

- (h) Laboratory and X-ray reports.
- (i) Consultation, physical therapy and occupational therapy reports shall be included.
- (j) Dental reports.
- (k) Signed social service notes shall be entered promptly in the patient record for the benefit of all staff involved in the care of the patient.
- (l) Patient care referral reports for the continuity of care of the patient when transferred to or from the nursing home.
- (m) Signature of person to whom the body is released on death of the patient.

(4) **RETENTION OF RECORDS.** All clinical records of discharged patients shall be completed promptly and filed and retained a minimum of 5 years.

(a) The nursing home shall have policies providing for the retention and safekeeping of patient clinical records by the governing body for the required period of time in the event that the nursing home discontinues operation.

(b) If the patient is transferred to another health care facility, a copy of the patient clinical record or an abstract thereof shall accompany the patient.

(5) **CONFIDENTIALITY OF RECORDS.** All information contained in the clinical record shall be treated as confidential and disclosed only to authorized persons. A resident has the right to approve or refuse the release of clinical records, or any information contained in such records, to any individual outside the facility, except in the case of transfer to another facility or as required by law, federal regulation, or third party payment contracts.

(6) **STAFF RESPONSIBILITY FOR RECORDS.** If the nursing home does not have a full- or part-time medical record administrator or technician, an employe of the nursing home shall be assigned the responsibility for assuring that records are maintained, completed and preserved. In skilled care homes the designated individual shall be trained by and receive regular consultation from a registered record administrator (RRA) or accredited record technician (ART).

(a) At the time of each visit, the consultant shall file a report with the administrator. This report shall include a resume of activities and recommendations.

(b) In an intermediate care and personal care home where a medical record consultant is not required, the registered nurse shall assure compliance of the nursing home with regard to clinical records and submit at least monthly a written report to the home.

**History:** Cr. Register, November, 1974, No. 227, eff. 12-1-74.

**H 32.26 Transfer agreement.** (1) **PATIENT TRANSFER AGREEMENT.** The nursing home shall have in effect a transfer agreement with one or more hospitals. If the nursing home provides only intermediate levels of care (I.C.F.), it shall have a transfer agreement with a skilled nursing home (S.N.F.).

(a) The written transfer agreement shall provide a basis for effective working arrangements under which inpatient hospital care of more specialized nursing care is available promptly to the nursing home patients whenever such transfer is medically appropriate as determined by the physician.

(b) The agreement shall be with a facility close enough to the nursing home to make the transfer of patients feasible.

(c) The transfer agreement shall facilitate continuity of patient care and shall expedite appropriate care for the patient.

(d) The transfer agreement shall include a minimum:

1. Procedures for transfer ensuring timely admission of acutely ill patients to the hospital or to an S.N.F. in case of an I.C.F., as ordered by the physician.

2. Provisions for continuity in the care of the patient and for the transfer of pertinent medical and other information between the skilled nursing home and the facility.

(e) The transfer agreement may be made on a one-to-one basis or on a community-wide basis. The latter arrangement could provide for a master agreement to be signed by each hospital and nursing home.

(f) When the transfer agreement is on a community-wide basis, it shall reflect the mutual planning and agreement of hospitals, nursing homes and other related agencies.

(g) In the transfer agreement, the institutions shall provide to each other information about their sources sufficient to determine whether the care needed by a patient is available.

(h) The written transfer agreement shall contain provisions for the prompt availability of diagnostic and other medical services.

(2) INTERCHANGES OF INFORMATION. The transfer agreement shall provide reasonable assurance that there will be interchange of medical and other information necessary or useful in the care and treatment of individuals transferred between the institutions, or in determining whether such individuals can be adequately cared for otherwise than in either of such institutions.

(a) The agreement shall establish responsibility for the prompt exchange of patient information to enable each institution to determine whether it can adequately care for the patient and to assure continuity of patient care.

(b) Medical information transferred shall include current medical findings, diagnosis, rehabilitation potential, a brief summary of the course of treatment followed in the hospital or nursing home, nursing and dietary information useful in the care of the patient, ambulation status and pertinent administrative and social information.

(c) The agreement shall provide for the transfer of personal effects, particularly money and valuable, and for the transfer of information related to these items.

