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STATE BOARD OF HEALTH

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Chapter H 32

NURSING HOMES

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History: Chapter H32 as it existed on June 30, 1964 was repealed and a new chapter H32 was created effective July 1, 1964.

DEFINITIONS

H 32.01 Statutory definitions. (1) A NURSING HOME means any building, structure, institution, boarding home, convalescent home, agency or other place, not limited by enumeration, for the reception and care or treatment for not less than 72 hours in any week of three or more unrelated individuals hereinafter designated patients, who by reason of disability, whether physical or mental, including mental retardation and mental illness, are in need of nursing home services. The definition of nursing home shall not include institutions under the jurisdiction of or subject to the supervision of the state department of public welfare, including but not limited to county institutions, child care institutions, child care centers, day care centers, day nurseries, nursery schools, foster homes, child welfare agencies, child placing agencies and mental health clinics. The definition of a nursing home shall not include other institutions under the jurisdiction of or subject to the supervision of the state board of health, including but not limited to tuberculosis sanatoria, maternity homes, maternity hospitals, hotels, and general and special purpose hospitals, except any part thereof which comes within the definition of a nursing home. A nursing home shall not include the offices of persons licensed by the state to treat the sick. The reception and care or treatment in a household or family of a person related by blood to the head of such household or family, or to his or her spouse, within the degree of consanguinity of first cousin, shall not constitute the premises to be a nursing home. (Chapter 187, Laws of 1963, effective July 26, 1963)

(2) PATIENT means individuals cared for or treated in any nursing home, irrespective of how admitted.

(3) BOARD means the State Board of Health as that term is defined in section 140.01, Wis. Stats.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

H 32.02 Administrative definitions. (1) HOME FOR SKILLED NURSING CARE means a nursing home which is staffed, maintained and equipped

for the accommodation of individuals who are not acutely ill and not in need of hospital care but who require skilled nursing care.

(2) **SKILLED NURSING CARE** is defined as nursing care provided under the supervision of a registered professional nurse and physician.

(3) **HOME FOR LIMITED NURSING CARE** means a nursing home which is staffed, maintained and equipped for the accommodation of individuals who are not acutely ill and are not in need of hospital care or skilled nursing care but are in need of limited nursing care.

(4) **LIMITED NURSING CARE** is defined as nursing care provided under the supervision of a licensed trained practical nurse and physician.

(5) **HOME FOR PERSONAL CARE** means a nursing home which is staffed, maintained and equipped for the accommodation of individuals who are not acutely ill and are not in need of hospital care, skilled nursing care or limited nursing care but require personal care.

(6) **PERSONAL CARE** shall mean the provision of room, board, laundry and other personal services such as assistance in dressing, bathing, eating and ambulation.

(7) An **AMBULATORY PATIENT** is one who is physically and mentally able to leave the nursing home without assistance in case of emergency.

(8) **SEMI-AMBULATORY PATIENT** shall mean a person who has physical or mental limitations and who is unable to leave the nursing home without assistance.

(9) A **BEDFAST PATIENT** is a person who is normally confined to a bed or chair.

(10) **LICENSEE** is the "person" to whom the license is issued and shall be responsible for compliance with all the laws, rules and regulations relating to the nursing home and its operation.

(11) **ADMINISTRATOR** is the individual, not necessarily the licensee, who is directly responsible for the full-time operations and activities of the home and the supervision of employees.

(12) **MAXIMUM BED CAPACITY.** Maximum bed capacity shall mean the exact number of beds permitted by these standards for accommodation of patients, exclusive of beds in rooms occupied by the licensee and/or administrator, his family and employees.

(13) **DIRECTOR OF NURSING** shall mean the registered professional nurse or licensed trained practical nurse in charge of nursing.

(14) **NURSING PERSONNEL.** Nursing personnel shall include registered professional nurses, licensed practical nurses and nursing assistants.

(15) **REGISTERED PROFESSIONAL NURSE.** Registered professional nurse shall mean a graduate nurse currently registered by the Wisconsin State Board of Nursing also referred to as R.N.

(16) **LICENSED TRAINED PRACTICAL NURSE.** Licensed trained practical nurse shall mean a person currently licensed as a trained practical nurse by the Wisconsin State Board of Nursing also referred to as T.P.N.

(17) **NURSING ASSISTANT.** Nursing assistant shall mean a person who has had a training program or sufficient previous experience acceptable to the Board of Health also referred to as N.A.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

LICENSING

H 32.03 Procedure for licensure. (1) **APPLICATION FOR LICENSE.** The application for a license shall be in writing upon forms provided by the board and shall contain such information as it requires.

(2) **ISSUANCE OF LICENSE.** The board shall issue a license if the applicant is reputable and financially responsible and the administrator designated by the applicant to be in charge is fit and qualified and if nursing home facilities meet the requirements herein established.

(3) **ADMINISTRATOR TO BE INTERVIEWED.** Every administrator shall be interviewed by a designated representative of the board of health to determine fitness and qualifications, including financial plans presumptive to the management of the home, acceptable care and supervision of patients.

(4) **RENEWAL.** A license, unless sooner suspended or revoked, shall be renewed annually on July 1, upon filing by the licensee of an annual report on forms furnished by the board.

(5) **LICENSE NONTRANSFERABLE.** Each license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable.

(6) **CONTENT OF LICENSE.** The license shall state the maximum bed capacity for patients requiring skilled nursing care, limited nursing care and personal care, the name of the person or persons to whom the license is granted, the date the license is granted, the expiration date and such other information as may be required.

(7) **POSTING OF LICENSE.** The license shall be posted in a conspicuous place in the nursing home.

(8) **SUSPENDED, REVOKED OR AMENDED LICENSES.** Licenses that are suspended, revoked or amended shall be surrendered to the board.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

H 32.04 Penalties and appeals. (1) **DENIAL, SUSPENSION OR REVOCATION OF LICENSE; NOTICE.** The board after notice 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 and established rules.

(2) **RIGHT OF APPEAL.** Any person who considers any part of these standards and any official's interpretation of the standards to be unreasonable may appeal to the state board of health.

(3) **FAILURE TO REGISTER OR OPERATING WITHOUT LICENSE; PENALTY.** It shall be unlawful for any person, acting jointly or severally with any other person, to conduct, maintain, operate, or permit to be maintained or operated, or to participate in the conducting, maintenance or operating of a nursing home, unless within 60 days after the effective date hereof it is registered with the board, or unless after June 30, 1952, it is licensed as a nursing home by the board. Any person

who shall violate this section shall be fined not more than \$100 for the first offense and not more than \$200 for each subsequent offense, and each day of continuing violation after the first conviction shall be considered a separate offense.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

ADMINISTRATION

H 32.05 Licensee. (1) **QUALIFICATIONS.** The licensee shall (a) have the ability and willingness to carry out the provisions of the rules for nursing homes in cooperation with the board.

(b) Have sufficient financial resources to permit operation of the nursing home upon licensure for a period of 90 days without regard to income from patient fees.

(c) Be a person of good moral character.

(2) **RESPONSIBILITIES.** The licensee shall (a) notify the board 30 days in advance before closing the home and the license shall be returned to the board.

(b) Notify the state board of health 30 days in advance of any change of an administrator. In an emergency, immediate notification shall be sent to the board. The new administrator may serve on a temporary basis until his qualifications have been reviewed.

(c) If the licensee is not the administrator he shall employ an administrator. The administrator shall meet qualifications established by the board.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

H 32.06 Administrator. (1) **QUALIFICATIONS.** The administrator shall (a) have good mental and physical health.

(b) Have the physical and emotional capacity to administer a nursing home.

(c) Have mature judgement and be emotionally adjusted to the problems encountered in the care of the aged.

(d) Have the intellectual capacity, general and professional knowledge to operate a nursing home.

(e) Be of good moral character.

(f) Have demonstrated an interest in personal service and the welfare of others.

(2) **ADDITIONAL QUALIFICATIONS.** Additional qualifications for administrators employed after the effective date of these rules (a) shall be between the ages of 21-70 years.

(b) Shall have a high school diploma.

(c) Shall have 2 years experience in a supervisory or assistant administrative capacity in a nursing home or patient care institution or shall have a college degree in a field related to nursing home management.

(3) **RESPONSIBILITY.** (a) The administrator shall be familiar with the rules of the board and be responsible for maintaining them in the home.

(b) The administrator shall be responsible for the total operation of the home.

(c) The administrator shall be responsible for seeing that all employees are properly instructed in the discharge of their duties.

