hearing Officer on the Nurse Aide Registry;

7. A statement advising the aide of the consequences of waiving the right to a hearing and/or the consequences of a finding by the hearing officer that the resident abuse or resident neglect or misappropriation of resident property did occur (e.g., findings must be included and remain in the registry permanently, unless the finding was made in error, the individual was found not guilty in a court of law, or the State is notified of the individual's death);

8. A statement that any prospective employer, or others, checking the aide's status on the Nurse Aide Registry will be advised of any pending hearing and/or final decision;

9. A statement that whether or not a hearing is requested, the aide has the right to submit a written statement disputing the allegations if he/she chooses to do so; and

10. Right of the accused aide to be represented by an attorney at the individual's own expense.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.4.6 If a hearing is requested, the same shall be held within sixty (60) days of the request. A "Notice of Administrative Hearing" shall be sent stating the date, time, and place of the hearing.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.4.7 The notice will be sent to the following individuals:

1. Aide(s) implicated in the investigation;
2. The current administrator of the facility in which the incident occurred; and
3. Attorney for the aide (if applicable).

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.4.8 The notice will include the following information:

1. A statement that the aide may appear with or without counsel, shall have the right to cross-examine all witnesses, present evidence/testimony, either written or oral, on his or her own behalf, and to refute any testimony or evidence presented;
2. A statement that formal rules of evidence and procedure will not apply, but a record of said hearing shall be made. The licensing agency shall present its case, and the aide will then present his/her case; and
3. A statement that if the aide requests a hearing but fails to appear for the scheduled hearing, this will be interpreted by the Licensing Agency as a waiver of the aide's right to a hearing and findings against the aide will be placed on the Nurse Aide Registry.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.4.9 The notice will be sent via United States Postal Service regular and Certified Mail, Return Receipt Requested. A copy of the "Regulations Regarding Placement of Findings of Resident Abuse, Resident Neglect, and/or Misappropriation of Resident Property Against a Nurse Aide Registry" will be included with the notice.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 5 CONDUCT OF HEARING

Rule 54.5.1 A Hearing Officer will be appointed by the Director.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.5.2 The State must hold a hearing and complete the hearing record within 120 days from the date of receipt of the hearing request.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.5.3 The State must hold the hearing in a manner consistent with State practice, at a time and place established by the licensing agency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.5.4 Formal rules of evidence and procedure will not apply, but a record of said hearing shall be made. The licensing agency shall present its case, and the aide will then present his/her case. In order for the licensing agency's decision to be upheld, the facts constituting the violation must be proved by substantial evidence.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.5.5 At the close of the hearing, the Administrative Hearing Officer shall, within sixty (60) days, prepare written findings and conclusions, and an order. This order will be the final agency decision.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.5.6 If the Administrative Hearing Officer finds that the aide neglected or abused a resident or misappropriated a resident's property, the substantiated findings must be reported in writing within ten (10) days to:

1. Aide;
2. Attorney for aide (if applicable);
3. Current administrator of the facility in which the incident occurred;
4. The administrator of the facility that currently employs the individual, if it is not the same facility in which the incident occurred;
5. The Division of Medicaid; and
6. The Nurse Aide Registry.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.5.7 The notification sent to the aide will be mailed via United States Postal Service regular and Certified Mail, Return Receipt Requested. A copy of the Administrative Hearing Officer's decision will be attached to the notice. The notification will include the following:

1. A statement that the Administrative Hearing Officer found that the aide did abuse a resident, neglect a resident, and/or misappropriated a resident's property;

2. A statement that the aide is not eligible to work in a long-term care facility in Mississippi;

3. A statement that if an aide is aggrieved of the final decision, the aide may appeal on the record to the appropriate chancery court; and

4. A statement that the aide will bear the cost of transcription of the earlier proceedings, and preparation of the record, should an appeal be taken.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 6 REPORTING FINDINGS TO THE NURSE AIDE REGISTRY

Rule 54.6.1 The licensing agency must notify the Nurse Aide Registry of the findings.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.6.2 The Administrative Hearing Officer's findings of resident abuse, resident neglect or misappropriation of resident property must be included in the Nurse Aide Registry within ten (10) working days of the Administrative Hearing Officer's decision.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.6.3 The following information must be included and remain in the registry permanently, unless the findings was made in error, the individual was found not guilty in a court of law, or the State is notified of the individual's death:

1. Documentation of the investigation, including the nature of the allegation and the evidence that led to the conclusion that the allegation was valid;

2. The date of the hearing, if such request was made, and its outcome;

3. The date of the court decision (i.e., review of Hearing Officer's decision by a court or criminal conviction by a court), and its outcome; and

4. A statement by the individual disputing the allegation if the individual chose to make one.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.6.4 If an aide is found guilty by a court of law or pleads nolo contendere for abusing or neglecting a resident or misappropriating a resident's property, it is not necessary to offer an administrative hearing concerning the same incident before making a notation in the registry. The trial and court order satisfy the Social

Security Act's requirements for a hearing. In this case, the findings of the court will be placed on the Nurse Aide Registry.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.6.5 If the Administrative Hearing Officer finds that the aide did not neglect or abuse a resident or misappropriate a resident's property, the disciplinary flag will be removed and the aide's name restored to full capacity on the Nurse Aide Registry.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 7 CONFIDENTIALITY OF RECORDS

Rule 54.7.1 Information relating to complaints/allegations that are found to be invalid shall not be disclosed.

SOURCE: Miss. Code Ann. §43-11-13

Rule 54.7.2 Prior to a hearing or the opportunity for hearing, information relating to complaints/allegations that are found to be valid will be disclosed as set forth in paragraph 103.02 above. Along with the fact that adverse findings against a nurse aide have been placed on the Nurse Aide Registry, other information shall be released pursuant to Title 42 of the Code of Federal Regulations, Section 483.156 (d), Disclosure of Information. The records and documentation concerning the investigation and findings will be permanently maintained by the licensing agency. These records shall include, where applicable, documentation of the investigation, including the nature of the allegation and evidence that led the licensing agency to conclude that the allegation was valid; any statements made by the aide in writing, disputing the allegation; and the date and outcome of the hearing.

SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 82 MINIMUM STANDARDS FOR UTILIZATION REVIEW AGENTS

Subchapter 1 AUTHORITY AND PURPOSE

Rule 82.1.1 The following Rules and Regulations for Utilization Review in Mississippi are duly adopted and promulgated by the Mississippi State Board of Health pursuant to the authority expressly conferred by Section 41-83-1 et seq., Mississippi Code of 1972 Annotated.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.1.2 The purpose of these rules and regulations is to promote the delivery of quality health care in a cost effective manner; foster greater coordination between payors

and providers conducting utilization review activities; protect patients, business and providers by ensuring that private review agents are qualified to perform utilization activities and to make informed decisions on the appropriateness of medical care; and to ensure that private review agents maintain the confidentiality of medical records.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 2 SCOPE

Rule 82.2.1 In the State of Mississippi, every health insurance plan or every insurer proposing to issue or deliver a health insurance policy or contract or administer a health benefit program which provides for the coverage of hospital and medical benefits and the utilization review of those benefits; every health insurer proposing to issue or deliver in this state a group or blanket health insurance policy or administer a health benefit program which provides for the coverage of hospital and medical benefits and the utilization review of such benefits shall:

1. Have a certificate in accordance with these regulations;

2. Contract with a private review agent that has a certificate in accordance with these regulations.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.2.2 Notwithstanding any provisions of these regulations, for claims where medical necessity of the provision of a covered benefit is disputed, an insurer that does not meet the requirements of this section shall pay any person or hospital entitled to reimbursement under the policy or contract.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 3 DEFINITIONS

1. **Appeal**: A formal request to reconsider a determination not to certify an admission, extension of stay, or other medical service.

2. **Attending Physician**: The physician with primary responsibility for the care provided to a patient in a hospital or other health care facility.

3. **Certificate**: A certificate of registration granted by the Mississippi Department of Health to a private review agent, and is not transferable.

4. **Certification**: A determination by a utilization review organization that an admission, extension of stay, or other medical service has been reviewed and based on the information provided, qualifies as medically necessary and

appropriate under the medical review requirements of the applicable health benefit plan.

5. **Certification Number**: The number assigned to each certified private review agent. This number is not transferable.

6. **Certified Private Review Agent**: A private review agent who meets all the criteria for certification as set forth in these rules and regulations, has paid all current fees, and has been assigned a certification number.

7. **Concurrent Review**: Utilization review conducted during a patient's hospital stay or course of treatment.

8. **Consulting Physician**: A Medical Doctor, Doctor of Osteopathy, Dentist, Psychologist, Podiatrist or Chiropractor who possess the degree of skill ordinarily possessed and used by members of his or her profession in good standing, and actively engaged in the same type of practice and relevant specialty. The medical and osteopathy specialist shall be certified by the Boards within the American Board of Medical Specialists or the American Board of Osteopathy.

9. **Department**: The Mississippi Department of Health.

10. **Director**: The Director of the Division of Health Facilities Licensure and Certification of the Mississippi Department of Health.