(3) EXECUTION OF AGREEMENT. The transfer agreement shall be in writing and shall be signed by individuals authorized to execute such

agreement on behalf of the institutions, or, in case the 2 institutions are under common control, there shall be a written policy or order signed by the person or body which controls them.

(a) When the hospital and nursing home are not under common control, the terms of the transfer agreement shall be established jointly by both institutions.

(b) Each institution participating in the agreement shall maintain a copy of the agreement.

(c) The transfer agreement shall specify the responsibilities each institution assumes in the transfer of patients and information between the hospital and the nursing home. The agreement shall establish responsibility for notifying the other institution promptly of the impending transfer of a patient, arranging for appropriate and safe transportation and arranging for the care of patients during transfer.

(d) A nursing home which does not have a transfer agreement in effect but which is found to have attempted in good faith to enter into a transfer agreement with a hospital (or, in the case of an I.C.F., with an S.N.F.) sufficiently close to the nursing home to make feasible the transfer between them of patients and medical and other information shall be considered to have such an agreement in effect if and for so long as it is also found that to do so is in the public interest and essential to assuring services for patients in the community eligible for benefits.

1. The following factors shall be taken into consideration:

a. If there is only one hospital in the community, the nursing home has attempted in good faith to enter into a transfer agreement with that hospital.

b. If there are several hospitals in the community, the nursing home has exhausted all reasonable possibilities of entering into a transfer agreement with these hospitals.

c. The nursing home has copies of letters, records of conferences and other evidence to support its claim that it has attempted in good faith to enter into a transfer agreement.

d. The hospitals in the community have, in fact, refused to enter into a transfer agreement with the nursing home in question.

**History:** Cr. Register, November, 1974, No. 227, eff. 12-1-74.

**H 32.27 Physical environment.** These rules are applicable to all homes except as noted.

(1) **SAFETY OF PATIENTS.** The home shall be constructed, equipped and maintained to insure the safety of patients. It shall be structurally sound.

(a) The home shall comply with all applicable state and local codes governing construction and fire safety.

(b) Reports of at least semiannual inspections of the structure by the fire control authority having jurisdiction in the area shall be on file in the home, including documentation of corrections made.

(c) Corridors used by patients shall be equipped with firmly secured handrails on each side in skilled care homes.

(d) Blind patients and nonambulatory or physically handicapped patients shall not be housed above the street level floor, unless the nursing home is:

1. Of fire-resistive construction; or
2. Of protected noncombustible construction; or
3. Completely sprinklered and of construction other than (d) 1. and (d) 2. above.

(e) The building shall be maintained in good repair and kept free of hazards such as those created by any damaged or defective building equipment.

(f) No occupancies or activities undesirable to the health and safety of patients shall be located in the building or buildings of the nursing home.

(g) Nonflammable medical gas systems, such as oxygen and nitrous oxide installed in the nursing home shall comply with applicable provisions relating to respiratory inhalation therapy.

1. When placed at the patient bedside, oxygen tanks shall be securely fastened to a tip-proof carrier or base.

2. Oxygen tanks, when not in use, shall be stored in a ventilated closet designed for that purpose or stored outside the building of the home in an enclosed nonaccessible area.

(h) Exits. 1. At least 2 exits, remote from each other, shall be provided for each floor or fire section with at least one of the exits leading directly outside the building or to an interior stairway leading outside the building.

2. Every aisle, passageway, corridor exit discharge, exit location and "access" shall have a readily available egress leading to the exit.

3. The capacity of exits providing horizontal travel shall be 30 persons per exit unit of 22 inches. Where the travel is over stairs, the exiting capacity shall be 22 persons per exit unit.

4. Every corridor shall provide access to at least 2 approved means of egress from the building without passing through any intervening rooms or spaces other than corridors or lobbies.

5. All of the sleeping rooms shall have a door leading directly to a corridor providing access to an exit.

6. Travel distances to an exit shall be 100 feet or less from any door of a patient room with 4 or less beds and from any point in other rooms used by patients. In buildings completely protected by an automatic sprinkler system, these distances may be increased by 50 feet.

7. Any doorway to a patient sleeping room, any doorway between these occupied spaces and the required exits and exit doorways shall be at least 28 inches.