(d) The administrator shall be responsible for familiarizing the employes with the rules of the board and shall have copies of the rules available for their use.

(e) The administrator is responsible for the action of any employe within the scope of their employment as well as their own actions. No one shall abuse or punish any patient. This includes but not in limitation thereof physical force, verbal abuse, confinement to a room or withholding food and water.

(f) The administrator shall not leave the premises without delegating necessary responsibilities to a competent person over 21 years of age. This person shall not be a patient of the home.

(g) The administrator shall instruct all personnel in the requirements of the law and regulations pertaining to their respective duties.

(h) The administrator shall be responsible for the completion, keeping and submission of such reports and records as required by the board.

(4) GENERAL ADMINISTRATIVE POLICIES. (a) An in-service training program shall be developed to meet the needs of the home.

(b) Children under 16 years of age related to the licensee, administrator or an employe shall not be permitted in areas used by patients.

(c) Incoming and outgoing mail belonging to the patient shall not in anyway be tampered with except on a written notification of the patient or guardian.

(d) Patients shall have access to a telephone at a convenient location in the building. At least one telephone, not a pay phone shall be provided for use in case of emergency.

(e) As a minimum the home shall permit visiting anytime between 11 A.M. and 8 P.M. excepting where restricted on written orders of a physician.

(5) ADMISSION POLICIES. (a) Maternity patients, children under 18, transients, boarders, and persons having or suspected of having a communicable disease endangering other patients shall not be admitted or retained in a nursing home.

(b) A home shall not accept or keep patients who are destructive of property or themselves, who continually disturb others, who show hostility to others, or who show any suicidal tendencies.

(6) PERSONNEL POLICIES. (a) *Nursing staff.* Nursing staff shall be employed primarily for patient care; there shall be sufficient additional personnel to provide basic services such as food service, house-keeping, laundry and plant maintenance.

(b) *Employe physical examinations.* 1. All employes shall have an annual physical examination.

2. An initial physical examination must be completed within a period of 90 days before employment and must include an x-ray of the chest.

3. An x-ray of the chest is not required annually if a negative tuberculin test can be demonstrated at the time of the annual physical examination.

4. The physician shall certify that the employes are free of communicable disease, including active tuberculosis.

5. These regulations apply to members of the family living or working in the home.

(c) *Communicable disease control.* No person who is affected with any disease in a communicable form or is a carrier of such disease shall work in any nursing home, and no nursing home shall employ any such person or any person suspected of being affected with any disease in a communicable form or of being a carrier of such disease. If the administrator suspects that any employe has contracted any disease in a communicable form or has become a carrier of such disease he shall exclude the employe from the nursing home and notify the local health officer immediately. 1. The local health officer shall determine whether the employe has a communicable disease or is a carrier of such disease. If the local health officer is not a physician he shall make arrangements to employ a physician to aid in making the diagnosis or call upon the state board of health for such service. Laboratory examinations as may be indicated may be required by the physician.

2. Persons who at any time have had typhoid or paratyphoid fever shall not be employed in a nursing home until it has been definitely determined by appropriate tests that such persons are not typhoid or paratyphoid carriers.

(d) *Employe's personal belongings.* Employes shall not keep wraps, purses and other belongings in the food service or patient area.

(e) *Employe's age.* All employes having responsibilities for the direct care of the patients shall be at least 18 years of age. No employe shall be less than 16 years of age.

(f) *Employe's personnel record.* A separate personnel record shall be kept current on each employe. It shall include the following essential information: 1. Name and address of employe.

2. Social security number.

3. Date of birth.

4. Date of employment.

5. Name and address of nearest kin.

6. Job description.

7. Hours of work and wages.

8. Date of physical examination and chest x-ray.

9. Experience record.

10. Educational qualifications.

11. Reference.

12. Date of discharge and/or resignation.

13. Reason for discharge and/or resignation.

(g) *Time schedule and records.* Every home shall have a weekly time schedule which has been dated and posted in a convenient place for employes' use. This weekly time schedule and payroll records shall be made available for review by authorized persons from the board. These shall be kept on file in the home for 2 years.

(h) *Job description.* Job descriptions shall be maintained outlining the duties, responsibilities and qualifications requirement of all positions. A copy shall be kept on file in the administrator's office and each employe shall be thoroughly familiar with his duties and responsibilities.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

Register, June, 1964, No. 102

MEDICAL CARE

H 32.07 Medical policies. (1) *Policies.* The medical and nursing policies which are a part of the rules in this chapter of the Wisconsin Administrative Code have been established by the State Board of Health (a group of professional personnel including one or more physicians) to govern the medical care and nursing care including skilled nursing care, as well as other related medical services provided in any nursing home licensed by the board. In addition, the administrator of the nursing home shall establish an advisory committee composed of one or more physicians who shall be available to advise the administrator on any problems concerned with medical policy or nursing policy which are not covered by these rules. The physician or physicians selected as members of the advisory committee shall not be responsible for the care of any patients other than their own, excepting in emergencies.

(2) **PATIENT TO BE UNDER MEDICAL SUPERVISION.** Every patient shall be under the medical supervision of a physician licensed to practice in Wisconsin.

(3) **PATIENT TO BE ALLOWED PHYSICIAN OF CHOICE.** Every patient or his family, guardian or the agency responsible for him, shall be allowed the physician of his choice.

(4) **PHYSICAL EXAMINATION OF PATIENT.** Every patient shall have a physical examination by a licensed physician, including a chest x-ray, within 60 days prior to being admitted. The physician shall complete the history and physical examination record and certify in writing that the patient has been examined and is free of communicable disease. It shall be the duty of the administrator to notify the physician and arrange for the physical examination. (a) An annual examination shall be given to all patients and recorded on the patient's record. Where a patient is under the regular care of a physician, an annual physical examination will not be required.

(b) At the time of the pre-admission physical examination and annually thereafter, the physician shall state in writing the type and amount of nursing care required; specifying whether the care can be given under supervision of an R.N., a T.P.N. or that no nursing care is required.

(5) **EMERGENCY MEDICAL SERVICES.** The administrator of the home shall arrange for a physician to be available for emergency calls when the patient's attending physician is unavailable.

(6) **PHYSICIAN'S ORDERS; MEDICATIONS AND TREATMENTS.** (a) There shall be a written order on a physician's order sheet for all medicines, treatments, physical therapy and special and modified diets.

(b) Orders received orally or by telephone shall be taken, signed and dated only by the R.N. or T.P.N. in charge and shall be written on the physician's order sheet in the patient's clinical record by the person receiving the order and shall be countersigned by the physician on his next visit. All verbal or telephone orders for medicines shall be reconfirmed with the physician in 10 days if the order has not been countersigned by that time.

(c) Medicines received by prescription or furnished by the physician shall be plainly labeled with the name and dosage of the medi-

cine, patient's name, the date, directions for taking the medicine, pharmacy and/or physician's name. This information is to be copied on the physician's order sheet in the patient's clinical record and countersigned by the physician on his next visit. No prescriptions shall be refilled without confirmation of the physician.

(d) Medicine furnished by the physician or by a pharmacist on prescription shall be delivered to the person in charge.

(e) Medicine provided by a physician or by a pharmacist on prescription of a physician shall not be left at the bedside without written orders from the physician. Medicine shall be stored in a locked cabinet, closet or storeroom and accessible only to the person in charge or his designated representative.

(f) There shall be an automatic stop order for narcotics, so that they are discontinued after 72 hours unless the original order is written to clearly specify a definite period of time or stop order.

(7) **RESTRAINTS.** (a) If a patient becomes suddenly disturbed, the person in charge of the home or the director of nursing shall take temporary measures to protect the patient and other persons in the home. As soon as possible, orders shall be obtained from the physician. Temporary restraints shall not be continued more than 24 hours without a written order by a licensed physician.

(b) When necessary to restrain the patient, observations shall be made at hourly intervals to assure physical safety. A record shall be kept on nursing notes during the period of restraints as indicated and the records signed by the person responsible for the care.

(c) The physician's order shall be in writing and shall contain the patient's name, date, time of order, reason for restraint and period of time to be restrained.

(d) No restraint shall be used or applied in such a manner as to cause injury to the patient. No door may be locked in such a manner which shall not permit immediate opening in case of emergency.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

H 32.08 Medical records. Medical records shall be required. These shall include: (1) Medical history, physical examination and diagnosis.

(2) Medical orders and progress report.

(3) Nursing care plan.

(4) Nurses' notes.