11. **Enrollee**: The individual who has elected to contract for, or participate in, a health benefit plan for their self and/or their dependents.

12. **Expedited Appeal**: A request for additional review of a utilization review organization's determination not to certify an admission, extension of stay, or other medical service. An expedited appeal request may be called a reconsideration request by some utilization review organizations.

13. **Hospital**: An institution which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment and care of injured, disabled or sick persons, or rehabilitation services for the rehabilitation of injured, disabled or sick persons, and also, means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment and illness, disease, injury or deformity, or a place devoted primarily to providing obstetrical or other medical, surgical or nursing care of individuals, whether or not any such place be organized or operated for profit and whether any such place be publicly or privately owned. The term "Hospital" does not include convalescent or boarding homes, children's homes, homes for the aged or other like establishments where room and board only are provided, nor does it include offices or clinics where patients are not regularly kept as bed patients.

14. **Patient**: The intended recipient of the proposed health care, his/her representative, and/or the enrollee.

15. **Physician Advisor**: A physician representing the claim administrator/utilization review organization who provides advice on whether to certify an admission, extension of stay, or other medical service as being medically necessary and appropriate.

16. **Private Review Agent**: A non-hospital affiliated person or entity performing utilization review on behalf of:

    a. An employer or employees in the State of Mississippi; or

    b. A third party that provides or administers hospital and medical benefits to citizens of this state, including: a health maintenance organization issued a certificate of authority under and by virtue of the laws of the State of Mississippi, or a health insurer, nonprofit health service plan, health insurance service organization, or preferred provider organization or other entity offering health insurance policies, contracts or benefits in this state.

17. **Provider Utilization Review Representative**: The person(s) in a physician's office or hospital designated by the physician or hospital to provide the necessary information to complete the review process.

18. **Review Criteria**: The written policies, decision rules, medical protocols, or guides used by the utilization review organization to determine certification [e.g., Appropriateness Evaluation Protocol (AEP) and Intensity of Service, Severity of Illness, Discharge, and Appropriateness Screens (ISD-A)].

19. **Utilization Review**: A system for reviewing the appropriate and efficient allocation of hospital resources and medical services given or proposed to be given to a patient or group of patients. More specifically, utilization review refers to pre-service determination of the medical necessity or appropriateness of services to be rendered in a hospital setting either on an inpatient or outpatient basis, when such determination results in approval or denial of payment for the services. It includes both prospective and concurrent review and may include retrospective review under certain circumstances.

20. **Utilization Review Plan**: A description of the utilization review procedures of a private review agent.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 4 APPLICATION FOR CERTIFICATION

Rule 82.4.1 A private review agent who approves or denies payment or who recommends approval or denial of payment for hospital or medical services or whose review results in approval or denial of payment for hospital or medical services on a case

by case basis, may not conduct utilization review in this state unless the Mississippi Department of Health has granted the private review agent a certificate.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.4.2 The Mississippi Department of Health shall issue a certificate to any applicant that has met all the requirements and all applicable regulations of the department.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.4.3 A certificate is not transferable. When there is a change of ownership of the Certified Organization, a new application will be required and a new number will be issued.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.4.4 Any information required by the Department with respect to customers, patients or utilization review procedures of a private review agent shall be held in confidence and not disclosed to the public.

SOURCE: Miss. Code Ann. §41.83.1'

Rule 82.4.5 A Private Review Agent applying for a certificate shall submit the following documentation to the Department:

1. A completed application, signed and verified by the applicant;

2. An fee, as set by the Mississippi State Board of Health, made payable to Mississippi State Department of Health, either by business check, money order, or by electronic means; and

3. A utilization review plan which shall include all of the following components used by the private review agent to approve or deny payment or recommend approval or denial of payment in advance for proposed or delivered inpatient or outpatient care or retrospectively approve or deny under certain circumstances:

a. Elements of review for:

i. Preadmission

ii. Admission

iii. Preauthorization

iv. Second Surgical Opinion

v. Discharge Planning

vi. Concurrent Review

vii. Retrospective Review

viii. Readmission Review

b. Procedures for review, including:

i. Any form used during the review process;

ii. Time frames that shall be met during the review; and

iii. A written protocol describing every aspect of the review process;

iv. A description and examples of review criteria to be used for the review;

v. The provisions, procedures, and time frames by which patients, physicians, and hospitals may seek reconsideration or appeal of adverse decisions by the private review agent, including:

4. A written protocol describing the appeals procedure;

5. Any form which shall be completed during the appeals procedure;

6. Time frames that shall be met during the appeal procedure; and

7. The names and qualifications of personnel making final appeal determinations;

a. The number, type, and qualification or qualifications of the personnel either employed or under contract to perform the utilization review;

b. The policies and procedures to ensure that a representative of the private review agent is accessible to patients and providers five (5) days a week during normal business hours in this state, 9 A.M. to 5 P.M.; and that a free telephone number be provided with adequate lines available and staffed. The procedure for handling after-hours inquiries shall be specified.

c. The policies and procedures to ensure that all applicable state and federal laws to protect the confidentiality of individual medical records are followed;

d. A copy of the materials designed to inform applicable patients and providers of the requirements of the utilization review plan; and

e. A list (names and addresses) of the third party payors for which the private review agent is performing utilization review in this state.

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SOURCE: Miss. Code Ann. §41.83.1

Subchapter 5 RENEWAL OF CERTIFICATION

Rule 82.5.1 A certificate expires on the second anniversary of its effective date unless certification has been renewed for a two (2) year term.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.5.2 Before the certification expires, the certified private review agent may renew its certification for an additional two (2) year term, if the certified private review agent:

1. Is otherwise entitled to be certified;

2. Pays to the Department the renewal fee as set by the Board of Health, made payable to the Mississippi State Department of Health, either by business check, money order, or by electronic means; and

3. Submits to the Department:

   a. A renewal application on the form that the Department requires

   b. An update of information as required under Part IV of these rules and regulations

   c. An annual report.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.5.3 The Department shall renew the certification of each certified private review agent, if the requirements of these regulations are met.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 6 DENIAL OR REVOCATION OF CERTIFICATION AND PENALTY

Rule 82.6.1 The Director shall deny a certificate to an applicant if the Department finds that the applicant does not:

1. Have available the services of a sufficient number of registered nurses, that are supervised by appropriate physicians to efficiently carry out its utilization review activities;

2. Meet any applicable provisions of these rules and regulations relating to the qualifications of private review agents or the performance of utilization review the Department adopts relating to the qualifications of private review agents or the performance of utilization review;

3. Have policies and procedures which protect the confidentiality of medical records in accordance with applicable state and federal laws; or

4. Make itself accessible to patients and providers five (5) working days a week during normal business hours in this state.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.6.2 The Director may revoke the certification of a private review agent if the Department finds that the agent:

1. Does not comply with performance assurances;

2. Violates any provision of these rules and regulations;

3. Fails to substantially meet the standards and qualifications adopted by the Director; or

4. Fails to comply with the regulations adopted by the Department.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.6.3 Before denying or revoking a certificate, the Director shall provide the applicant or certificate holder:

1. Written notice of the reasons for the denial or revocation;

2. Thirty (30) days in which to supply additional information demonstrating compliance with the requirements; and

3. The opportunity to request a hearing in accordance with the Mississippi Administrative Procedures Law, Section 25-43-17, Mississippi Code of 1972.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.6.4 If the applicant requests a hearing, the Director shall send a hearing notice by certified mail, return receipt requested, at least thirty (30) days before the hearing.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.6.5 A private review agent may not disclose or publish individual medical records or any other confidential medical information obtained in the performance of

utilizaition review activities without the patient's authorization or an order of a county, circuit or chancery court of Mississippi or a U. S. District Court. It is provided, however, that nothing in these regulations shall prohibit private review agents from providing information to the third party with whom the private review agent is under contract or acting on behalf of.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.6.6 A person who violates any provision of these regulations is guilty of a misdemeanor, and on conviction is subject to a penalty not exceeding $1,000.00.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 7 UTILIZATION REVIEW STANDARDS

Rule 82.7.1. Responsibility for Obtaining Certification

1. In the absence of any contractual agreement to the contrary, the enrollee is responsible for notifying the private review agent in a timely manner and obtaining certification for health care services. A private review agent shall allow any licensed hospital, physician, or responsible patient representative, including a family member, to assist in fulfilling that responsibility.

2. To assure confidentiality, a private review agent must, when contacting a physician's office or hospital, provide its certification number, the caller's name, and professional qualification to the designated utilization review representative in the physician's office or hospital.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.7.2 Information Upon Which Utilization Review is Conducted

1. When conducting routine prospective and concurrent utilization review, the private review agent shall collect only the information necessary to certify the admission, procedure or treatment and length of stay.

2. A private review agent should not routinely expect hospitals and physicians to supply numerically codified diagnoses or procedures. The private review agent may ask for such coding, since if it is known, its inclusion in the data collected increases the effectiveness of the communication.

3. The private review agent shall not routinely request copies of medical records on all patients reviewed. During prospective and concurrent review, copies of medical records should only be required when a difficulty develops in certifying the medical necessity or appropriateness

of the admission or extension of stay. In those cases, only the necessary or pertinent sections of the record should be required.