8. Locks shall not be permitted on patient sleeping room doors, except on the lower half of dutch doors may be provided with locks which can be readily opened from the corridor.

9. Doors to patient sleeping rooms shall be 1¾-inch solid-core wood doors or the equivalent, with any openings limited to 1,296 square inches with approved wired glass in steel frames. Doors installed prior to the effective date of these rules in completely sprinklered homes shall be accepted.

10. Every door in the line of exit travel from a patient sleeping room shall be of the swinging type.

11. Every patient sleeping room, unless it has a door leading directly outside of the building, shall have at least one outside window which can be opened from the inside without the use of tools or keys.

12. Every door in a fire partition, horizontal exit and smokestop partition shall be capable of being opened and closed manually and may be held open only by electric hold-open devices. The door shall be self-closing upon activation of the fire alarm system and by at least one of the following methods:

- a. Activation of the sprinkler system; or
- b. Activation of any detector of a complete smoke or products of combustion detection system; or
- c. By local detection devices installed to detect smoke or other products of combustion on either side of the door opening.

13. Any door to a stairway enclosure or in a wall separating hazardous areas shall not be equipped with hold-open devices except that approval may be granted for the doors to be held open if equipped to close automatically in accordance with 13. above. Stairwell doors shall bear an appropriate sign indicating that this is a fire exit and shall be kept closed.

14. Fire doors of at least Class "B" one-hour rating or equivalent shall be provided in openings to large storage rooms (larger than 100 square feet), boiler rooms, incinerator rooms, laundry and trash rooms, dumb-waiters and stairways.

15. Stairs, smokeproof towers, ramps. All stairs serving as required means of egress shall be of permanent fixed construction.

16. For construction after the effective date of these rules, every stair and smokeproof tower shall be at least 2-hour, fire-resistive construction.

17. Exitways shall be illuminated at angles, intersections, landings of stairs and exit doors to values of not less than one foot-candle measured at the floor.

18. Exit signs shall be continuously illuminated with a reliable light source with a value of not less than 5 foot-candle power measured on the illuminated surface and include the word "EXIT" in plainly legible letters.

19. Required emergency lighting shall be automatic and not manual.

20. Emergency lighting with an independent power source shall be provided.

21. Exit doors from the building shall not be hooked or locked to prevent exit from the inside.

22. Exit doors from the nursing area or ward shall not be hooked or locked to prevent exit from the inside unless authorized in writing by the department.

23. Each exit door shall have such fastenings or hardware that the door can be opened from the inside by pushing against a single bar or plate or by turning a single knob or handle.

(i) Protection. 1. Construction type. Building construction shall comply with applicable state and federal requirements.

2. Walls between corridors and patient sleeping rooms and treatment areas shall be of construction having at least a one-hour fire-resistive rating, with any openings limited to 1,296 square inches and glazed with wired glass in steel frames. Corridor walls constructed prior to the effective date of these rules in completely sprinklered nursing homes may be accepted.

3. Subdivision of floor areas. Each floor area used for sleeping rooms for more than 30 patients, unless provided with a horizontal exit, shall be divided into at least 2 sections by a smoke barrier.

4. Ample space shall be provided on each side of the barrier for the total number of patients on both sides.

5. Smoke barriers shall have at least one-half-hour fire rating and shall be continuous from outside wall to outside wall and from floor to floor or roof deck above.

6. Smoke barriers or horizontal exits shall divide corridors of more than 150 feet in length.

7. Common Wall. When a building shares a common wall with a non-conforming structure, the wall shall be at least a 2-hour fire-rated partition, with any openings protected by self-closing Class "B" 1½-hour fire doors.

8. Stairway. Each stairway between stories shall be enclosed with partitions having at least a one-hour fire-resistive rating. Where a full enclosure is impractical, in nursing homes constructed prior to the effective date of these rules, the enclosure may be limited to that necessary to prevent fire or smoke originating in any story from spreading to any other story.

9. Exit doors shall be in a closed position except that, if held open, they shall close automatically by electro-release device installed in accordance with 15. above.

10. Vertical shafts. Elevator shafts, light and ventilation shafts, chutes, and other vertical openings between stories shall be protected as required for stairways.

