Title 15: Mississippi State Department of Health

Part 3: Office of Health Protection

Subpart 1: Health Facilities Licensure and Certification

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, §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 Prescribed Pediatric Extended Care (PPEC) centers and to license and regulate said centers in the State of Mississippi.

SOURCE: Mississippi Code Annotated §43-13-117

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 §43-13-117

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 §43-13-117

Subchapter 2 Definitions

Rule 2.2.1 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 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.

5. **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.

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 PPEC 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 Academy of Pediatrics or the American Osteopathic Board of Pediatrics, who serves as a liaison between the PPEC center 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.

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 PPEC services and manages the day-to-day operations of the PPEC center .

14. **Owner or Operator**. Shall mean a licensee.

15. **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.

16. **Premises.** Shall mean those buildings, beds, facilities and fenced outdoor recreational/play area located at the main address of the licensee.

17. **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.

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 PPEC center.

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 PPEC center staff.

20. **Protocol of Care.** The comprehensive plan for implementation of medical, nursing, psychosocial, developmental, and education therapies to be provided by the PPEC center.

21. **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.

22. **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.

23. **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.

24. **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.

25. **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.

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 2.3.1 **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 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 43-13-117

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.

2. County-operated or municipally operated PPEC centers 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 this chapter.

SOURCE: Mississippi Code of 1972, Section 43-13-117

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 §43-13-117

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 43-13-117 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 §43-13-117

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 §43-13-117

Rule 2.3.6 **Fees.**

1. Each application for initial licensure shall be accompanied by an initial application fee of five hundred dollars ($500.00) for up to 25 beds; with an additional twenty dollars ($20.00) per bed for each licensed bed thereafter, up to five thousand dollars ($5,000), in either business check or money order made payable to the Mississippi State Department of Health. The fees are not refundable.

2. Each application for renewal shall be accompanied by a renewal fee of five hundred dollars ($500.00) for up to 25 beds; with an additional twenty dollars ($20.00) per bed for each licensed bed thereafter, up to five thousand dollars ($5,000), made payable by a business check or money order to Mississippi State Department of Health.

3. 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 the rate of three thousand dollars ($3000.00).

SOURCE: Mississippi Code Annotated §43-13-117

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 §43-13-117

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.

SOURCE: Mississippi Code Annotated §43-13-117

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 of $1000.00;

3. A Licensing Fee of $500.00 for up to 25 beds; with an additional $20.00 per bed for each licensed bed thereafter;

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. 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 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, 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 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, manager or supervisor, and all licensed nurses; and

16. Floor sketch or drawing of premises to be licensed, letter of intent and functional plan.

SOURCE: Mississippi Code Annotated §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 of $500 for up to 25 beds; with an additional $20.00 per bed for each licensed bed thereafter;

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 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 the amount of $150.00 will be assessed and must be submitted payable to 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 §43-13-117

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 §43-13-117

Rule 2.3.17 Within ten calendar days, 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;

2. Any fire or incident of natural disaster whereas damage to the center was sustained;

3. 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;

4. 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 §43-13-117

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 §43-13-117

Rule 2.3.19 All applicants for a license to operate a PPEC center, whether for initial or for renewal, and the administrator, manager/supervisor and the director of nursing services shall:

1. Be eighteen 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 again 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 §43-13-117

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, manager, or supervisor of the PPEC center, 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 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 §43-13-117

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 §43-13-117

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 43-13-117, 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 §43-13-117

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 §43-13-117and §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 §43-13-117

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 §43-13-117

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 §43-13-117

Subchapter 5 Administration and Management

Rule 2.5.1 **Licensee.** The licensee of each PPEC center shall have full legal authority and responsibility for the operation of the center.

SOURCE: Mississippi Code Annotated §43-13-117

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 §43-13-117

Rule 2.5.3 The licensee of each PPEC center must designate, in writing, one person who is responsible and accountable for the overall management of the center.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 2.5.4 **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 §43-13-117

Rule 2.5.5 The center administrator must:

1. 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:

2. 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.

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;

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. Develop and implement policies and procedures for infection control and quality assurance. These policies and procedure must be included in the PPEC center's policy manual.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 2.5.6 **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 §43-13-117

Rule 2.5.7 **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 §43-13-117

Rule 2.5.8 **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 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 §43-13-117

Rule 2.5.9 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 §43-13-117

Rule 2.5.10 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 2.5.11 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 §43-13-117 and § 43-11-13

Rule 2.5.12 **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 §43-13-117 and § 43-11-13

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 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 §43-13-117

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 §43-13-117

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 or 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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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	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 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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

Rule 2.11.3 Developmental and educational needs shall be incorporated into each child's protocol for care.

SOURCE: Mississippi Code Annotated §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

Rule 2.13.4 Prepared foods shall be kept under refrigeration with identifying dates and the child's name.

SOURCE: Mississippi Code Annotated §43-13-117

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 §43-13-117

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.

SOURCE: Mississippi Code Annotated §43-13-117

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 §43-13-117

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 §43-13-117

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 current safety inspection stickers, licenses (vehicle tag) and registration;
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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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.

SOURCE: Mississippi Code Annotated §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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. An emergency generating system with adequate generating power to maintain medical equipment and adequate HVAC to operate designated core areas of the PPEC center 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 §43-13-117

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 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 2.20.1 **Construction.** 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 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.

SOURCE: Mississippi Code Annotated §43-13-117

Rule 2.20.2 The PPEC center 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 with med prep area;
6. Isolation room;
7. Clean and dirty storage areas;
8. Janitorial closet;
9. Biohazard closet;
10. Therapy/education/activity learning lab area;
11. Laundry area;
12. Staff area;
13. Reception area;
14. Administrative office;
15. Separate guest and child entrances.

SOURCE: Mississippi Code Annotated §43-13-117

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 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: Mississippi Code Annotated §43-13-117

Rule 2.20.4 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 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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

Rule 2.20.9 **Zoning Restrictions**. The locations of a center shall comply with all local zoning ordinances.

SOURCE: Mississippi Code Annotated §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117

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 §43-13-117