4. Private review agents may request copies of medical records retrospectively for a number of purposes, including auditing the services provided, quality assurance, evaluation of compliance with the terms of the health benefit plan or UR provisions. With the exception of the reviewing of records associated with an appeal or with an investigation of data discrepancies and unless otherwise provided for by contract or law, health care providers should be reimbursed the reasonable direct costs of duplicating requested records for retrospective review.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.7.3 Except as otherwise provided in these standards, a private review agent should limit its initial data requirements to the following elements:

1. Patient Information

   a. Name

   b. Address

   c. Date of Birth

   d. Sex

   e. Social Security Number or Patient ID Number

   f. Name of Carrier or Plan

   g. Plan ID Number

2. Enrollee Information

   a. Name

   b. Address

   c. Social Security Number or Employee ID Number

   d. Relation to Patient

   e. Employer

   f. Health Benefit Plan

   g. Group Number/Plan ID Number

h. Other Coverage Available (Workers Comp., Medicare, etc.)

3. Attending Physician/Practitioner Information

   a. Name

   b. Address

   c. Phone Number

   d. Degree

   e. Specialty/Certification Status

   f. Tax ID or Other ID Number

4. Diagnosis/Treatment Information

   a. Primary Diagnosis

   b. Secondary Diagnosis

   c. Proposed Procedure(s) or Treatment(s)

   d. Surgical Assistant Requirement

   e. Anesthesia Requirement

   f. Proposed Admission or Service Date(s)

   g. Proposed Procedure Date

   h. Proposed Length of Stay

5. Clinical Information. Sufficient information for support of appropriateness and level of service proposed

6. Facility Information

   a. Type (such as in-patient, out-patient, rehab, etc.)

   b. Status (DRG exempt status, as needed)

   c. Name

   d. Address

   e. Phone Number

   f. Tax ID or Other ID Number

7. Concurrent (Continued Stay) Review Information

   a. Clinical Contact Person

   b. Additional Days/Services Proposed

   c. Reasons for Extension

   d. Diagnosis (same/changed)

   e. Clinical Information (Sufficient to support, as above)

8. Admissions to Facilities Other Than Acute Medical/Surgical Hospitals

   a. History of Present Illness

   b. Patient Treatment Plan and Goals

   c. Prognosis

   d. Staff Qualifications

   e. 24 Hour Availability of Staff

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.7.4. Special Situations

1. Additional information may be required for other specific review functions such as discharge planning or catastrophic case management. Second opinion information may also be required, when applicable, sufficient to support benefit plan requirements.

2. Information in addition to that described in this section may be requested by the private review agent or voluntarily submitted by the provider, when there is significant lack of agreement between the private review agent and health care provider regarding the appropriateness of certification during the review or appeal process. "Significant lack of agreement" means that the private review agent has:

   a. Tentatively determined, through its professional staff, that a service cannot be certified;

   b. Referred the case to a physician for review; and

   c. Talked to or attempted to talk to the attending physician for further information.

3. A private review agent should share all clinical and demographic information on individual patients among its various divisions (e.g., certification, discharge planning, case management) to avoid duplicate requests for information from enrollee or providers.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.7.5 Procedures For Review Determination

1. Each private review agent shall have written procedures to assure that reviews are conducted in a timely manner.

2. Each private review agent shall make certification determinations within two working days of receipt of the necessary information on a proposed admission or service requiring a review determination. Collection of the necessary information may necessitate a discussion with the attending physician or, based on the requirements of the health benefit plan, may involve a completed second opinion review.

3. A private review agent may review ongoing inpatient stays, but shall not routinely conduct daily review on all such stays. The frequency of the review for extension of the initial determination should vary based on the severity or complexity of the patient's condition or on necessary treatment and discharge planning activity. Routine concurrent review generally should not be necessary earlier than 24 hours prior to the lapse of the certified length of stay.

4. Each private review agent shall have in place written procedures for providing notification of its determination regarding certification, recertification, or extensions of previously authorized length of stay in accordance with the following:

5. When an initial determination is made to certify, notification shall be provided promptly either by telephone or in writing, to the attending physician. The notification shall be transmitted in writing to the hospital and attending physician, as well as to the enrollee or patient, within two working days.

6. A determination to certify resulting from concurrent review shall be transmitted to the attending physician by telephone or in writing within one working day of receipt of all information necessary to complete the review process or prior to the end of the current certified period.

7. If a private review agent transmits written confirmation of certification for continued hospitalization, that notification shall include the number of extended days, the new total number of days approved, and the date of admission.

8. When a determination is made not to certify a hospital or surgery facility admission or extension of a hospital stay or other service requiring review determination, the attending physician shall be notified by telephone within one working day and a written notification should be sent within one working day to the hospital, attending physician and the enrollee or patient. The written notification shall include the principal reason(s) for the determination and the way to initiate an appeal of the determination if the enrollee, patient, or their representative so chooses. Reasons for a determination not to certify shall include, among other things, the lack of adequate information to certify after a reasonable attempt has been made to contact the attending physician.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.7.6 Notwithstanding language to the contrary elsewhere contained herein, if a licensed physician certifies in writing to an insurer within seventy-two (72) hours of an admission that the insured person admitted was in need of emergency admission to hospital care, such shall constitute a prima facie case of the medical necessity of the admission. An emergency admission results from sudden onset of a medical condition manifested by acute symptoms of sufficient severity that absence of immediate inpatient hospitalization could reasonably result in:

1. Permanently placing the patient's health in jeopardy;

2. Serious impairment to bodily functions; or

3. Serious and permanent dysfunction of any bodily organ or part, or other serious medical consequences.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.7.7 To overcome this, the entity requesting the utilization review and/or the private review agent must show by clear and convincing evidence that the admitted person was not in need of immediate hospital care.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.7.8 Private review agents shall have in place written procedures to address the failure of a health care provider, patient, or their representative to provide the necessary information for review. If the patient or provider will not release the necessary information to the UR Organization, the UR Organization may deny certification in accordance with its own policy or that of the health benefit plan.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 8 APPEALS OF DETERMINATIONS NOT TO CERTIFY

Rule 82.8.1 Each private review agent shall have in place procedures for appeals of determinations not to certify an admission, procedure, service or extension of stay. The right to appeal shall be available to the patient or enrollee, and to the attending physician on behalf of the patient. The procedures for appeals shall include, at a minimum, the following statement:

1. Any person aggrieved by a final decision of the department or a private review agent in a contested case under this act shall have the right of judicial appeal to the chancery court of the county of the residence of the aggrieved person.

2. Notwithstanding any provision of this act, the insured shall have the express right to pursue any legal remedies he may have in a court of competent jurisdiction.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 9 EXPEDITED APPEAL

Rule 82.9.1 When an initial determination not to certify a health care service is made prior to or during an ongoing service requiring review, and the attending physician believes that the determination warrants immediate appeal, the attending physician shall have an opportunity to appeal that determination over the telephone on an expedited basis, within one working day. Each private review agent shall provide for reasonable access to its consulting physician(s) for such appeals. Both providers of care and private review agents should attempt to share the maximum information by phone, FAX, or otherwise to resolve the expedited appeal (sometimes called a reconsideration request) satisfactorily.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.9.1 Expedited appeals which do not resolve a difference of opinion may be resubmitted through the standard appeal process.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 10 STANDARD APPEAL

Rule 82.10.1 The private review agents shall establish procedures for appeals to be made in writing and/or by telephone.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.10.2 Each private review agent shall notify in writing the patient, provider and claims administrator of its determination on the appeal as soon as practical, but in no case later that 60 days after receiving the required documentation on the appeal. The documentation required by the private review agent may include copies of

part or all of the medical record and/or a written statement from the attending physician.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.10.3 Prior to upholding the original decision not to certify for clinical reasons, the private review agent shall conduct a review of such documentation by a physician who did not make the original determination not to certify.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.10.4 The process established by a private review agent may include a period within which an appeal must be filed to be considered.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.10.5 An attending physician who has been unsuccessful in an attempt to reverse a determination not to certify should be provided, upon request, the clinical basis for the determination.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 11 NOTIFICATION TO THE CLAIMS ADMINISTRATOR

Rule 82.11.1 Each private review agent shall forward, either electronically or in writing, a notification of certification or determination not to certify to the appropriate claims administrator for the health benefit plan.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 12 CONFIDENTIALITY

Rule 82.12 Each private review agent shall have written procedures for assuring that patient-specific information obtained during the process of utilization review will be:

1. Kept confidential in accordance with applicable federal and state laws;

2. Used solely for the purposes of utilization review, quality assurance, discharge planning and catastrophic case management; and

3. Shared with only those agencies (such as the claims administrator) who have authority to receive such information.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.12.2 Summary data shall not be considered confidential if it does not provide sufficient information to allow identification of individual patients.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 13 STAFF AND PROGRAM QUALIFICATIONS