11. Fire stopping. Combustible concealed spaces in exterior walls of frame construction and in interior stud partitions shall be fire stopped.

12. Linen and trash chutes. Linen and trash chutes which open directly into a corridor shall be sealed by fire-resistive construction to prevent further use, or shall be provided with a 1½-hour fire door assembly suitable for a Class "B" location.

13. Interior finish. Interior finish shall comply with applicable state and federal construction requirements.

14. Carpeting. a. Carpeting, including underlying padding, if any, shall have a flamespread rating of 75 or less when tested in accordance with rules of department of industry, labor and human relations Wis. Adm. Code section Ind 50.044 for the manufacturer for each specific product. Certified proof by the manufacturer of the aforementioned test for the specific product shall be available in the facility. Certification by the installer that the material installed is the product referred to in the test proof shall be obtained by the facility. Carpeting shall not be applied to walls in any case except where the flamespread rating can be shown to be 25 or less.

b. Carpeting shall not be installed in rooms used for the following purposes: food preparation and storage, dish and utensil washing, soiled utility workroom, janitor closet, laundry processing, hydro-therapy, toilet and bathing, patient isolation and patient examination.

15. Sprinklers. Automatic sprinkler protection shall be provided throughout the nursing home, with adequate water supply and pressure unless the home is a fire-resistive building or one-hour protected noncombustible building of one story.

16. Alarm system. The automatic sprinkler system shall be electrically interconnected with the fire alarm system. The main sprinkler control valve shall be electrically supervised so that at least a local alarm will sound when the valve is closed, or the valve shall be sealed open by an approved method.

17. A manually operated fire alarm system shall be provided and tested at least weekly and regularly, and a record of the tests shall be kept on file in the home.

18. Extinguishers. A sufficient number of fire extinguishers shall be properly situated, checked annually and maintained in workable condition.

19. Hazardous areas. The following hazardous areas shall have automatic fire protection or shall be separated by construction having at least one-hour fire-resistive rating: boiler, heater rooms, incinerator rooms, laundries, repair shops, areas storing quantities of combustible materials, trash collection rooms, employe locker rooms, soiled linen rooms, kitchens, handicraft shops, occupational therapy rooms and gift shops. Where the hazard is severe, both fire-resistive construction and automatic fire protection shall be provided.

(j) Building service equipment. 1. Air conditioning, ventilating, heating, cooking and other service equipment shall be properly installed and maintained.

2. Heating devices shall be designed or enclosed to prevent the ignition of clothing or furnishings.

3. Fuel burning space heaters and portable electric space heaters shall not be used.

4. Products of combustion from boilers, incinerators and fuel consuming devices shall be vented outside and air for combustion shall be taken from outside.

(k) Operating features. 1. Fire protection plan. The home shall have in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire and their evacuations to areas of refuge and from the building.

2. Evacuation plan posted. The evacuation plan shall be posted in prominent locations on all floors.

3. Fire drills shall be conducted at irregular intervals no less than 4 times a year on each shift to familiarize all employes with their responsibilities.

4. Furnishings and decorations. Furnishings and decorations shall not obstruct exits or the visibility of exits.

5. All combustible draperies and curtains including cubicle curtains shall be rendered and maintained flame retardant.

6. Wastebaskets shall be of noncombustible material.

7. Smoking. Smoking regulations shall be in effect and shall be prominently posted throughout the building.

(2) FAVORABLE ENVIRONMENT FOR PATIENTS. The home shall be equipped and maintained to provide a functional, sanitary and comfortable environment. Its electrical and mechanical systems, water supply and sewage disposal shall be designed, constructed and maintained in accordance with recognized safety standards.

(a) Lighting levels in all areas of the home shall be adequate and void of high brightness, glare and reflecting surfaces that produce discomfort. Lighting levels shall be in accordance with recommendations of the illuminating engineering society. The use of candles, kerosene oil lanterns and other open flame methods of illumination shall be prohibited.

(b) Emergency electrical service, which may be battery operated if effective for 4 or more hours, shall cover lights at nursing stations, telephone switchboard, exit and corridor lights, boiler room, and the fire alarm system.

(c) The heating and air-conditioning systems shall be capable of maintaining adequate temperatures and providing freedom from drafts.