(5) Records of physicians' visit and observation of patients, charting of medications, diet and treatments on nurses' notes.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

NURSING

H 32.09 Director of nursing. (1) **QUALIFICATIONS.** The director of nursing shall (a) be a professional nurse currently registered as an R.N. in Wisconsin, in homes for skilled nursing care.

(b) be at least a trained practical nurse currently licensed as a T.P.N. in Wisconsin, in homes for limited nursing care.

(c) Have good mental and physical health.

(d) Have mature judgement.

(e) Be of good moral character.

(f) Have the ability and willingness to carry out instructions of physicians and the regulations of the board.

(g) Have good understanding of and be capable of directing and supervising the care of the aged and chronically ill patients.

(2) RESPONSIBILITIES. The director of nursing shall (a) receive the authority from the administrator to provide, direct and supervise nursing care.

(b) Carry out the physician's orders.

(c) Maintain an up-to-date nursing care plan for each patient based on individual needs and the physician's direction.

(d) Develop or have available written nursing procedures for the care of the patients.

(e) Plan a program of in-service training including orientation for all nursing personnel.

(f) Assist the administrator in planning for an adequate staff; the employment of qualified personnel capable of carrying out the duties of the positions, purchasing necessary equipment and supplies, arranging proper facilities and interpreting to the employes, visitors and patients, the program of the home.

(g) Be responsible for obtaining prompt medical care in cases of apparent acute illness of a patient or in an emergency. In case of acute illness, or injury, the next of kin shall be notified.

(h) Designate a responsible person to be in charge during her absences of short duration from the home and a qualified person in charge during her vacation, illnesses or leave of absence.

(i) Be responsible for all assignments and work schedules. All assignments are planned around the patient's needs and the worker's capabilities. She shall be responsible for the actions of all employes under her supervision.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

H 32.10 Minimum nursing staff requirements. Each nursing home shall be classified based upon the ability of the home to meet the minimum nursing staff requirements of this section. (1) HOMES FOR SKILLED NURSING CARE. (a) Nursing services shall be under the supervision of a full-time "registered nurse" who shall be on duty 40 hours per week and shall be on call at all times.

(b) The total hours of nursing care required for patients needing skilled nursing care shall be 2 hours per patient per day, computed on a 7-day week, and a minimum of 20% of such time shall be provided by registered nurses or licensed trained practical nurses. The 40 hours per week or more that the supervisor is on duty will be included in computing the 20% requirement.

(bm) Homes for skilled nursing care in which 75% of the patients are mentally retarded as determined by the department shall require, in lieu of section H 32.10 (1) (b), a minimum of 2 hours per patient per day of care, computed on a seven-day week, consisting of a minimum of 15 minutes per patient per day of care by registered nurses or licensed trained practical nurses and a minimum of 45 minutes per patient per day of care by registered nurses or licensed trained practical nurses or nursing assistants and a minimum of one hour per patient per day of care by nursing assistants or care or treatment

by physical therapists, occupational therapists, activity therapists, recreational therapists, social workers, vocational rehabilitation personnel, teachers or psychologists.

(c) The total hours of nursing care required for patients needing limited nursing care shall be 1.25 hours per patient per day, computed on a 7-day week, and may be provided by licensed trained practical nurses or nursing assistants.

(d) There shall be one person capable of providing patient care up and dressed and on duty status in the home 24 hours per day.

(2) HOMES FOR LIMITED NURSING CARE. (a) Nursing services shall be under the supervision of a full-time licensed "T.P.N." who shall be on duty 40 hours per week and shall be on call at all times.

(b) The total hours of nursing care required for patients needing limited nursing care shall be 1.25 hours per patient per day, computed on a 7-day week and may be provided by licensed T.P.N.'s or N.A.'s.

(c) There shall be one person capable of providing patient care up and dressed and on duty status in the home 24 hours per day.

(3) HOMES FOR PERSONAL CARE. (a) Personal services shall be under the supervision of a full-time administrator who shall be on duty 40 hours per week and shall be on call at all times.

(b) Adequate staff shall be provided for the personal care needs of the patients.

(c) There shall be one person capable of providing personal care and on duty status up and dressed in the home 24 hours per day.

(4) QUALIFICATIONS AND IDENTIFICATION. (a) Nursing staff shall be employed primarily for patient care; they shall be qualified for the position for which they are employed.

(b) The registered nurse shall be currently registered in the state of Wisconsin.

(c) The trained practical nurse shall be currently licensed in the state of Wisconsin.

(d) The nursing assistant shall submit evidence of training to the administrator before being assigned to her duties. This training may be in-service training given by a registered nurse, or under the auspices of a hospital or an official health agency, or in an approved program in the Vocational School or the American Red Cross course for nursing assistants in nursing homes.

(e) Provision shall be made for relief personnel whenever a nurse or nursing assistant is off duty for any reason.

(f) Each employe shall wear a badge or tag or uniform which identifies their employment status.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64; cr. (1) (bm), Register, September, 1971, No. 189, eff. 10-1-71.

H 32.11 Patient care. (1) Every patient shall receive nursing care and supervision based on individual needs. Each patient shall show evidence of good personal hygiene. (a) *Baths.* Patients shall bathe or be bathed or assisted with their baths as necessary. Bed patients shall be bathed at least every second day. Clean linen and clothing shall be provided. Ambulatory patients shall be bathed weekly. Baths shall be given in such a manner as to provide privacy for the patient.

(b) *Incontinent patients.* 1. Incontinent patients shall have partial baths and clean linens each time the bed or clothing is soiled.

2. Pads or diapers shall be used for incontinent patients to keep bedding dry and for the patient's comfort. Rubber, plastic or other types of linen protectors shall be completely covered. Newspapers and thin plastic film are not acceptable. Rubber or plastic diapers shall not come in direct contact with the patient.

3. Soothing and healing lotions or cream shall be applied where skin may become irritated; careful skin care shall be given to prevent bedsores.

4. Clothing and bedding shall be changed immediately after being soiled, and kept clean and free of odors. Soiled linen and clothing must be removed immediately from the patient areas. Rubber and plastic sheets shall be cleaned as often as necessary to prevent offensive odors.

(c) *Oral hygiene.* Patients shall be assisted with oral hygiene to keep the mouth, teeth or dentures clean. Measures shall be used to prevent dry, cracked lips.

(d) *Hair.* Patient's hair shall be kept clean, neat and well groomed.

(e) *Nails.* Patient's fingernails and toenails shall be kept clean and trimmed.

(f) *Shaving.* Men shall shave or be assisted with shaving or be shaved as necessary to keep them clean and well groomed.

(2) Each patient shall be up and out of bed as much as his condition warrants unless his physician states in writing on the physician's order sheet that he is to remain in bed.

(3) If the patient is bedfast, the position of the patient shall be changed frequently and positioned in good body alignment. If patient is helpless his position shall be changed at least every 2 hours.

(4) There shall be a continuous program in effect to reduce bed-fastness and to aid in adjustments to daily living. There shall be training of personnel to enable them to assist patients in activities, self-help, maintenance of range of motion, proper chair and bed positioning and prevention or reduction of incontinence. (a) Physical therapy procedures shall be carried out only on written orders of a physician and shall be carried out as ordered.

(b) A record of physical rehabilitation procedures shall be kept for the physician's evaluation of the patient's progress.

(5) Patients shall receive kind considerate care and treatment at all times and shall not be abused in any way.

(6) Every home shall take necessary precautions to assure safety of patients.

(7) Adequate equipment and supplies for first aid shall be readily available at all times.

(8) If a patient becomes unmanageable, a physician shall be called and treatment provided. If the patient does not respond to treatment, he shall be removed from the home.

(9) Patients shall not be expected to care for one another or be put in charge of the home during the absence of the administrator.

(10) In case of acute illness, injury or death, notify next of kin; minister, priest, or rabbi; and apparent deaths shall be reported immediately to the attending physician for proper certification.

(11) *Medicines.* (a) *Administration of medicines.* 1. Medicines shall be given only on a physician's prescription or written order and exactly as ordered by the physician.

2. All prescription medicines shall be given under supervision of an R.N. or T.P.N.; proprietary drugs may be administered by the person in charge.

3. One person shall be assigned and held responsible for preparing, administering and recording medicine under supervision of an R.N. or T.P.N. a. Care should be taken to read the label three times: when the bottle is taken from the shelf; while pouring or removing pill capsules; and as the container is placed back on the shelf. In this procedure, the name of the medicine as well as the dosage is noted 3 times.

b. Care shall be taken to identify the patient for whom medicine has been ordered with the medicine being given.

c. Care shall be taken to verify that the patient has actually taken the medicine.