Rule 82.13.1 Each private review agent shall have utilization review staff who are properly trained, qualified, supervised and supported by written clinical criteria and review procedures. Clinical criteria and review procedures shall be established with appropriate involvement from physicians.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.13.2 Nurses, physicians and other licensed health professionals conducting reviews of medical services, and other clinical reviewers conducting specialized reviews in their area of specialty shall be currently licensed or certified by an approved state licensing agency in the United States.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.13.3 A physician shall review all cases in which the private review agent has concluded that a determination not to certify for clinical reasons is appropriate. The physician should be reasonably available by telephone to discuss the determination with the attending physician.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.13.4 In cases where an appeal to reverse a determination not to certify for clinical reasons is unsuccessful, the private review agent should assure that a physician in the same or similar general specialty as typically manages the medical condition, procedure or treatment under discussion is reasonably available, as appropriate, to review the case. For the purpose of this review, the phrase "reasonably available" shall mean within one working day, unless extenuating circumstances exist. These extenuating circumstances shall be in writing.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.13.5 Private review agents shall utilize the following:

1. Written clinical criteria, as needed, for the purpose of determining the Appropriateness of the certification; such criteria should be periodically evaluated and updated;

2. Physician consultants or specialists who are certified by the Boards within the American Board of Medical Specialists or the American Board of Osteopathy from the major areas of clinical services;

3. A formal program for orientation and training of UR staff; and

4. Written documentation of an active Quality Assessment Program.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 14 ACCESSIBILITY AND ON-SITE REVIEW PROCEDURES

Rule 82.14.1 Each private review agent shall provide access to its review staff by a toll free or collect call phone line, at a minimum, from 9:00 A.M. to 5:00 P.M. of each normal business day in this state.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.14.2 Each private review agent shall also have a mechanism to receive timely call-backs from providers and shall establish written procedures for receiving or redirecting after-hours calls, either in person or by recording.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.14.3 Each private review agent shall conduct its telephone and on-site information gathering reviews and hospital communications during the hospitals' and physicians' reasonable and normal business hours, unless otherwise mutually agreed.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.14.4 Each private review agent's staff shall identify themselves by name and by the name of their organization and, for on-site reviews, should carry picture identification and the private review agent company identification card. On-site reviews should, whenever possible, be scheduled at least one business day in advance with the appropriate hospital contact. Private review agents shall agree, if so requested, that the medical records remain available in designated areas during the on-site review and that reasonable hospital administrative procedures shall be followed by on-site review staff so as to not disrupt hospital operations or patient care. Such procedures, however, should not limit the ability of the private review agent to efficiently conduct the necessary review on behalf of the patient's health benefit plan.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 15 REPORTING REQUIREMENTS

Rule 82.15.1 The Director shall establish reporting requirements to:

1. Evaluate the effectiveness of private review agents

2. Determine if all the utilization review programs are in compliance with the provisions of these rules and regulations.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 16 EXEMPTIONS

Rule 82.16.1 The Director may waive the requirements of these rules and regulations for a private review agent that operates solely under contract with federal government for utilization review of patients eligible for hospital services under Title XVIII of the Social Security Act (Medicare) and Title XIX (Medicaid).

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.16.2 No certificate is required for utilization review by any Mississippi licensed pharmacist or pharmacy, or organizations of either, while engaged in the practice of pharmacy in this state.

SOURCE: Miss. Code Ann. §41.83.1

Rule 82.16.8 No certificate is required for those private review agents conducting general in-house utilization review for hospitals, home health agencies, preferred provider organizations or other managed care entities, clinics, private physician offices or any other health facility or entity, so long as the review does not result in the approval or denial of payment for hospital or medical services for a particular case. Such general in-house utilization review is completely exempt.

SOURCE: Miss. Code Ann. §41.83.1

Subchapter 17 AMENDMENTS

Rule 82.17.1 House Bill 1330 of the Mississippi Legislature 2000 Regular Session amended Section 41-83-31, Mississippi Code of 1972, as follows:

1. 41-83-31. Any program of utilization review with regard to hospital, medical or other health care services provided in this state shall comply with the following:

    a. No determination adverse to a patient or to any affected health care provider shall be made on any question relating to the necessity or justification for any form of hospital, medical or other health care services without prior evaluation and concurrence in the adverse determination by a physician licensed to practice in Mississippi. The physician who made the adverse determination shall discuss the reasons for any adverse determination with the affected health care provider, if the provider so requests. The physician shall comply with this request within fourteen (14) calendar days of being notified of a request. Adverse determination by a physician shall not be grounds for any disciplinary action against the physician by the State Board of Medical Licensure.

    b. Any determination regarding hospital, medical or other health care services rendered or to be rendered to a patient which may result in

a denial of third-party reimbursement or a denial of pre-certification for that service shall include the evaluation, findings and concurrence of a physician trained in the relevant specialty or subspecialty, if requested by the patient(s physician, to make a final determination that care rendered or to be rendered was, is, or may be medically inappropriate.

c. The requirement in this section that the physician who makes the evaluation and concurrence in the adverse determination must be licensed to practice in Mississippi shall not apply to the Comprehensive Health Insurance Risk Pool Association or its policyholders and shall not apply to any utilization review company which reviews fewer than ten persons residing in the State of Mississippi.

SOURCE: Miss. Code Ann. §41.83.1

CHAPTER 83. MINIMUM STANDARDS FOR ADULT FOSTER CARE FACILITIES

SUBCHAPTER 1. GENERAL : LEGAL AUTHORITY

Rule 83.1.1 **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 43-11-13 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 for Adult Foster Care Facilities. 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. §43-11-13

Rule 83.1.2 **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. §43-11-13

Rule 83.1.3 **Fire Safety**. No facility may be licensed until it shows conformance to the safety regulations providing minimum standards for prevention and detection of fire as well as for **protection** of life and property against fire.

Source: Miss. Code Ann. §43-11-13

Rule 83.1.4 **Duty to Report**. All fires, explosions, natural disasters as well as avoidable deaths, or avoidable, serious, or life-threatening injuries to residents 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

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 2. DEFINITIONS

Rule 83.2.1 **Adult Foster Care**. The term "adult foster care" shall mean the provision of services to individuals who require personal care services through individualized plans of care which provide a variety of health, social, and related support services in a protective setting, enabling persons to live in the community.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.2. **Ambulation.** The terms "ambulation" or "ambulatory" shall mean the resident's ability to bear weight, pivot, and safely walk independently or with the use of a cane, walker, or other mechanical supportive device (i.e., including, but not limited to, a wheelchair). A resident who requires a wheelchair must be capable of transferring to and propelling the wheelchair independently or with prompting.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.3 **Criminal History Record Checks.**

1. **Employee**. For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a licensed entity. The term "employee", also includes any individual who by contract with the facility provides patient care in a patient's, resident's, or client's room or in treatment rooms. The term employee does not include healthcare professional/technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:
    a. The student is under the supervision of a licensed healthcare provider; and

    b. The student has signed the affidavit that is on file at the student's school stating that he or she has not been convicted of or plead guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sexual offenses listed in section 45-33-23 (g), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea

was reversed on appeal or a pardon was granted for the conviction or plea.

c. Further, applicants and employees of the University of Mississippi Medical Center for whom criminal history record checks and fingerprinting are obtained in accordance with Section 37-115-41 are exempt from application of the term employee under Section 43-11-13.

2. **Covered Entity**. For the purpose of criminal history record checks, "covered entity" means a licensed entity, or a healthcare professional staffing agency.

3. **Licensed Entity**. For the purpose of criminal history record checks, the term "licensed entity" means an adult foster care facility, hospital, nursing home, personal care home, home health agency or hospice.

4. **Health Care Professional/Vocational Technical Academic Program**. For the purpose of criminal history record checks, "health care professional/vocational technical academic program" means an academic program in medicine, nursing, dentistry, occupational therapy, physical therapy, social services, speech therapy, or other allied-health professional whose purpose is to prepare professionals to render patient care services.

5. **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.

6. **Direct Patient Care or Services**. For the purposes of fingerprinting and criminal background history checks, the term "direct patient care" means direct hands-on medical patient care and services provided by an individual in a patient, resident or client's room, treatment room or recovery room. Individuals providing direct patient care may be directly employed by the facility or employed on a contractual basis.

7. **Documented Disciplinary Action**. For the purpose of fingerprinting and criminal background history checks, the term "documented disciplinary action" means any action taken against an employee for abuse or neglect of a patient.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.4 **Facility**. The term "facility" shall mean any home or institution that (1) has sought or is currently seeking designation as a "licensed facility" under the terms of these regulations; or (2) is operating a home or institution unlawfully which, by its nature and operational intent, is required to be a licensed facility under the terms of these regulations.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.5 **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 resident.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.6 **Licensing Agency**. The term "licensing agency" shall mean the Mississippi State Department of Health

Source: Miss. Code Ann. §43-11-13

Rule 83.2.7 **IGRA(s) (Interferon-Gamma Release Assay(s)**. A whole blood test used in to assist in diagnosing Mycobacterium Tuberculosis infection. The IGRA blood test used must be approved by the U.S. Food and Drug Administration (FDA).