(d) An adequate supply of hot water for patient use shall be available at all times. Temperature of hot water at plumbing fixtures used by patients shall be automatically regulated by control valves and shall not exceed 110° Fahrenheit.

(e) The home shall be well-ventilated through the use of windows, mechanical ventilation or a combination of both. Rooms and areas which do not have outside windows and which are used by patients or personnel shall be provided with functioning mechanical ventilation to change the air on a basis commensurate with the type of occupancy.



(f) All outside bathrooms and toilet rooms shall have forced ventilation to the outside.

(g) Laundry facilities, when applicable, shall be located in areas separate from patient units and shall be provided with necessary washing, drying and ironing equipment.

(3) ELEVATORS. Installation of elevators and dumbwaiters shall comply with all applicable codes.

(4) NURSING UNIT. Each nursing unit shall have at least the following basic service areas: nurse station, medicine storage and preparation area, space for storage of linen, equipment and supplies and a utility room.

(a) The following is applicable to skilled care nursing homes: A nurse call system shall register calls at the nurse station from each patient bed, patient toilet room and each bathtub or shower.

(b) In other than skilled care homes, a nurse call system shall be provided for bedfast patients. The call system shall register calls at the nurse station from each bedfast patient bed.

(c) Equipment necessary for charting and recordkeeping shall be provided.

(d) Personal care homes are not required to provide a separate medication preparation area. All other categories of nursing homes are required to provide medication preparation areas and they shall be well-illuminated and shall be provided with a sink, hot and cold running water.

(e) Personal care homes are not required to provide separate utility rooms. All other categories of nursing homes are required to provide utility rooms, which shall be located, designed, and equipped to provide areas for the separate handling of clean and soiled linen, equipment and supplies.

(f) The following is applicable to skilled care nursing homes: toilet and handwashing facilities shall be provided for staff use.

(5) PATIENT BEDROOMS AND TOILET FACILITIES. Patient bedrooms shall be designed and equipped for adequate nursing care and the comfort and privacy of patients. Each bedroom shall have or shall be conveniently located near adequate toilet and bathing facilities. Each bedroom shall have direct access to a corridor and outside exposure with the floor at or above grade level.

(a) Rooms shall have no more than 4 beds with not less than 3 feet between beds.

(b) In addition to basic patient care equipment, each patient unit shall have an individual reading light, bedside cabinet, comfortable chair, and storage place for clothing and other possessions. In multiple bedrooms, each bed shall have flameproof cubicle curtains or their equivalent. The department may give special consideration in cases of unique or unusual circumstances.

(c) On floors where wheelchair patients are located, there shall be at least one toilet room large enough to accommodate wheelchairs.

(d) The following is applicable to skilled care nursing homes: There shall be available a bathtub or shower which shall be large enough to accommodate a wheelchair and attendant.

(e) At least one water closet shall be provided for each 8 beds.

(f) Substantially secured grab bars shall be installed in all water closets and bathing fixture compartments.

(g) Doors to patient bedrooms shall never be locked except the lower half of dutch doors may be provided with locks which can be readily opened.

(h) Each patient room shall be identified by a number placed on or near the door.

(6) **DAYROOM AND DINING AREA.** The home shall provide one or more furnished, multipurpose areas of adequate size for patient dining, diversional and social activities.

(a) At least one dayroom or lounge, centrally located, shall be provided to accommodate the patient activities of the patients. In addition, several smaller dayrooms, convenient to patient bedrooms, are desirable.

(b) Dining areas shall be large enough to accommodate all patients able to eat out of their rooms. These areas shall be well-lighted and well-ventilated.

(c) If a multipurpose room is used for dining and diversional and social and patient activities, there shall be sufficient space to accommodate all activities and minimize their interference with each other.

(7) **KITCHEN OR DIET AREA.** The home shall have a kitchen or dietary area which shall be adequate to meet food service needs and shall be arranged and equipped for the refrigeration, storage, preparation, and serving of food as well as for dish and utensil cleaning and refuse storage and removal. Dietary areas shall comply with the local health or food handling codes. Food preparation space shall be arranged for the separation of functions and shall be located to permit efficient service to patients and shall not be used for nondietary functions.