4. All medicine shall remain in the original prescription container as received from the pharmacy or physician.

5. When medicines or treatments are to be discontinued or modified the physician shall so indicate in writing on the order sheet.

(b) *Storage of medicines.* 1. A medicine cabinet, closet or storeroom shall be of sufficient size for the storage of all medicines. It shall be conveniently located and provided with illumination adequate for easy reading of labels.

2. Medicine cabinets, closets or storerooms shall be kept locked. The key shall be under control of the person on duty responsible and assigned to give the medicines.

3. Each patient's medicine shall be kept separated within the cabinet, closet or storeroom.

4. Medicines requiring refrigeration shall be kept in a covered box, properly labeled in the refrigerator.

5. Poisons and medicines marked "for external use only" shall be kept separated from other medicines and shall be kept in a separate locked cabinet.

6. Directions for use on labels of medicines may be changed only by a physician or pharmacist acting on instructions from a physician.

7. All medicines shall be kept in their original prescription container unless transferred by a licensed physician or pharmacist and properly labeled.

8. No medicine shall be kept by a patient on his person or in his room except for emergency drugs on the written order of physician.

(c) *Narcotics.* 1. Narcotics shall be kept in a locked box or cabinet fastened within the general medicine cabinet, closet or storeroom. No other drugs or articles shall be kept in the narcotic box or cabinet.

2. Narcotics shall be accessible only to the nurse in charge and the key to the narcotic cabinet kept on her person.

3. A narcotic book shall be kept and the nurse administering narcotics shall be responsible for recording the proper notation. A record shall be kept of all narcotics administered.

4. Any residual narcotic shall be surrendered to the Bureau of Narcotics, attention: District Supervisor, Treasury Department Bureau of Narcotics, 817 New Post Office Building, Chicago 7, Illinois. In returning narcotics, the label shall indicate the kind of preparation, i.e., morphine, codeine, demerol, etc.

(d) *Bulk supply of medicines.* 1. A nursing home shall not handle prescription medicines in bulk supply unless the medicine is under the control of a pharmacist or physician. A nursing home may handle proprietary (nonprescription) medicine in bulk supply.

2. Accurate records shall be kept of all medicines received, administered and dispensed, including the name of the medicine, the quantity of the medicine received and the quantity of the medicine administered or dispensed.

3. All bulk prescription medicines shall be stored in a locked cabinet, closet or drug room in the original containers bearing the original labels and accessible only to a pharmacist or to a physician.

(e) *Destruction of medicine.* All medicine provided by a pharmacist on prescription of a physician shall be destroyed when the physician orders that its use be discontinued or when the patient has been dis-

charged or is deceased. The physician shall write an order if he wishes the medicine to be sent home or transferred with the patient.

(f) *Use of oxygen.* Oxygen shall not be used in nursing homes unless there is a registered nurse in attendance excepting in an emergency a person trained in the use of oxygen may administer oxygen. The following precautions shall be taken: 1. Signs indicating "No Smoking" in the room and at the entrance of the room when oxygen is in use.

2. Prior to use of oxygen all smoking material, matches and the like shall be removed from the room.

3. No oil or grease shall be used on oxygen equipment.

4. Oxygen tanks shall be suitably anchored so that they will not be tipped over.

5. Oxygen tanks when not in use shall be stored in a ventilated closet designed for that purpose or outside the building of the home in an enclosed non-accessible area.

(12) Records and reports. (a) *Chart on patient.* An individual chart shall be kept on each patient and shall contain: 1. The admission record which shall be completed within 24 hours after admission and shall contain the following information: a. Patient's full name.

b. Home address or last known address.

c. Address of hospital or nursing home where last cared for.

d. Religion, name and telephone number of minister, priest or rabbi.

e. Name and address of nearest kin.

f. Telephone number of nearest kin.

g. Date of birth and social security number.

h. Sex of patient.

i. Name and telephone number of physician.

j. Date and time of admission, transfer, discharge or death, to be completed when indicated.

k. Principal cause of death if known—complete when indicated.

1. Person to whom body was released on death—complete when indicated.

2. The history and physical examination record and a statement that the patient is free of communicable disease including active tuberculosis and shall be signed and dated by the physician.

3. The physician's order sheet which shall include the orders for all medicines, treatments, special and modified diets and activities of the patient, i.e., bedfastness, chair, walking, etc. All entries shall be dated and signed by the physician.

4. Nursing notes which shall contain the following information:

a. Date, time and condition of patient on admission.

b. Medications and treatments showing date, time, dosage and by whom administered. The home may use a separate form for this if desired.

c. Entries on the patient's charts shall be recorded as frequently and in as much detail as his condition warrants. All entries shall be written in ink and signed by person giving the care.

d. Patients in a home for personal care shall have a progress note written at least once a month.

e. Patients in a home for limited care shall have a progress note written at least weekly unless patient's condition warrants more frequent notations.

f. Patients in a home for skilled nursing care shall have a progress note written at least daily unless patient's condition warrants more frequent notations.

g. Notations shall be made describing the general condition of the patient, any unusual symptoms or actions, refusal to take medicine, appetite, mental attitude, behavior changes, sleeping habits, etc.

h. All incidents or accidents involving the patient shall include time, place, details of incident or accident, action taken and follow-up care.

i. The temperature, pulse and respirations of patients shall be taken on admission of patient and as often as indicated thereafter.

j. Every visit of the physician, patient's visit to clinic or hospital shall be recorded on nursing notes.

k. If patient leaves the home the condition at time of discharge and to whom released shall be charted. In case of death note time, physician called and to whom body was released.

(b) *Reports to the physician.* 1. Observe, record and report to the physician unusual symptoms and complaints, including body marks and bruises of patients.

2. The nursing home administrator shall notify a licensed physician of any patient who has had an accident. A written report shall be recorded on each accident by the person in charge.

(c) *Other records.* 1. Weekly time schedules and work assignment sheets.

2. Weekly menus shall be kept on file for a period of one year. Menu records shall include the number of persons served.

3. Employee records.

4. Annual certification of proper condition of sprinkler system.

5. Annual certification of proper condition of fire extinguisher.

6. Semi-annual certification of fire department inspection.

(d) *Nursing home records.* Nursing home records shall be kept in the home and be readily available to the person in charge on all shifts. The administrator or his agent shall provide the board with any and all information required and shall afford every facility for examining the records and gathering information from records, employees and patients.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

H 32:12 Furnishings, equipment and supplies. (1) **FURNISHINGS—PATIENT'S CARE AREAS.** (a) *Beds.* 1. Each patient shall have at least a standard 36 inch wide bed.

2. Each bed shall be equipped with good springs and a clean, firm and comfortable mattress.

3. Roll-away beds, day beds and cots shall not be used for patients.

(b) *Bedside stand.* Each patient shall be provided with a bedside stand.

(c) *Pillows.* 1. Each patient shall have at least one clean comfortable pillow.

2. Extra pillows shall be available to meet the patient's needs and comfort.

(d) *Chairs.* 1. There shall be at least one chair available for each bed in the room.

2. A comfortable "easy" chair shall be available for each patient able to use one.

(e) *Reading light.* There shall be a reading light provided for all patients who desire to use one.

(f) *Dresser or drawer space.* There shall be drawer space available for use by each patient.

(g) *Lockers.* Lockers or closets shall be adequate for hanging patient's clothes within the room or convenient thereto.

(h) *Over-bed table or over-bed tray.* Over-bed table or over-bed tray shall be provided for each patient who must be served meals in bed and who can be positioned in bed to eat their meals.

(i) *Rails.* Side rails for beds shall be made available for the protection of patients when needed.

(j) *Linen and bedding.* 1. Mattress cover: a moisture-proof mattress cover and rubber or plastic sheeting shall be provided as necessary to keep mattresses and pillows clean and dry. Mattress pads shall be provided for all beds.

2. Sheets and pillow cases: a sufficient supply shall be available so that beds may be changed as often as necessary to keep beds clean, dry and free of odors. At least 2 sheets and 2 pillow cases shall be furnished each week.

3. Draw sheets; beds for bed patients and incontinent patients shall have draw sheets.

4. Blankets; sufficient lightweight blankets shall be provided to assure warmth for each patient and shall be available and laundered as often as necessary to assure cleanliness and freedom from odors.