Source: Miss. Code Ann. §43-11-13

Rule 83.2.8 **Licensed Facility**. The term "licensed facility" shall mean adult foster care facility which has been issued a license for operation by the licensing agency.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.9 **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.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.10 **Medication Administration**. For the purposes of these regulations, the term "medication administration" is limited to these decisions, made by someone other than the person for whom the medication has been prescribed, 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. §43-11-13

Rule.83.2.11 **Medication Assistance**. For the purposes of these regulations, the term "medication assistance" is any form of delivering medication which has been prescribed which is not defined as "medication administration" including, but not

limited to, the physical act of handing an oral prescription medication to the patient along with liquids to assist the patient in swallowing.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.12 **Personal Care**. The term "personal care" shall mean the assistance rendered by personnel of the licensed facility to residents in performing one or more of the activities of daily living, including but not limited to bathing, walking, excretory functions, feeding, personal grooming, and dressing.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.13 **Plan of Care.** (Care Plan) A written document established and maintained for each resident admitted to the licensed Adult Foster Care Facility. Care provided to a resident must be in accordance with the plan. The plan must include a comprehensive assessment of the individual's needs and the identification of services needed to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.14 **Significant Tuberculin Skin Test**. An induration of five (5) millimeters or greater is significant (or positive) in the following:

8. Persons known to have or suspected of having human immunodeficiency virus (HIV).

9. Close contacts of a person with infectious tuberculosis.

10. Persons who have a chest radiograph suggestive of previous tuberculosis.

11. 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. §43-11-13

Rule 83.2.15 **Supervision.** Supervision means guidance of the resident as the individual carries out activities of daily living including reminding a resident to maintain his/her medication schedule as directed by his/her physician, reminding him/her of important activities to be carried out, assisting him/her in keeping appointments and being aware of his/her general whereabouts even though he/she may travel independently about the community.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.16 **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 institutions for the aged and infirm.

Source: Miss. Code Ann. §43-11-13

Rule 83.2.17 **Two-step Testing**. A procedure used for the baseline testing of person who will periodically receive tuberculin skin tests (e.g., health care workers) to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial tuberculin-test result is classified as negative, a second test is repeated one (1) to three (3) weeks later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test is also negative, the person is classified as not infected. A positive reaction to a subsequent test would indicate new infection (i.e., a skin-test conversion) in the person.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 3. PROCEDURE GOVERNING ADOPTION AND AMENDMENT

Rule 83.3.1 **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. §43-11-13

SUBCHAPTER 4. INSPECTION

Rule 83.4.1 **Inspections Required**. Each licensed facility shall be inspected by the licensing agency or by persons delegated with authority by said licensing agency at such intervals as the licensing agency may direct. The licensing agency and/or its authorized representatives shall have the right to inspect construction work in progress. New facilities shall not be licensed without having first been inspected for compliance with these rules, regulations, and minimum standards.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 5. CLASSIFICATION

Rule 83.5.1 **Adult Foster Care Facility.** The term "Adult Foster Care Facility" means a home setting for vulnerable adults in the community who are unable to live independently due to physical, emotional, developmental or mental impairments, or in need of emergency and continuing protective social services for purposes of preventing further abuse or neglect and for safeguarding and enhancing the welfare of the abused or neglected vulnerable adult. Adult foster care programs

shall be designed to meet the needs of the vulnerable adults with impairments through individual plans of care, which provide a variety of health, social and related support services in a protective setting, enabling participants to live in the community. Adult Foster Care programs may be:

1. Traditional, where the foster care provider lives in the residence and is the primary caregiver to clients in the home;

2. Corporate, where the foster care home is operated by a corporation or other entity with shift staff delivery services to clients; or

3. Shelter, where the foster care home accepts clients on an emergency short-term basis for up to thirty (30) days.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 6. TYPES OF LICENSE

Rule 83.6.1 **Regular License**. A license shall be issued to each facility that meets the requirements as set forth in these regulations. Each license shall be issued under one of the following classes:

1. Traditional, where the foster care provider lives in the residence and is the primary caregiver to clients in the home;

2. Corporate, where the foster care home is operated by a corporation or other entity with shift staff delivery services to clients; or

3. Shelter, where the foster care home accepts clients on an emergency short-term basis for up to thirty (30) days. The licensing agency shall have the power and authority to waive any provision herein it deems appropriate for any license issued for the Shelter class facility.

Source: Miss. Code Ann. §43-11-13

Rule 83.6.2 **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 regular license and that the health and safety of residents will not be endangered.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 7. APPLICATION OR RENEWAL OF LICENSE

Rule 83.7.1 Rule 83.7.1 **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. §43-11-13

Rule 83.7.2 **Fees.**

1. Each application for initial licensure or renewal licensure for an adult foster care facility, unless suspended or revoked, shall be accompanied by an application license fee in an amount set by the Board, for each person or bed of licensed capacity, with a minimum fee, set by the Board, per home or institution, which shall be made payable to the Mississippi State Department of Health, either by business check, money order, or electronic means. Fees are non-refundable.

2. Applicants for initial licensure, or licensees, shall pay a user fee, in an amount set by the Board, and shall be made payable to the Mississippi State Department of Health, either by check, money order or electronic means 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. Fees are non-refundable.

Source: Miss. Code Ann. §43-11-13

Rule 83.7.3 **Name of Facility**. 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.

Source: Miss. Code Ann. §43-11-13

Rule 83.7.4 **Number of Beds**. The maximum number of beds for which the facility is licensed shall not be exceeded.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 8. LICENSING

Rule 83.8.1 **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 licensed number.

Source: Miss. Code Ann. §43-11-13

Rule 83.8.2 **Posting of License**. The license shall be posted in a conspicuous place on the licensed premises and shall be available for review by an interested person.

Source: Miss. Code Ann. §43-11-13

Rule 83.8.3 **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. §43-11-13

SUBCHAPTER 9. DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

Rule 83.9.1 **Denial or Revocation of License: Hearings and Review**. The licensing agency, after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license, 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 residents.

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 residents and employees of said licensed facility. Detrimental practices include but are not limited to:

    a. Cruelty to a resident or indifference to the needs which are essential to the general well-being and health.

    b. Misappropriation of the money or property of a resident.

    c. Failure to provide food adequate for the needs of a resident.

    d. Inadequate staff to provide safe care and supervision of a resident.

e. Failure to call a physician or nurse practitioner/physician assistant when required by a resident's condition.

f. Failure to notify next of kin when a resident's condition becomes critical.

g. Admission of a resident whose condition demands care beyond the level of care provided by the licensed facility as determined by its classification, including but not limited to the failure to ensure that a care plan was developed within twenty-four (24) hours of admission if not developed prior to admission for a resident admitted to the licensed facility, and that care plans are continually revised as necessary for the resident to attain their highest practicable physical, mental, and psychosocial well-being.

h. For failure to implement the plan of care for a resident admitted to the licensed facility.

9. A violation of 24-hour supervision requirement and/or the transfer of a resident(s) 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. §43-11-13

Rule 83.9.2 **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 residents of said institution or the health and safety of the general public.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 10. PROVISION FOR HEARING AND APPEAL FOLLOWING DENIAL OR REVOCATION OF LICENSE; PENALTIES

Rule 83.10.1 **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.

1. 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 within 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. §43-11-13

Rule 83.10.2 **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 punishable as referenced in Section 43-11-25 of the Mississippi Code of 1972, Annotated.

Source: Miss. Code Ann. §43-11-13

Rule 83.10.3 **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 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 licensed facility achieves compliance and such compliance is verified by the licensing agency. The licensing agency will verify the licensed facility's corrective actions as soon as possible after the licensing agency receives a plan of correction from the licensed facility.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 11. ADMINISTRATION

Rule 83.11.1 **Operator**. There shall be a full-time employee designated as operator of the licensed facility who shall be responsible for the management of the licensed facility. The operator shall be at least twenty-one years of age and shall be a high school graduate, or have passed the GED, and shall not be a resident of the licensed facility. The operator shall have verification that he is not listed on the "Mississippi Nurses Aide Abuse Registry." When the operator is not within the licensed facility, there shall be an individual onsite at the licensed facility who

shall represent the operator, and be capable of assuming the responsibility of operator. Said person must be at least twenty-one (21) years or age and shall be a high school graduate, or have passed the GED, and shall have verification that he is not listed on the "Mississippi Nurses Aide Abuse Registry."

Source: Miss. Code Ann. §43-11-13

Rule 83.11.2 **Other Personnel**. 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." Personnel shall receive training on a quarterly basis 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. Personnel shall be employed and on duty, awake, and fully dressed to provide personal care to the residents. The following staffing ratio shall apply:

1. one (1) resident attendant per fifteen (15) or fewer residents for the hours of 7:00 a.m. until 7:00 p.m.

2. one (1) resident attendant per twenty-five (25) or fewer residents for the hours of 7:00 p.m. until 7:00 a.m.

Source: Miss. Code Ann. §43-11-13

Rule 83.11.3 **Criminal History Record Checks**.