(8) **WAIVER PROVISIONS.** The department may, for a period deemed appropriate, waive specific provisions of the physical environment requirements of the rules, which if rigidly applied, would result in unreasonable hardship upon a particular nursing home, but only if a waiver would not adversely affect the health and safety of the patients.

(9) **WAIVER PROVISIONS.** (a) All facilities shall comply with, or be granted waivers of, these rules within a period of time not to exceed one year from the annual renewal date of the facility license, and after the effective date of the rules in this subsection, except that the department may issue or renew a license based upon the department's findings of the facility's acceptable progress towards compliance with the code according to an approved plan of correction.

(b) *Construction standards.* 1. Facilities one-story in height may be constructed of one-hour fire-resistive construction, one-hour protected noncombustible construction, 2-hour fire-resistive construction, one-hour protected ordinary construction, one-hour protected wood frame

construction, heavy timber construction, unprotected noncombustible construction, or unprotected combustible construction.

2. Two-story facilities shall be constructed of at least one-hour protected wood frame, one-hour protected ordinary, or one-hour protected noncombustible construction.

3. Facilities, 3 stories or more in height, shall be constructed of at least 2-hour fire-resistive construction.

(c) *Fire escapes.* Facilities provided with outside fire escapes as one of the required means of egress shall meet all of the following requirements:

1. Iron, steel, or concrete or other approved noncombustible material shall be used in the construction and support of the fire escape.

2. No part of access or travel in the path of exit shall be across a roof or other part of a facility which is of combustible construction.

3. Protection against fire in the facility shall be by blank or closed walls directly under the stairway and for a distance of 6 feet in all other directions. A window shall be permitted within this area if it is stationary, of steel sash construction, and is glazed with wire glass of not less than ¼-inch thickness. The maximum size of wire glass shall not exceed 1296 square inches with no dimensions exceeding 54 inches in either length or width.

4. A tubular or spiral slide-type fire escape shall not be permitted.

5. The bottom riser shall terminate at ground level, with the last riser not more than the spacing of the riser above.

6. The doorway leading to a fire escape shall be at floor level.

(d) *Vertical exit stairways.* Interior stairways serving as an exit shall be enclosed and separated from the rest of the facility with materials having at least a one-hour fire-resistive rating. All required exit stairways shall provide an enclosed protected path of at least one-hour fire-resistive construction for occupants to proceed with safety to the exterior of the facility.

(e) *Exit stair construction.* In existing facilities built prior to December 1974, any stairway being used as one of the required means of exit shall comply with the following requirements:

**Note:** Department of industry, labor and human relations stair requirements adopted since 1914 may be more restrictive for width of stair, height of riser, tread width and headroom.

Minimum width clear of all obstruction except handrails which may project not more than 3-½-inches each side and stringers which may project not more than 1-½-inch each side.	44 inches; 36 inches—where total occupancy of all floors served by stairways is less than 50 persons.
Maximum height of risers	8 inches
Minimum width of tread exclusive of nosing or projection	9 inches
Winders	None allowed
Minimum head room	6 ft.—8 inches
Maximum height between landings	12 feet

Minimum dimension of landing in direction of travel	44 inches
Doors opening immediately on stairs, without a landing at least width of door.	None allowed

(f) *Room size.* The minimum clear floor area per bed shall be 100 square feet in single rooms and 80 square feet per bed in multiple bedrooms, exclusive of vestibule, closets, built-in vanity and wardrobe, toilet rooms and built-in lockers.

(g) *Dining recreation and living room facilities.* There shall be a dining area provided in the facility of sufficient size to seat all residents at no more than 2 shifts. Dining tables and chairs shall be provided. TV trays or portable card tables shall not be acceptable dining tables.

1. Additional space shall be available for activity and recreation.

2. The combined floor space of dining, recreation and activity areas shall not be less than 15 square feet per bed. Solaria and lobby sitting-space may be included, but shall not include required exit paths. Required exit paths in these areas shall be at least 4 feet wide.

**History:** Cr. Register, November, 1974, No. 227, eff. 12-1-74; am. (5) (a) and cr. (8) and (9), Register, December, 1979, No. 288, eff. 1-1-80.