5. Bedspreads; each bed shall have a washable bedspread.

6. Towels and washcloths. a. Patient shall be provided a washcloth, hand towel and bath towel. Clean towels and washcloths shall be provided as needed.

b. Common towels shall not be used in washrooms or bathrooms. Provision shall be made for hanging towels at the bedside.

7. Bedpan and urinal covers shall be used and shall not be interchangeable.

(k) *Privacy.* Cubicle curtains or portable screens shall be used to provide privacy.

(l) *Window coverings.* Every window shall be supplied with shades, draw drapes or other devices or material which, when properly used and maintained, shall afford privacy to patient.

(m) *Administrative space.* Administrative office space, nurses' station, treatment rooms, any maintenance rooms and any similar rooms not specifically mentioned elsewhere shall be satisfactorily furnished with desks, chairs, lamps, cabinets, counters, benches or work tables and other furnishings essential to the proper use of the room.

(n) *Call system.* Means of calling attendants shall be provided for bedfast or chairfast patients. Hand bells shall be acceptable for homes licensed prior to the effective date of these rules. Homes licensed after the effective date of these rules and existing homes sold and relicensed shall provide an electrical nurses' call system.

(2) **EQUIPMENT—PATIENT CARE AREAS.** (a) Individual mouth wash cups, wash basins, bedpans, emesis basins, and standard urinals shall be provided for all patients receiving limited or skilled nursing care. They shall be cleaned and sanitized at least once a week. The equipment shall be stored in the patient's bedside stand and shall not be

interchanged between patients. Upon discharge or death of patient the equipment shall be thoroughly cleansed and sterilized.

(b) There shall be such other equipment, as may be required to give nursing care, in sufficient quantity depending upon type of patients in the home and acceptable method of carrying out nursing technique.

(c) There shall be wheel chairs, foot stools, commodes, foot cradles, foot boards, under the mattress bed boards, trapeze frames, transfer boards and additional similar equipment in sufficient number to aid in the care of patients.

(d) There shall be a sufficient supply of thermometers, both mouth and rectal to allow for proper cleansing and sterilization between use.

(e) There shall be adequate facilities and equipment for all necessary sterilization. Individually wrapped, sterilized disposable dressings, syringes, needles, catheters, gloves, etc., may be used to eliminate the need for additional sterilization.

(f) All furnishings and equipment shall be maintained in a usable, safe and sanitary condition.

(g) There shall be a well-lighted desk or nurses' station centrally located in the patient area that shall contain the patient's charts and other necessary equipment to aid in keeping patient records and patient orders up-to-date.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

DENTAL CARE

H 32.13 Dental care. A licensed dentist shall be available to periodically examine all patients and to provide care as needed.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

FOOD SERVICE

H 32.14 General food requirements. (1) Food to meet the nutritional needs of the individual patients shall be provided. The following foods shall form the basis of the daily general diet: (a) Milk—pasteurized fresh milk or its equivalent in buttermilk, evaporated milk, or dry milk solids.

(b) Meat—lean meat, poultry, fish, cheese, or eggs.

(c) Fruits and vegetables—orange, grapefruit, tomato or other vitamin C food; a dark green or dark yellow vegetable; other fruits and vegetables including potatoes.

(d) Bread—cereals—whole or enriched.

(e) Additional foods (from the above groups or other foods)—in amounts to meet caloric needs and to make meals appetizing and satisfying.

(f) Iodized salt—as a seasoning.

(g) Water—adequate drinking water shall be available to all residents at all times.

(2) There shall be reasonable adjustment to the food likes, habits, customs, condition and appetite of individual residents. Special attention shall be given to the preparation and service of food to patients with problems such as inability to cut food, to chew, to swallow.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

H 32.15 Modified and special diets. (1) Modified and special diets and supplemental feedings shall be provided as ordered in writing by the patient's physician.

(2) Vitamin and mineral supplements shall be given only on the written prescription of the patient's physician.

(3) Patients continuously rejecting most of their food shall be brought to the attention of the physician.

(4) Review modified and special diets with the physician at least annually.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

H 32.16 Menu planning. (1) Menus shall be planned for at least one week in advance. Menus for general and modified diets for current week shall be posted where readily seen at all times as food is prepared and served.

(2) Each week's menu as served shall be dated and kept on file for 12 months.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

H 32.17 Food supply. (1) Supplies of perishable foods for a 24 hour period and of nonperishable foods for at least a 3 day period shall be on the premises.

(2) A reasonable variety of food shall be provided.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

H 32.18 Food preparation. Food shall be prepared by accepted methods to conserve maximum food value and to produce palatable meals.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

H 32.19 Meal service. (1) At least 3 meals a day shall be provided, 4 to 5 hours apart, with not more than 14 hours between a substantial evening meal and the morning meal. There shall be ample time allowed for unhurried meal service. Between-meal food shall be available for patients who are able to eat only small quantities at meal time.

(2) Table service shall be available to all who can and will eat at a table. Table service shall be provided in a manner that will serve the interests of the patient.

(3) Patients who require assistance with eating shall be given help as needed, at a time which does not interfere with serving to the majority of patients. Patients who are unable to feed themselves shall be fed with attention to safety and comfort.

(4) Firm supports for trays, such as an over-bed table or an over-bed tray stand, shall be provided for patients served meals in bed.

(5) Each bed patient shall be provided with a covered pitcher of drinking water and a glass. The water shall be changed frequently during the day. Pitchers and glasses shall be sanitized daily.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

PHYSICAL PLANT

H 32.20 Planning and construction requirements. (1) ALL FACILITIES. (Existing and newly constructed and newly licensed homes after the effective date of these rules). (a) *Water supply.* Where a public water supply is available it shall be used. Where a public water supply is not available, the well or wells shall comply with the Wisconsin

sin well construction and pump installation code. Water samples from an approved well shall be tested at the state laboratory of hygiene or a state approved laboratory at least annually.

(b) *Sewage disposal.* All sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of by means of an independent sewerage system approved by the board.

(c) *Plumbing.* The plumbing and drainage for the disposal of excreta, infectious discharge and wastes shall be in accordance with the plumbing standards of the board.

(d) *Heating.* A minimum temperature of 75° F. shall be maintained during the day and at least 72° F. during the night in all bedrooms and in all other areas used by patients and residents.

(e) *Ventilation.* Kitchen, bathrooms, utility rooms, janitor's closets and soiled linen rooms shall be ventilated.

(f) *Electrical.* Artificial lighting. Glare free, artificial lighting shall be provided in all areas of the home of adequate intensity for the purpose intended. Nothing less than a 15 watt bulb is permitted except for night lights. All lights shall be equipped with shades, globes, grids or glass panels that prevent direct glare to the patient's eyes. 1. Flashlights. Flashlights shall be provided and distributed so as to be readily available to personnel on duty.

2. Wall switches. Nonconductive wall plates shall be provided.

(g) *Incineration.* Facilities for the incineration of soiled dressings and similar wastes as well as garbage and refuse shall be provided when other methods of disposal are not available.

(h) *Telephone.* There shall be at least one telephone on the premises, and such additional telephones as are deemed necessary in an emergency.

(i) *Employees' locker or room.* Facilities shall be provided for employes' wraps, purses, and other personal belongings when on duty. These facilities shall not be located in the kitchen.

(j) *Family and employes' living quarters.* When family and staff living quarters are provided in the home, they shall be separated from the patient area.

(k) *Toilet facilities.* 1. Indoor toilets. Indoor toilet facilities and lavatory for hand washing shall be provided.

2. Family and employe toilets. Family and employe toilet, bath and lavatory facilities shall be separate from patient toilet, bath and lavatory facilities.

3. Running water. The lavatory shall have both hot and cold running water. The water closet shall be water flushed and of approved type. Open front toilet seats shall be provided.

4. Separate toilets. Separate toilet facilities shall be provided for male and female patients by July 1, 1969. The minimum ratios shall be as follows:

1 toilet and 1 lavatory for every 8 female patients.

1 toilet and 1 lavatory for every 8 male patients.

5. Bathing facilities. 1 bathtub or shower with hot and cold running water shall be provided for every 20 residents. The bath or shower shall be located on the same floor as the patients it serves.

(1) *Patient rooms.* 1. Room size. (These standards apply to existing homes licensed prior to the effective date of these rules). a. The minimum floor area per bed shall be 60 square feet per bed.

b. The beds shall be so arranged that the heads of the beds shall be a minimum of 3 feet apart and a clear aisle space of 3 feet between beds shall be provided.

c. The ceiling height shall be a minimum of 7 feet 6 inches.