1. 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 check on:

    a. Every new employee of a covered entity who provides direct patient care or services and who is employed after or on July 01, 2003, and

    b. Every employee of a covered entity employed prior to July 01, 2003, who has documented disciplinary action by his or her present employer.

2. Except as otherwise provided in this paragraph, no employee hired on or after July 1, 2003, shall be permitted to provide direct patient care until the results of the criminal history record check revealed no disqualifying record or the employee has been granted a waiver. Provide the covered entity has documented evidence of submission of fingerprints for the background check, any person may be employed and provide direct patient care on a temporary basis pending the results of the criminal history record check buy 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.

3. If such criminal history record check discloses a felony conviction; a guilty plea; and/or a plea of nolo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be eligible to be employed at the license facility:

    a. possession or sale of drugs

    b. murder

    c. manslaughter

    d. armed robbery

    e. rape

    f. sexual battery

    g. sex offense listed in Section 45-33-23, Mississippi Code of 1972

    h. child abuse

    i. arson

    j. grand larceny

    k. burglary

    l. gratification of lust

    m. aggravated assault

    n. felonious abuse and/or battery of vulnerable adult

4. 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, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual's suitability for such employment.

5. The licensing agency may charge the licensed 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 entity, or his or her authorized designee, confirming the employee applicant's suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi State Department of Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant's criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history record check as required in this subsection.

7. For individuals contracted through a third party who provide direct patient care as defined herein, the covered entity shall require proof of a criminal history record check.

8. 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. §43-11-13

Rule 83.11.4 **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. §43-11-13

Rule 83.11.5 **Employee Testing for Tuberculosis**

1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, 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 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 facility where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered,/read and assessment for signs and symptoms completed.

3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual's personnel file no later than 7 days of the individual's date of employment. If an IGRA is performed, results and quanitive 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 residents 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 residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.

8. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner/physician assistant for treatment of latent tuberculin infection.

Source: Miss. Code Ann. §43-11-13

Rule 83.11.6 **Admission Agreement**. Prior to, or at the time of admission, the operator and the resident or the resident's responsible party shall execute in writing a financial agreement. This agreement shall be prepared and signed in two or more copies, one copy given to the resident or his/her responsible party, and one copy placed on file in the licensed facility.

1. As a minimum, this agreement shall contain specifically:

    a. Basic charges agreed upon (room, board, laundry, and personal care).

    b. Period to be covered in the charges.

    c. Services for which special charges are made.

    d. Agreement regarding refunds for any payments made in advance.

e. A statement that the operator shall make the resident's responsible party aware, in a timely manner, of any changes in resident's status, including those which require transfer and discharge; or operators who have been designated as a resident's responsible party shall ensure prompt and efficient action to meet resident's needs.

2. No agreement or contract shall be entered into between the licensee and the resident 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.

3. Any funds given or provided for the purpose of supplying services to any patient in any licensed facility, and any funds otherwise received and held from, for or on behalf of any such resident, shall be deposited by the director or other proper officer of the licensed facility to the credit of that patient in an account which shall be known as the Resident's Personal Deposit Fund. No more than one (1) month charge for the care, support, maintenance, and medical attention of the patient shall be applied from such account at any one (1) time. After the death, discharge, or transfer of any resident for whose benefit any such fund has been provided, any unexpended balance remaining in his personal deposit fund shall be applied for the payment of care, cost of support, maintenance, and medical attention which is accrued. In the event any unexpended balance remains in that resident's personal deposit fund after complete reimbursement has been made for payment of care, support, maintenance, and medical attention, and the director or other proper officer of the licensed facility has been or shall be unable to locate the person or persons entitled to such unexpended balance. The director or other property officer shall treat the unexpended balance in compliance with the Uniform Disposition of Unclaimed Property Act.

4. The resident or his responsible party shall be furnished a receipt signed by the licensee of the licensed facility or his lawful agent, for all sums of money paid to the licensed facility.

5. Written notification shall be given to the resident/responsible party when basic charges and/or licensed facility policies change.

Source: Miss. Code Ann. §43-11-13

Rule 83.11.7 **Records and Reports**

1. The operator shall maintain a record of the residents 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 resident whose conservator or representative payee is the operator of the licensed facility.

2. Inspection reports from the licensing agency, any branch or division thereof by the operator in the licensed facility, and submitted to the licensing agency as required, or when requested.

3. Resident records shall contain the following:

    a. Admission agreement(s) and financial statements.

    b. Residents' rights and licensed facility's rules, signed, dated, and witnessed.

    c. Medical evaluation and referral from physician or nurse practitioner/physician assistant.

    d. Current medication record, including any reactions to such medication.

    e. Social services and activity contacts.

    f. General information form.

    g. Representative payee statement, if applicable.

    h. Physician orders or nurse practitioner/physician assistant orders (including, but not limited to, therapies, diets, medications, etc.) and medication administration records.

    i. The resident's current Plan of Care. In addition, the facility shall maintain documented evidence of the Plans of Care previously in effect in the resident's record and shall be available for review by the licensing agency throughout the resident's stay in the licensed facility until thirty (30) days from the date the resident is discharged from the facility.

    j. The resident's grievances and complaints during his/her stay in the licensed facility shall be maintained which shall include copies of all the resident's grievances or complaints filed in chronological order. The facility's report to the grievance shall be maintained in the record and shall include the nature of the complaint, the date of the complaint and a statement indicating how the issue was resolved.

4. The records as described in this section shall be made available to the resident, the resident's family, or other responsible party for the resident upon reasonable request.

5. Reporting of Tuberculosis Testing. The facility shall report and comply with the annual MSDH TB Program surveillance procedures.

Source: Miss. Code Ann. §43-11-13

Rule 83.11.8 **Licensed Facility Policies**. Written policies shall be available which indicate services to be provided, and which include policies including but not limited to admission, transfer and discharge of residents and for developing, revising, and implementing plans of care by qualified personnel in accordance with state law for residents admitted to the licensed facility.

Source: Miss. Code Ann. §43-11-13

Rule 83.11.9 **Written Grievance Policy.** The licensed facility shall have a written grievance policy which outlines the procedures to be followed by a resident in presenting a grievance to the licensee concerning the care received by the resident in the adult foster care facility.

Source: Miss. Code Ann. §43-11-13

Rule 83.11.10 **Residents' Rights**. These rights and licensed facility rules must be in writing and be made available to all residents, employees, sponsors, and posted for public viewing. Each resident shall:

1. Have the right to attend religious and other activities of his/her choice.

2. 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 resident or from his/her responsible party of this responsibility to the facility for any period of time in conformance with State law.

3. Not be required to perform services for the licensed facility.

4. Have the right to communicate with persons of his/her choice, and may receive mail unopened or in compliance with the policies of the home.

5. Be treated with consideration, kindness, respect, and full recognition of his/her dignity and individuality.

6. May retain and use personal clothing and possessions as space permits.

7. Have the right to voice grievances and complaints to the licensee regarding the care he/she is receiving in the licensed facility and recommend changes in licensed facility policies and services.

8. Shall not be confined to the licensed facility against his/her will, and shall be allowed to move about in the community at liberty. Physical and/or chemical restraints are prohibited.

9. Not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with State Law.

10. Has the right to participate in their care planning and review his/her care plan, or the resident's responsible party has the right to review the resident's care plan when acting on behalf of the resident. Additionally, the resident has the right to refuse treatment in accordance with their Plan of Care. However, whenever there appears to be a conflict between a resident's right and the resident's health or safety, the licensed facility should accommodate both the exercise of the resident's rights and the resident's health, including exploration of care alternatives through a thorough care planning process in which the resident may participate.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 12. MEDICAL AND PERSONAL CARE SERVICES

Rule 83.12.1 **Admission and Discharge**. The following criteria must be applied and maintained for resident placement in a licensed facility.

1. A person shall not be admitted or continue to reside in a licensed facility if the person:

    a. Is not ambulatory;

    b. Requires physical restraints;

    c. Poses a serious threat to himself or herself or others;

    d. Requires nasopharyngeal and/or tracheotomy suctioning;

    e. Requires gastric feedings;

    f. Requires intravenous fluids, medications, or feedings;

    g. Requires a indwelling urinary catheter;

    h. Requires sterile wound care; or

    i. Requires treatment of decubitus ulcer or exfoliative dermatitis.

    j. Upon admission or within 24 hours of admission, the adult foster care facility shall develop and document an individualized plan of care for each resident admitted to the facility.

2. 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 residents. Only those persons who, in an emergency, would be physically and mentally capable of traveling to safety may be accepted. For multilevel facilities, no residents may be placed above the ground floor level that are unable to descend the stairs unassisted.

3. The licensed facility must be able to identify at the time of admission and during continued stay those residents whose needs for services are consistent with these rules and regulations, and those residents who should be transferred to an appropriate level of care.

4. The licensed facility which accepts and admits residents requiring mental health services shall help arrange transportation to mental health appointments and cooperate with the community mental health center or other provider of mental health care, as necessary, to ensure access to and the coordination of care, within limits of the confidentiality and privacy rights of the individual receiving services.