**Note:** See H 32.02 (33) for the effective date of certain portions of this section.

**H 32.28 Construction prior to July 1, 1964.** These rules shall apply to facilities licensed under H 32 for nursing home use prior to July 1, 1964; to county homes and county mental hospitals approved under PW 1 and PW 2 prior to July 1, 1964, which are to be converted for nursing home use; to general hospitals formerly approved under H 24 prior to July 1, 1964, which are to be converted for nursing home use and to any other recognized inpatient care facility to be converted for nursing home use.

(1) **WATER SUPPLY.** A potable water supply shall be maintained at all times. 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 Well Construction and Pump Installation Code.

(2) **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 department and the local authority.

(3) **PLUMBING.** The plumbing for potable water and drainage for the disposal of excreta, infectious discharge and wastes shall be in accordance with the state plumbing standards of the department and the local authority.

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

(5) **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. An incinerator shall not be flue fed, nor shall any upper floor charging chute be directly connected with the combustion chamber.

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

(7) **EMPLOYEE LOCKER OR ROOM.** Facilities shall be provided for employe wraps, purses and other personal belongings when on duty. These facilities shall not be located in the food preparation, food storage, utensil washing or patient rooms.

(8) **FAMILY AND EMPLOYEE LIVING QUARTERS.** When family and staff living quarters are provided in the home, they shall be separated from the patient area.

(9) **TOILET, LAVATORY AND BATH FACILITIES.** (a) Indoor toilet facilities and lavatory for hand washing shall be provided.

(b) Family and employe toilet, bath and lavatory facilities shall be separate from patient toilet, bath and lavatory facilities.

(c) The lavatory shall have both hot and cold running water. The water closet shall be water flushed and of approved type.

(d) Separate toilet facilities shall be provided for male and female patients. The minimum ratios shall be as follows:

1. One toilet and one lavatory for every 8 female patients.
2. One toilet and one lavatory for every 8 male patients. One urinal may be substituted for one toilet for every 24 male residents.
3. Open front toilet seats without lids shall be provided.
4. Bedpan washing capability shall be provided on each floor where patients are accommodated in skilled and intermediate care homes.

(e) One 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 served.

(f) Substantially secured grab bars shall be installed in all patient toilet and bathing fixture compartments.

(10) **LAUNDRY FACILITIES.** (a) A laundry room shall be provided unless commercial laundry facilities are used.

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

(c) Where commercial laundries are used, a room for sorting, processing and storing soiled linen shall be provided and shall have mechanical exhaust ventilation.

(11) **CARPETING.** (a) Carpeting, including underlying padding, if any, shall have a flamespread rating of 75 or less when tested in accordance with rules of department of industry, labor and human relations Wis. Adm. Code section Ind 50.044 for the manufacturer for each specific product. Certified proof by the manufacturer of the aforementioned test for the specific product shall be available in the facility. Certification by the installer that the material installed is the product referred to in the test proof shall be obtained by the facility. Carpeting shall not be ap-

plied to walls in any case except where the flamespread rating can be shown to be 25 or less.

(b) Carpeting shall not be installed in rooms used for the following purposes: food preparation and storage, dish and utensil washing, soiled utility workroom, janitor closet, laundry processing, hydrotherapy, toilet and bathing, patient isolation and patient examination.

(12) **PATIENT ROOMS.** (a) 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.

(b) The ceiling height shall be a minimum of 7 feet.

(c) Every patient room shall have an outside window.

(d) Rooms shall not be licensed for patient use unless the walls are of rigid construction and sufficient height to afford privacy. A rigid hinged door shall be provided.

(e) A closet or locker shall be provided for each patient in each bedroom or adjacent to the room. 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 bed.

(f) Trailers, cabins and cottages shall not be licensed or approved for use as patient bedrooms.

(13) **ROOM LOCATION.** (a) A room shall not be approved for patient bed occupancy that opens directly to the kitchen or laundry or that requires any person to pass through a patient bedroom, a toilet room or bathroom to gain access to another part of the home. A room shall not be approved for patient bed occupancy that requires any person to pass through the kitchen or laundry to gain access to the patient rooms or any other part of the home.

(b) Sexes shall be separated by means of separate wings, floors or rooms, except in the case of husband and wife.