3. Room location. No room shall be approved for patient occupancy that opens directly to the kitchen or laundry; that requires any person to pass through a patient room to gain access to another part of the home.

4. Room location after July 1, 1969. No room shall be approved that requires any person to pass through the kitchen or laundry to gain access to patient rooms or any other part of the home.

5. Room partitions, after July 1, 1969. No room shall be licensed for patient use unless the walls are of rigid construction and sufficient height to afford privacy. A rigid hinged door must be provided.

6. Separation of sexes. Sexes shall be separated by means of separate wings, floors or rooms, except in case of husband and wife.

7. Closets and lockers. A closet or locker shall be provided for each patient in each bedroom. Closets or lockers shall afford at least a space of not less than 15 inches wide by 18 inches deep by 5 feet in height for each patient.

8. Trailers, cabins and cottages. Trailers, cabins and cottages shall not be approved for use as nursing homes or parts thereof.

(m) *Kitchen.* 1. Kitchen location. The kitchen shall be located on the premises, or a satisfactory sanitary method of transportation of food shall be provided.

2. Separation of kitchen. Kitchen or food preparation areas shall not open into patient rooms, toilet rooms or laundry.

3. Hand washing facilities. Adequate and convenient hand washing facilities shall be provided for use by food handlers, including hot and cold running water, soap and approved sanitary towels. Use of a common towel is prohibited.

4. Two-compartment sink. A two-compartment sink shall be provided in kitchens or dishwashing areas.

(n) *Laundry facilities.* 1. A laundry room shall be provided unless commercial laundry facilities are used.

2. Food preparation, serving and food storage areas shall not be used for transporting, washing or rinsing soiled linen. Drying or storing clean linen and clothes is also prohibited in the kitchen.

3. All soiled linen unless immediately washed shall be placed in nonabsorbent closed containers.

4. Where commercial laundries are used, a room for sorting, processing and storing soiled linen shall be provided.

(o) *Nurses' station or office.* Each home shall provide a nurses' station or office which shall be utilized for patient's records and charts. A file cabinet, desk and patient chart holder shall be considered as minimum equipment.

(p) *Living-dining-recreation.* Every home shall have at least one comfortably furnished living, dining or recreation room for the use

of patients. Under no circumstances shall the living, dining or recreation room be used as a bedroom. The combined living-dining-recreation areas shall be a minimum of 5 square feet per patient. No room shall be less than 100 square feet. Solaria, lobby and entry halls (exclusive of traffic areas) will be categorized as recreation or living room space.

(q) *Fire protection after July 1, 1969.* 1. All homes of nonfire-resistive construction shall be protected by a complete automatic sprinkler system. Nonfire-resistive construction is defined as that construction which does not meet the definition of fire-resistive construction. (See Wis. Adm. Code, subsection H 32.20 (2) (c) 1. a. for definition.)

2. From the effective date of these rules to July 1, 1969, or until a sprinkler system is installed, no patient other than those able to leave the second floor without assistance in case of emergency shall be admitted to or continue to be housed on the second floor of a nonfire-resistive building.

3. Plans shall be submitted to the state board of health for review and approval before installation.

4. A certification that the sprinkler system is in proper operating condition shall be obtained annually. A copy of the certification shall be kept on file in the nursing home.

(2) CONSTRUCTION. New construction and additions to existing homes and homes licensed for the first time after the effective date of these rules. (a) *Submission of plans for nursing homes.* Plans covering the construction of new buildings, additions to existing buildings, conversion of existing buildings, or for major remodeling or alterations of existing buildings shall be submitted to and approved by the board before construction or conversion is begun. These plans shall show the general arrangement of the buildings, including a room schedule and fixed equipment for each room and a listing of room numbers, together with other pertinent information. Plans shall be drawn to scale.

(b) *Location.* The site shall adhere to local zoning regulations; be free from environmental nuisances, such as noise, odors, etc.; be easily accessible for employes and visitors. The home shall be so located as to promote at all times the health, treatment, comfort, safety, and well being of persons accommodated. The site shall be so located that it can be assured of fire protection by an organized fire department.

(c) *Fire protection for newly constructed nursing homes, additions and existing buildings converted for nursing home purposes licensed after the effective date of these rules.* 1. All newly constructed nursing homes or additions and buildings to be converted to nursing homes shall meet one of the following fire protective requirements, either a. or b.: a. Completely fire-resistive construction. Fire-resistive construction is defined as follows: A building is of fire-resistive construction of all the walls, partitions, piers, columns, floors, ceilings, roof and stairs are built of noncombustible material and if all metallic structural members are protected by a noncombustible fire-resistive covering.

b. Automatic sprinkler protection throughout if the building is less than fully fire-resistive.

2. Where a nursing home addition is contemplated, the entire building after the completion of the addition shall meet all of the above criteria.

(d) *Room size.* 1. The minimum floor area in rooms housing more than one patient shall be 80 square feet per bed.

2. Rooms for one patient shall have a minimum of 100 square feet.

3. The beds shall be so arranged that the heads of the beds shall be a minimum of 3 feet apart and a clear aisle space of 3 feet between beds shall be provided.

4. A room for a husband and wife shall be not less than 120 square feet.

5. The ceiling shall not be less than 8 feet in height.

(e) *Room location.* No room shall be approved that requires any person to pass through the kitchen or laundry to gain access to patient rooms or any other part of the home.

(f) *Electrical.* 1. Call system. An electrical nurses' call system shall be provided which when activated at the bedside will register in the corridor directly outside the room and at the nurses' station or office.

2. Outlets. At least one duplex type wall outlet shall be provided for every patient bed.

3. Wall switches. Silent type wall switches shall be provided. Non-conductive wall plates shall be used.

(g) *Ventilation.* 1. Where mechanical ventilation is provided, the patient area, corridors, solarium, dining, living, and recreation areas shall be under positive pressure.

2. Transoms, louvers or grills are not permitted in or above the patient room door exiting to the corridor.

3. Vertical shafts including stairwells. All vertical shafts shall be of at least 2-hour fire-resistive construction with fusible link self-closing Class B fire doors at each floor. No vertical shafts except elevators and stairwells may open directly to a corridor. Sprinkler heads shall be provided at the top of each linen or trash chute and also in the rooms in which the chute terminates. The room in which the chute terminates shall also be of 2-hour fire-resistive construction with a Class B fire door.

(h) *Windows.* The bottom sill of windows in patients' rooms shall be 3' or less from the floor.

(i) *Doors.* 1. Patient room doors shall not be less than 3'8" x 6'8" and shall be of one hour fire-resistive construction.

2. All doors in the corridor wall shall be of at least one hour fire-resistive construction.

3. Toilet room doors shall not be less than 3'0" x 6'8" and shall not swing into the toilet room or shall be provided with two-way hardware.

4. Locks are not permitted on patient room doors except on doors to apartments and on the lower half of dutch doors.

5. Raised thresholds shall not be used.

(j) *Corridor width.* 1. All corridors in patient areas shall be 7 feet wide.

2. Patient area corridors shall be provided with handrails.

3. No more than 150 feet of corridor without a barrier against the lateral passage of smoke shall be permitted.

(k) *Storage facilities.* 1. A central storage space shall be provided for the storing of bulky possessions, such as trunks, luggage and off-seasonal clothing.

2. The storage space required shall be a minimum of 50 cubic feet per patient bed.

3. A linen closet or cabinet shall be provided for each floor or wing.

(l) *Janitor's facilities.* 1. A janitor's closet shall be provided on each floor and shall be equipped with hot and cold running water and a service sink or receptor.

2. A janitor's closet shall be ventilated.

(m) *Food service facilities.* 1. Only traffic incidental to the receiving, preparation and serving of food and drink shall be permitted.

2. No toilet facilities may open directly into the kitchen.

3. A food day-storage space shall be provided adjacent to the kitchen.

4. A separate handwashing sink shall be located in the kitchen.

5. An employees' locker room shall be provided. A toilet and hand washing room for the employees shall also be provided.

6. A separate dishwashing area, preferably a separate room, shall be provided.

(n) *Nursing facilities.* The following nursing facilities shall be provided in patient care areas or floors: 1. A centrally located nurses' station.

2. Provision for patients' records and charts. A desk or work counter, telephone and call system shall be considered minimal.

3. A medicine preparation area or room in or immediately adjacent to the nurses' station. A work counter, sink and a well lighted medicine cabinet with lock shall be considered minimal.

4. A utility room with a flush rim clinic service sink shall be provided. The utility room shall be provided with ventilation.