Source: Miss. Code Ann. §43-11-13

Rule 83.12.2 **Medical Evaluation**. Each person applying for admission to a licensed facility shall be given a thorough examination by a licensed physician or certified nurse practitioner/physician assistant within thirty (30) days prior to admission. The examination shall indicate the appropriateness of admission, according to the above criteria, to a licensed facility with an annual update by a physician and/or nurse practitioner/physician assistant.

Source: Miss. Code Ann. §43-11-13

Rule 83.12.3 **Admission Requirements to Rule Out Active Tuberculosis (TB)**

1. The following are to be performed and documented within 30 days prior to the resident's admission to the "Licensed facility":

    a. TB signs and symptoms assessment by a licensed Physician, Physician Assistant or a Licensed Nurse Practitioner, and

    b. A chest x-ray taken and a written interpretation.

2. Admission to the facility shall be based on the results of the required tests as follows:

    a. **Residents with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the "Licensed 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. **Residents 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 the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).

c. **Residents 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. **Residents 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. **Residents 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 assistant.

h. **Active or suspected Active TB Admission**. If a resident 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.

i. **Exceptions to TST/ IGRA requirement may be made if**:

iii. Resident has prior documentation of a significant TST/ positive IGRA.

iv. Resident has received or is receiving a MSDH approved treatment regimen for latent TB infection or for active TB disease.

v. Resident is excluded by a licensed physician or nurse practitioner/physician assistant due to medical contraindications.

Source: Miss. Code Ann. §43-11-13

Rule 83.12.4 **Transfer to another facility or return of resident to respite care** shall be based on the above tests (Section 111.03) if done within the past 12 months and the patient has no signs and symptoms of TB.

Source: Miss. Code Ann. §43-11-13

Rule 83.12.5 **Transfer to a Hospital or Visit to a Physician Office**. If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the facility shall notify the MSDH, the hospital, transporting staff, and physician's office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident 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. §43-11-13

SUBCHAPTER 13. FOOD SERVICE

Rule 83.13.1 **Meals.** The licensed facility shall provide residents 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. Not more than 15 hours shall elapse between the evening and morning meal. A record of meals served shall be maintained for a one (1) month period. Current menus must be posted and dated.

2. A record of all food purchases shall be maintained in the licensed facility for a one (1) month period.

3. All food served in licensed facilities shall comply with the following:

    a. No game or home canned foods shall be served; and

    b. Other than fresh or frozen vegetables and fruit, all foods must be from commercial sources.

4. All meals for residents who require therapeutic diets shall be planned by a Licensed Dietitian. If a therapeutic diet is prescribed by the physician for the resident, 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.

Source: Miss. Code Ann. §43-11-13

Rule 83.13.2 Physical Facilities.

1. A licensed facility with sixteen (16) or more residents shall obtain a Food Service Permit from the Mississippi State Department of Health.

2. A licensed facility with fifteen (15) or fewer residents shall meet the requirements as set forth in the Facility Inspection Report issued by the Mississippi State Department of Health.

Source: Miss. Code Ann. §43-11-13

Rule 83.13.3 Dietary Staffing.

1. Licensed facilities shall have an employee dedicated to meal preparation and food service.

2. All employees engaged in handling, preparation and/or serving of food shall wear clean clothing at all times.

3. All employees engaged in handling and/or preparation of food shall wear hair nets, head bands, or caps to prevent the falling of hair.

4. 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.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 14. DRUG HANDLING

Rule 83.14.1 **Restrictions**. Licensed facilities shall be restricted in the quantity and classes of drugs allowed in the licensed facility.

1. No Schedule I drugs shall be allowed in the licensed facility. Residents requiring administration of Schedule II Narcotics as defined in the Uniform Controlled Substances Law may be admitted to an adult foster care facility. Schedule drugs may only be allowed in an adult foster care facility if they are administered or stored utilizing proper procedures under the direct supervision of a licensed physician or nurse.

2. The licensed facility may keep on hand a limited amount of non-prescription, over-the- counter medications.

3. No intramuscular, subcutaneous, intravenous injectable, except for insulin and vitamin B-12, shall be allowed.

4. Insulin or vitamin B-12 may be administered only if the resident is able to administer his/her own injectable, or is administered by a licensed nurse.

Source: Miss. Code Ann. §43-11-13

Rule 83.14.2 **Labeling**. The medications of all residents shall be clearly labeled.

Source: Miss. Code Ann. §43-11-13

Rule 83.14.3 **Storage of Prescription Medications**. Proper storage of all prescription medications shall be provided.

1. All residents' 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, well-ventilated, 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 residents' prescription medications shall be stored in a covered container or separate compartment. All refrigerators shall be equipped with thermometers.

Source: Miss. Code Ann. §43-11-13

Rule 83.14.4 **Responsibility**. A non-resident employee, appointed by the operator, 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.

Source: Miss. Code Ann. §43-11-13

Rule 83.14.5 **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. §43-11-13

SUBCHAPTER 15. SOCIAL SERVICES

Rule 83.15.1 The licensed facility shall make provisions for referring residents with social and emotional needs to an appropriate social services agency.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 16. RESIDENT ACTIVITIES

Rule 83.16.1 **Activities Program**. An activities program shall be in effect which is appropriate to the needs and interests of each resident.

1. Adequate and activity-appropriate space shall be provided for the various resident activities.

2. Activities shall be provided on daily basis.

3. Available community resources shall be utilized in the activities program.

4. Supplies shall be available to implement an adequate activities program.

5. A non-resident employee shall be responsible for the activities program.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 17. PHYSICAL ENVIRONMENT

Rule 83.17.1 **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.

Source: Miss. Code Ann. §43-11-13

Rule 83.17.2 **Bedrooms**.

1. **Location**.

   a. All resident 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.

   b. Resident bedrooms shall be located so as to minimize the entrance of unpleasant odors, excessive noise, and other nuisances.

   c. Resident bedrooms shall be directly accessible from the main corridor. In no case shall a resident bedroom be used for access to another resident bedroom nor shall a resident bedroom be used for access to a required outside exit.

d. All resident bedrooms shall be so located that the resident 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 resident bedroom.

e. Resident bedrooms shall house no more than four (4) persons each.

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.

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 resident.

d. Adequate closet space shall be provided for each resident.

e. An adequate number of comfortable, sturdy chairs shall be provided.

f. At least one (1) mirror, a minimum of 18" x 24", shall be provided in each bedroom.

g. The opportunity for personal expression shall be permitted.

h. A resident shall be permitted to use personal furnishings in lieu of those provided by the licensed facility, when practical.

3. **Floor Area**. Minimum usable floor area per bed shall be 80 square feet

Source: Miss. Code Ann. §43-11-13

Rule 83.17.3 **Living Room**. Living rooms, daybooks, and/or recreation rooms shall be provided for resident 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 residents. A minimum of 18 square feet per bed shall be provided.

Source: Miss. Code Ann. §43-11-13

Rule 83.17.4 **Dining Area**. A dining area shall be provided which shall be adequate to seat all residents 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 bed shall be provided.

Source: Miss. Code Ann. §43-11-13

Rule 83.17.5 Toilet and Bathing Facilities.

1. Separate toilet and bathing facilities shall be provided, on each floor, for each sex in the following ratios as a minimum.

Bathtubs/showers	1 per 12 or fraction thereof for each sex
Lavatories	1 per 6 or fraction thereof
Toilets	1 per 6 or fraction thereof

2. A lavatory with mirror shall be provided in each toilet room or bedroom.

3. Bathtubs and showers shall be equipped with grab bars, towel racks and non-glass shower enclosures. Commodes shall be equipped with grab bars.

Source: Miss. Code Ann. §43-11-13

Rule 83.17.6 **Laundry**. Laundry facilities shall be provided unless commercial laundries are used.

1. The laundry shall be located in a specifically designated area, and there shall be adequate room and space for sorting, processing and storage of soiled material. Laundry rooms or soiled linen storage areas shall not open directly into a resident'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 commercial laundry is used, separate satisfactory storage areas shall be provided for clean and soiled linens.

3. Provisions shall be made for proper mechanical ventilation of the laundry.

4. Provisions shall also made to prevent the recirculation of air through the heating and air-conditioning systems.

5. Adequate and effective lint traps shall be provided for dryers.

6. When laundry chutes are provided, they shall have a minimum diameter of two (2) feet; and they shall be installed with flushing ring, vent, and drain.

a. An automatic sprinkler shall be provided at the top of the laundry chute and in any receiving room for a chute.

b. 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. §43-11-13

Rule 83.17.7 **Kitchen.** The kitchen area shall meet the requirements as set forth in these regulations.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 18. GENERAL PHYSICAL PLANT

Rule 83.18.1 Licensed Facility Classification. To qualify for a license, the facility shall be planned to serve the type of residents to be admitted and shall meet the requirements as set forth in these regulations.

Source: Miss. Code Ann. §43-11-13

Rule 83.18.2 **Location**. All facilities and licensed facilities shall be located so that they are free from undue noise, smoke, dust, or foul odors and shall not be located adjacent to disposal plants, railroad tracks, etc.