(14) **ELECTRICAL.** (a) Glare-free, artificial lighting shall be provided in all patient areas of the home of adequate intensity for the purpose intended. All lights shall be equipped with shades, globes, grids or glass panels that prevent direct glare to the patient eyes.

(b) Nonconductive wall plates shall be provided where the system is not properly grounded.

(15) **VENTILATION.** Kitchen, bathroom, utility rooms, janitor closets and soiled linen room shall be ventilated.

(16) **NURSE STATION OR OFFICE.** Each home shall provide a well-lighted nurse station or office in the patient room area which shall be utilized for patient records and charts. A file cabinet, desk and patient chart holder shall be considered as minimum equipment. Each nursing station shall not serve more than 2 floors.

(17) **KITCHEN AND FOOD STORAGE.** (a) The kitchen shall be located on the premises or a satisfactory sanitary method of transportation of food shall be provided.

(b) Kitchen or food preparation areas shall not open into patient rooms, toilet rooms or laundry.

(c) Adequate and convenient handwashing 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.

(d) At least a 2-compartment sink for manual dishwashing shall be provided in kitchens or dishwashing areas. A minimum 3-compartment sink shall be provided for replacement.

(e) Rooms subject to sewage or waste water backflow or to condensation or leakage from overhead water or waste lines shall not be used for storage or food preparation unless provided with acceptable protection from such contamination.

(18) **LIVING-DINING-RECREATION.** Every home shall have at least one comfortably furnished living, dining or recreation room for the use of residents. Under no circumstances shall the living, dining or recreational room be used as a bedroom. The combined living-dining-recreation areas shall be a minimum of 15 square feet per bed. No combined living-dining-recreation area 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.

(19) **FIRE PROTECTION.** 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 following definition of fire-resistive construction.

(a) **Completely Fire-resistive Construction.** Fire-resistive construction is defined as follows: A building is of fire-resistive construction if 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) There shall be automatic sprinkler protection throughout if the building is less than fully fire-resistive.

(c) 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 home.

(d) **Extinguisher Mounting.** Extinguishers shall be placed where they are clearly visible and at a readily accessible, convenient height. They shall not be tied down or locked in a cabinet or closet.

**History:** Cr. Register, November, 1974, No. 227, eff. 12-1-74; r. (12) (a), renun. (12) (b) to (g) to be (12) (a) to (f), am. (18), Register, December, 1979, No. 288, eff. 1-1-80.

**Note:** See H 32.02 (33) for the effective date of certain portions of this section.

**H 32.29 Construction July 1, 1964, to December 1, 1974.** These rules shall apply to facilities licensed under H 32 for nursing home use on and after July 1, 1964; to county homes and county mental hospitals approved under PW 1 and PW 2 approved after July 1, 1964, and prior to the effective date of these rules, which are to be converted for nursing home use; and to general hospitals formerly approved under H 24 approved after July 1, 1964, and prior to the effective date of these rules, which are to be converted for nursing home use and to any other recognized inpatient care facility to be converted for nursing home use.

(1) **WATER SUPPLY.** A potable water supply shall be maintained at all times. 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 Well Construction and Pump Installation Code.

(2) **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 department and the local authority.

(3) **PLUMBING.** The plumbing for potable water and drainage for the disposal of excreta, infectious discharge and wastes shall be in accordance with the state plumbing standards of the department and the local authority.

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

(5) **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. An incinerator shall not be flue fed, nor shall any upper floor charging chute be directly connected with the combustion chamber.

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

(7) **EMPLOYEE LOCKER OR ROOM.** Facilities shall be provided for employee wraps, purses and other personal belongings when on duty. These facilities shall not be located in the food preparation, food storage, utensil washing or patient rooms.

(8) **FAMILY AND EMPLOYEE LIVING QUARTERS.** When family and staff living quarters are provided in the home, they shall be separated from the patient area.

(9) **TOILET, LAVATORY AND BATH FACILITIES.** (a) Indoor toilet facilities and lavatory for hand washing shall be provided.

(b) The lavatory shall have both hot and cold running water. The water closet shall be water flushed and of approved type.

(c) A water and handwashing lavatory for employes shall be provided.

(d) Family and employee toilet, bath and lavatory facilities shall be separate from patient toilet, bath and lavatory facilities.