(o) *Toilet and bath facilities.* Separate toilet and bath facilities shall be provided for male and female patients:

1 toilet and 1 lavatory for every 8 female.

1 toilet and 1 lavatory for every 8 male.

1 tub or shower for every 20 female.

1 tub or shower for every 20 male.

Every tub, shower or toilet shall be separated in such a manner that they can be used independently and afford privacy to the patients.

(p) *Segregated facilities.* Each home shall have available a separate room with hand washing facilities for the temporary isolation or segregation of a patient, a critically ill patient, or a dying patient.

(q) *Dining, recreation and living room facilities.* There shall be a dining, recreation and living room area. These areas may be com-

bined. The combined floor space of these areas shall not be less than 15 square feet per bed. Solaria and lobby sitting areas (exclusive of traffic areas) will be categorized as recreation or living room space.

(r) *Elevators.* One elevator shall be provided where bed patients are located on one or more floors above or below the dining and/or service floor. The platform size of the elevator shall be large enough to hold a patient bed.

(s) *Acoustical tile.* Acoustical tile shall be of a type that is non-combustible.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64; r. (1) (1) 2. a. b, c, d, e, and am. (2) (b), Register, February, 1966, No. 122, eff. 3-1-66.

H 32.21 Patient safety. (1) FIRE PROTECTION CONTRACT. Where the nursing home is located in a city, village or township that does not have an officially established fire department, the licensee shall obtain and maintain a continuing contract for fire protection service with the nearest municipality providing such service. A certification of the existence of such contract shall be forwarded by the licensee to the state board of health.

(2) **EVACUATION OF PATIENTS.** The licensed operator shall develop and periodically review with his staff a prearranged written plan for the orderly evacuation of patients and residents in case of an emergency and post said plan near the telephone and in conspicuous locations in the corridors on all floors. Practical application of this plan shall be exercised at the option of the local fire department.

(3) **FIRE INSPECTION.** The person in charge of the nursing home shall arrange for: (a) At least semi-annual inspection of the nursing home by the local fire authorities.

(b) Certification by the local fire authority as to the adequacy of a written fire plan for orderly evacuation of patients, as well as the fire safety of the home.

(4) **SMOKING.** Smoking shall be permitted only where visual supervision is provided.

(5) **LIGHTS.** Open flame lights shall not be permitted.

(6) **SCATTER RUGS AND SLIPPERY FLOORS.** Scatter rugs and highly polished, slippery floors are prohibited.

(7) **ROADS AND SIDEWALKS.** The home shall be accessible to good roads kept passable and open at all times of the year. Sidewalks, fire escapes and entrances shall be kept free of ice and snow.

(8) **DOORS.** Doors shall not be locked from the inside by the person occupying the room.

(9) **FIRE EQUIPMENT.** All fire protection equipment shall be maintained in readily usable condition and inspected annually. An additional fire extinguisher suitable for grease fires shall be provided in or adjacent to the kitchen. Each extinguisher shall be provided with a tag for the date of inspection.

(10) **EXTINGUISHER MOUNTING.** Extinguishers shall be mounted on a wall or a post where they are clearly visible and at a convenient height. They shall not be tied down or locked in a cabinet, nor is it accepted practice to place them in a closet or on the floor.

History: Cr. Register, June, 1964, No. 102, eff. 7-1-64.

Register, February, 1966, No. 122

H 32.22 Sanitation and plant maintenance. (1) **GENERAL SANITATION.** (a) *Common drinking vessels.* Common drinking vessels shall not be used.

(b) *Insect and rodent control.* The safest effective pesticide available shall be used in the elimination of rodents, flies, bedbugs, fleas, lice and other insects. Control measures shall not include the use of any residual spray in food preparation or storage areas.

(c) *Labeling poisonous compounds.* All poisonous compounds shall be so labeled as to be easily identified.

(d) *Storage of poisonous compounds.* Poisonous compounds (including domestic poisons) shall be stored independently under lock and key and separately from food and kitchenware, drugs and medicine.

(e) *Clean rooms.* Rooms shall be kept clean, well ventilated and tidy at all times. The administrator shall be responsible for the sanitary maintenance of the home. All ceilings, floors and walls shall be kept clean and in good repair.

(f) *Screens.* All outside openings shall be provided with wire screening of not less than number 16 mesh or its equivalent and shall be properly maintained. 1. Screens for windows shall cover at least one-third of the window area.

2. Screen doors shall be self-closing.

3. Screens shall be completely installed prior to June 1 of each year.

(g) *Garbage and rubbish disposal.* All garbage and rubbish shall be stored in leakproof, nonabsorbent containers with close-fitting covers and shall be disposed of in a manner that will not permit transmission of disease, create a nuisance, or provide a breeding place for flies. The use of paperboard containers for temporary storage of garbage, rubbish or waste is not permitted.

(2) **FOOD SERVICE SANITATION.** (a) *Food service personnel.* 1. Food service personnel shall wear clean garments and clean caps or hair nets.

2. Employes shall maintain a high degree of personal cleanliness; keeping hands clean at all times while engaged in handling food, drink, utensils, or equipment.

3. Employes shall maintain clean safe work habits in the food service area.

4. Employes shall refrain from using tobacco while on duty in food preparation or storage rooms or while serving food.

5. Persons working in the food service areas shall be temporarily relieved of their duties when they show signs of illness, colds, fever, rash, boils, open cuts, burns or lesions.

(b) *Physical facilities.* 1. Equipment. a. All cases, counters, shelves, tables, cutting blocks, refrigerating equipment, sinks, cooking and baking equipment, mechanical dishwashing equipment and other equipment used in the preparation, storage or serving of food shall be so constructed as to be easily cleaned and shall be kept in good repair.

b. All multi-use utensils, cutlery, glassware, dishes, and silverware shall be so constructed as to be easily cleaned. Single service metal food containers shall not be reused.

c. Utensils shall be stored in a clean, dry place protected from contamination and wherever practicable, utensils shall be covered or inverted.

2. Rooms. a. Floors. The floors of all rooms in which food or drink is stored, prepared or served, or in which utensils are washed, and the floors of toilet rooms shall be of such construction as to be easily cleaned, shall be smooth and shall be kept in good repair.

b. Walls and ceilings. Walls and ceilings of all rooms where food is prepared or utensils are washed shall have a smooth, nonabsorbent, light-colored, washable surface.

c. Doors and windows. All room openings to the outer air shall be effectively screened and doors shall be self-closing.

d. Lighting. All rooms in which food or drink is stored or prepared or in which utensils are washed shall be well lighted.

e. Ventilation. All rooms in which food is stored, prepared, or served, or in which utensils are washed, shall be well ventilated. Refrigerated storage rooms need not be ventilated.

(c) *Maintenance.* 1. Cleanliness of rooms. The floors, walls and ceilings of all rooms in which food or drink is stored, prepared or served, or in which utensils are washed, and all toilet rooms and lavatories shall be maintained in a clean and sanitary condition.

2. Cleanliness of equipment. All equipment, including furniture, display cases, counters, shelves, tables, cutting blocks, refrigeration equipment, sinks, cooking and baking equipment, mechanical dish-washing equipment and other equipment used in connection with the operation of a nursing home shall be maintained in a clean and sanitary condition. Grease filters and other grease extraction equipment shall be kept clean at all times.

3. Condition of utensils. All multi-use utensils, cutlery, glassware, dishes and silverware shall be maintained in a clean and sanitary condition. Cracked or chipped utensils or those with open seams shall be discarded.

4. Linens. All linens, napkins, tablecloths, and underpads shall be clean. Soiled linens should be kept in containers used for such purpose exclusively.

5. Washing aids. All washing aids, such as brushes, dish mops, dish cloths, and other hand aids used in dishwashing shall be effectively washed and maintained in a clean condition.

6. Room furnishings. All drapes, curtains, rugs and upholstered furniture shall be kept clean and free from odor.

(d) *Handling and refrigeration of foods.* All readily perishable food and drink except when being prepared or served shall be kept in a refrigerator which shall have a temperature maintained at or below 40° Fahrenheit. This shall include all custard-filled and cream-filled pastries; milk and milk products; meat, fish, shellfish, gravy, poultry, stuffing and sauces; dressings; salads containing meat, fish, eggs, milk or milk products; and any other food or food products liable to food spoilage. All ice used for cooling drinks or food by direct contact shall be made from water from a public water supply or from water the source of which has been approved by the board as safe and free from contamination.