Source: Miss. Code Ann. §43-11-13

Rule 83.18.3 **Site**. The proposed site for facility must be approved by the licensing agency. Factors to be considered in approving a site shall be convenient to medical and hospital services, approved water supply and sewage disposal, public transportation, community services, services of an organized fire department, and availability to labor supply. Not more than one-third (1/3) of a site shall be covered by a building(s) except by special approval of the licensing agency. One example whereby approval may be granted is where the structure is to be placed in a very desirable location where the grounds are limited and very expensive. Where such approval is granted, the structure will be required to have a living room, day room, sun room, and recreational areas adequate to compensate for lack of required outside area.

Source: Miss. Code Ann. §43-11-13

Rule 83.18.4 **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. §43-11-13

Rule 83.18.5 **Transportation**. Licensed facilities shall be located on streets or roads which are passable at all times. They should be located convenient to public transportation facilities.

Source: Miss. Code Ann. §43-11-13

Rule 83.18.6 **Communications**. There shall be no 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 or title of the licensed facility.

Source: Miss. Code Ann. §43-11-13

Rule 83.18.7 **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. §43-11-13

Rule 83.18.8 **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.

1. No resident shall be housed on any floor that is below ground level.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 19. SUBMISSIONS OF PLANS AND SPECIFICATIONS, EFFECTIVE AUGUST 13, 2005

Rule 83.19.1 **Minor Alterations and Remodeling**. Minor alterations and remodeling which do not affect the structural integrity of the building, change functional operation, affect fire safety, or affect the license bed capacity, do not need to have plans submitted for review provided that a detailed explanation of the proposed alteration or remodeling is submitted to and approved by the licensing agency.

Source: Miss. Code Ann. §43-11-13

Rule 83.19.2 First Stage Submission-Preliminary Plans.

1. First stage or preliminary plans shall include:

a. 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.

b. 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.

c. Outline specifications giving kinds and types of materials.

Source: Miss. Code Ann. §43-11-13

Rule 83.19.3 Final Stage Submission-Working Drawings and Specifications.
Final stage or working drawings and specifications shall include:

1. Architectural drawings

2. Structural drawings

3. Mechanical drawings to include plumbing, heat, and air-conditioning

4. Electrical drawings

5. Detailed specifications

Source: Miss. Code Ann. §43-11-13

Rule 83.19.4 Approval of working drawings and specifications shall be obtained from the licensing agency in writing prior to the beginning of actual construction.

Source: Miss. Code Ann. §43-11-13

Rule 83.19.5 **Preparation of Plans and Specifications**. The preparation of drawings and specifications shall be executed by or under the immediate supervision of an architect who shall supervise construction and furnish a signed statement that construction was performed according to plans and specifications approved by the licensing agency.

Source: Miss. Code Ann. §43-11-13

Rule 83.19.6 **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.

Source: Miss. Code Ann. §43-11-13

Rule 83.19.7 **Notification of Start of Construction**. The licensing agency shall be informed in writing at the time construction is begun.

Source: Miss. Code Ann. §43-11-13

Rule 83.19.8 **Inspections**. The licensing agency or its authorized representatives shall have access at all times to the work for inspection whenever it is in preparation or progress, and the owner shall ascertain that proper facilities are made available for such access and inspection.

Source: Miss. Code Ann. §43-11-13

Rule 83.19.9 **Limit of Approval**. In construction delayed for a period of exceeding six (6) months from the time of approval of final working plans and specifications, a new evaluation and/or approval shall be obtained from the licensing agency.

Source: Miss. Code Ann. §43-11-13

Rule 83.19.10 **Water Supply, Plumbing, Sewerage Disposal**. The water supply and sewerage disposal shall be approved by the local county health department and/or the Division of Sanitary Engineering, Mississippi State Department of Health. No system of water supply, plumbing, sewerage, garbage, or refuse disposal shall be installed nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration, or extension have been so approved and submitted to the licensing agency for review and final determination.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 20. GENERAL BUILDING REQUIREMENTS

Rule 83.20.1 **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.

Source: Miss. Code Ann. §43-11-13

Rule 83.20.2 **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. §43-11-13

Rule 83.20.3 **Lighting**. Each resident'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 residents' 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. §43-11-13

Rule 83.20.4 **Emergency Lighting**. At least one functioning, battery-operated emergency light shall be provided in each hallway.

Source: Miss. Code Ann. §43-11-13

Rule 83.20.5 **Screens**. All screen doors and non-stationary windows shall be equipped with tight fitting, full length, sixteen (16) mesh screens. Screen doors shall swing out and shall be equipped with self-closing devices.

Source: Miss. Code Ann. §43-11-13

Rule 83.20.6 **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. §43-11-13

Rule 83.20.7 **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. §43-11-13

Rule 83.20.8 **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. §43-11-13

Rule 83.20.9 **Ramps and Inclines**. Ramps and inclines, where installed for the use of residents, shall not exceed one (1) foot of rise in ten (10) feet of run, shall be furnished with a non-slip floor, and shall be provided with handrails on both sides.

Source: Miss. Code Ann. §43-11-13

Rule 83.20.10 **Door Swing**. Exit doors, other than from a living unit, shall swing in the director of exit from the structure.

Source: Miss. Code Ann. §43-11-13

Rule 83.20.11 **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. §43-11-13

Rule 83.20.12 **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.

Source: Miss. Code Ann. §43-11-13

Rule 83.20.13 **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. §43-11-13

Rule 83.20.14 **Fire Extinguishers**. Fire extinguishers of number, type, and capacity appropriate to the need 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 chief or representative of a fire extinguisher servicing company.

Source: Miss. Code Ann. §43-11-13

Rule 83.20.15 **Smoke Detectors**. Smoke detectors shall be installed in each hallway no more than thirty (30) feet apart, in all bedrooms and in all storage rooms.

Source: Miss. Code Ann. §43-11-13

Rule 83.20.16 **Trash Chutes**. Trash chutes are prohibited.

Source: Miss. Code Ann. §43-11-13

Rule 83.20.17 **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. §43-11-13

Rule 83.20.18 **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 thirty (30) 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. §43-11-13

Rule 83.20.19 **Water Temperature**. The temperature of hot water at plumbing fixtures used by residents shall not exceed 115 degrees Fahrenheit and no less than 100 degrees Fahrenheit.

Source: Miss. Code Ann. §43-11-13

Rule 83.20.20 **Combustion Air**. Combustion air to all equipment requiring it must come from the outside.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 21. BUILDING REQUIREMENTS

Rule 83.21.1 **Building Protection**. Facilities licensed after August 13, 2005 shall be constructed to have;

1. **Building Protection**.

   a. 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.

   b. In facilities licensed for sixteen (16) or fewer residents and where the characteristics of occupancy are comparable with one (1) and two (2) family residential fire potentials, an NFPA 13D-styled sprinkler system may be installed.

2. **Building Construction.**

   a. **Single story**. No requirements.

   b. **Multi-story (less than four floors)**. 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).

   c. **Mobile structures**. No mobile structures are acceptable for housing residents.

Source: Miss. Code Ann. §43-11-13

Rule 83.21.2 **Multi-story Building. Elevator Required**. No resident 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. §43-11-13

Rule 83.21.3 **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. §43-11-13

Rule 83.21.4 **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.

Source: Miss. Code Ann. §43-11-13

Rule 83.21.5 **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. §43-11-13

Rule 83.21.6 **Hallways and Passageways.**

1. Hallways and passageways shall be kept unobstructed.
2. Hallways and passageways which lead to the outside from any required stairway shall be enclosed as required for stairways.

Source: Miss. Code Ann. §43-11-13

Rule 83.21.7 **Mechanical and Electric Systems**.

1. Mechanical, electrical, plumbing, heating, air-conditioning, and water systems installed 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 following codes and recommendations shall govern:

    a. National Electrical Code.

    b. National Plumbing Code.

    c. American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc.

    d. Recommendations of the American Society of Mechanical Engineers.

    e. Recommendations of American Gas Association.

    f. National Fire Protection Association.

2. 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.

    a. Gas heaters provided they 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.

3. Lighting (except for battery-operated emergency lighting) shall be restricted to electricity.

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 22. EMERGENCY OPERATIONS PLAN (EOP)

Rule 83.22.1 The licensed entity shall develop and maintain a written preparedness plan utilizing the "All Hazards" approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Preparedness and Response, Mississippi State Department of Health, or their designates, for conformance with the "All Hazards Emergency Preparedness and Response Plan." Particular attention shall be given to critical areas of concern which may arise during any "all hazards" emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six (6) critical areas of consideration are:

1. Communications: Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.
2. Resources and Assets
3. Safety and Security
4. Staffing
5. Utilities
6. Clinical Activities.

Source: Miss. Code Ann. §43-11-13

Rule 83.22.2 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**.**

Source: Miss. Code Ann. §43-11-13

SUBCHAPTER 23. FACILITY FIRE PREPAREDNESS

Rule 83.23.1 **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.
Written Records. Written records of all drills shall be maintained, indicating content of and attendance at each drill. A fire evacuation plan shall be posted in each facility in a conspicuous place and kept current.

Source: Miss. Code Ann. §43-11-13