(e) *Disposal of waste.* 1. Kitchen garbage and refuse. All garbage while in the kitchen shall be kept in watertight containers and removed daily. All garbage and kitchen refuse which is not disposed of through a garbage disposal unit connected with the sewerage system must be kept in separate watertight metal cans, provided with close fitting metal covers unless otherwise protected from flies and insects,

and the contents must be removed as often as necessary to prevent decomposition and overflow. Garbage cans shall be washed each time emptied. The use of wooden containers for garbage is prohibited either in the kitchen or on the premises. No waste water, including dish water, shall be discharged on or near the premises so as to create a nuisance. Separate fly-tight containers must be provided for cans, bottles and similar rubbish.

2. Drainage of refrigerators. Drains from refrigerators must be connected in accordance with the plumbing code of the state board of health. Where a building drain is not available, a drain pipe must be provided and wastes disposed of in such a manner as to avoid a nuisance.

(f) *Miscellaneous*. 1. Single service utensils. Single service utensils, such as paper plates, shall be stored in the original wrapper until used. When straws are used, they shall be furnished to the patient in the original individual wrapper, unopened.

2. Harboring of animals. The harboring of birds, cats, dogs, or other animals is not permitted in rooms in which food is prepared, served or stored or where utensils are washed or stored.

3. Restriction on use. Rooms in which food is prepared or stored, or dishes are washed, shall not be used for sleeping purposes.

4. Handling, preparation and serving of food. All foods shall be handled, prepared and served under clean and sanitary conditions. The use of tainted or spoiled foods is prohibited. All foods, including vegetables served raw shall be thoroughly washed in clean water from an approved source.

5. Milk. Whenever available, only milk which meets the Grade A milk standards of the state department of agriculture and state board of health shall be served or used. All milk shall be kept in the original containers in which delivered and under refrigeration until served or used. Dipping of milk or milk products is not permitted. Bulk milk dispensers which have been approved by the state board of health as to design and construction may be used provided that: a. No surfaces with which milk comes in contact, other than the delivery orifice, shall be accessible to manual contact, droplets, dust or flies.

b. The milk dispensing device shall be cleaned, sanitized, filled and sealed only at a milk plant which meets the Grade A milk requirements adopted by the state department of agriculture and the state board of health.

6. Cream. Cream shall be kept in the original container in which delivered and under refrigeration until served or used. It should be served, whenever practical, from the original container.

7. Displayed foods. All foods when displayed must be protected from flies, insects, rodents, dust, sneeze or cough spray, and from handling by the public.

8. Food storage. Foods shall not be stored in any basement or room or receptacle that is subject to sewage or waste water back flow, or to contamination by condensation or leakage, nor in any place where rodents or vermin may gain access. Food shall be stored at least 12 inches above the floor.

9. Processed foods. If foods are canned, frozen or otherwise preserved at the home, they shall be processed under controlled conditions using methods currently recommended by the Bureau of Home

Economics, U. S. Department of Agriculture. All meat, poultry and non-acid vegetables shall be canned by pressure cooker methods.

10. Donated foods. Donations of home-canned foods, salad mixtures, custards, cream-filled pastries, and other potentially hazardous foods shall not be accepted.

11. Delivery vehicles. Vehicles used in the transportation of a meal or lunch shall be equipped with clean containers or cabinets to store the food while in transit. The container or cabinet shall be so constructed as to prevent food contamination by dust, insects, animals, vermin or infection. If the meal or lunch is readily perishable, the container or cabinet shall be capable of maintaining a temperature at or below 40° Fahrenheit or a temperature at or above 150° Fahrenheit until the food is delivered to the person placing the order.

(3) WASHING AND SANITIZATION OF DISHES. (a) *Pre-wash*. The term "pre-wash" is applied to the process of water scraping of utensils prior to washing. Better washing and sanitizing can be accomplished, either manual or mechanical, if pre-washing is practiced. It is recommended that pre-washing be made an integral part of both manual and mechanical utensil washing operation.

(b) *Manual cleaning*. 1. Sinks for hand dishwashing. A two-compartment sink shall be provided for all establishments and it is recommended that a three-compartment sink be provided in all new installations.

2. Hand dishwashing. The utensils shall be washed in hot water at a temperature of 110° to 120° Fahrenheit, containing an adequate amount of an effective soap or detergent. Water shall be kept clean by changing it frequently.

3. Sanitizing of hand-washed dishes. Following hand washing, all utensils shall be sanitized by either of the following two methods:
a. First method. Submerge all utensils for 30 seconds in clean water maintained at a temperature of 170° Fahrenheit or more.

b. Second method. All utensils should be submerged or rinsed following the washing operation in hot water at a minimum temperature of 110° Fahrenheit to remove soap or detergent, and then be submerged for at least 2 minutes in a hypochlorite solution. The solution shall be made up with a chlorine concentration of at least 100 parts per million and shall be discarded when the chlorine concentration goes below 50 parts per million. All hypochlorite solutions shall be prepared fresh at least 3 times each day prior to its use in sanitizing the dishes used at each main meal period, and at least twice each day if only glassware is sanitized. Soaps, water softeners, washing compounds and detergents shall not be added to hypochlorite solutions. Utensils should be racked in baskets so that all surfaces will be reached by the chemical solution while submerged. Other chemical sanitizing solutions may be approved for use by the state health officer in which case the concentration will be specified.

4. Thermometer. A suitable thermometer shall be provided for frequent determination of the temperature of the water used for sanitizing, washing and rinsing utensils.

(c) *Mechanical cleaning*. 1. Racking of utensils. Utensils shall be stacked in racks or trays so as to avoid overcrowding and in such manner as to assure complete washing contact with all surfaces of each article.

2. Wash water—mechanical dishwashing. The wash water temperature of the utensil washing machine shall be held at from 130° to 150° Fahrenheit. The utensils shall be in the washing section for at least 20 seconds.

3. Detergent. A detergent shall be used in all utensil washing machines and it is recommended that they be equipped with automatic detergent dispensers so that the maximum efficiency of the machines can be obtained.

4. Sanitizing—mechanical. For sanitizing in a spray type machine, dishes shall be subjected to a rinse period of 10 seconds or more at a temperature in the line of at least 180° Fahrenheit. For sanitizing in an emersion tank type machine, dishes shall be submerged for 30 seconds or more with water at a temperature of 170° Fahrenheit or more. There shall be a constant change of water through the inlet and overflow.

5. Home type dishwashers. Where the home type dishwasher is used, the unit shall be limited in use for either (1) washing dishes at 140° Fahrenheit or (2) rinsing and sanitizing dishes at 180° Fahrenheit, but not for both.

6. Dishwasher thermometers. Thermometers shall be located in both the wash compartment and rinse water line at the machine so as to be readily visible. Thermostatic control of the temperature of the wash and rinse water shall be provided in the new equipment and is recommended for existing equipment.

7. Dishwasher water pressure. The pressure of the water used in spray washing and rinsing shall be 15 to 25 pounds per square inch at the machine nozzles.

8. Glass washer. Automatic cold water glass washers, approved as provided under Wis. Adm. Code subsection H 96.13 (4), may be used when operated with a sanitizer approved by the state health officer for the specific purpose.

(d) *Drying of utensils*. Drying cloths, if used, shall be clean and shall be used for no other purpose. It is recommended that utensils be allowed to drain and air dry in racks or baskets.

(4) **PLANT MAINTENANCE.** (a) The building shall be maintained in good repair and free of hazards such as cracks in floors, walls or ceilings; warped or loose boards; warped, broken, loose or cracked floor covering such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any similar hazard.

(b) All electrical, mechanical, water supply, fire protection and sewage disposal system shall be maintained in a safe and functioning condition. Electrical cords and appliances shall be maintained in a safe condition. Frayed wires, cracked or damaged switches, plugs and electric fixtures shall be repaired or replaced. No electrical cords shall be strung under carpets or rugs or attached to light fixtures.

(c) All plumbing fixtures shall be in good repair, properly functioning and satisfactorily provided with protection to prevent contamination from entering the water supply piping.

(d) The heating system shall be maintained in a safe and properly functioning condition.

(e) The interior and exterior of the building shall be painted as needed to protect the surfaces. Loose, cracked or peeling wall paper or paint shall be promptly replaced or repaired.

(f) All furniture and furnishings shall be maintained in good repair.

(g) Storage areas shall be maintained in a safe and orderly condition; attics and basements shall be free of accumulations of garbage, refuse, discarded furniture, old newspapers, boxes, discarded equipment and similar items.

(h) The grounds, yards and sidewalks shall be maintained in a neat, orderly and safe condition.

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