

TITLE 11

DEPARTMENT OF HEALTH

CHAPTER 99

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

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## SUBCHAPTER 1

### SMALL INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

§11-99-1 Purpose. This subchapter establishes minimum requirements for the protection of health, welfare, and safety of residents, personnel, and the public in small intermediate care facilities for the mentally retarded, and shall not be construed as lowering

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standards, ordinances, or rules established by other government agencies. In all instances the more stringent rules shall apply. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§321-9, 321-10, 321-11, 333-53)

§11-99-2 Definitions. As used in this subchapter:

"Active treatment program" means a written plan of care for each resident that sets forth measurable goals stated in behavioral terms and that prescribes an integrated program of appropriate activities and therapies to attain these goals. The overall purpose of the plan is to help the residents function at their highest levels.

"Cardiopulmonary resuscitation" or "CPR" means an emergency first aid procedure that consists of opening and maintaining a patient's airway, providing artificial ventilation by means of rescue breathing, and providing artificial circulation by means of external cardiac compression.

"Controlled drugs" includes drugs listed as being subject to high incidence of abuse as defined in chapter 329, HRS.

"Department" means the department of health, State of Hawaii.

"Dentist" means any person holding a valid license to practice dentistry in the State of Hawaii, pursuant to Chapter 448, HRS.

"Dietitian" means a person who:

- (1) Is registered by the Commission on Dietetic Registration; or
- (2) Is eligible for such registration.

"Director" means the director of health, State of Hawaii, or a duly authorized agent.

"Drug administration" means the act in which a single dose of a prescribed drug or biological substance is given to a resident by an authorized person in accordance with all existing laws and rules governing those acts. The entire act of administration entails removing an individual dose from a previously dispensed, properly labeled container (unit dose included), verifying the dosage with the physician's orders, giving the specified dose to the proper

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resident and promptly recording the time and dose given to the resident and signing the record.

"Drug dispensing" means the act which involves the

interpretation of the physician's order and, pursuant to that order, the proper selection, measuring, packaging, labeling, and issuance of the drug or biological for a resident or a specified unit of the facility.

"Facility staff" means those personnel whose primary responsibility is the care and development of residents within the facility.

"Governing body" means the policy making authority, whether an individual or a group, who exercises general direction over the affairs of a facility and establishes policies concerning its operation and welfare of the individuals it serves.

"License" means a license issued by the department certifying the compliance with all existing Hawaii state laws and rules relative to the operation of a small intermediate care facility for the mentally retarded.

"Licensed practical nurse" means a nurse licensed as such by the State of Hawaii, as defined by Chapter 457, HRS.

"Occupational therapist" means a person currently registered or eligible for registration by the American Occupational Therapy Association.

"Pharmacist" means a person who is licensed as a "registered pharmacist" by the State of Hawaii, pursuant to Chapter 461, HRS.

"Physical therapist" means a person who has a permit to practice as a physical therapist in the State of Hawaii.

"Physician" means a person holding a valid license to practice medicine and surgery or osteopathy issued by the State of Hawaii, pursuant to Chapter 453 or 460, HRS.

"Provisional license" means a license issued for a specified period of time at the discretion of the director in order to allow additional time for compliance of all licensing requirements. No more than two successive provisional licenses shall be issued to a facility.

"Psychologist" means a person holding a master's or Ph.D. degree in psychology from an accredited

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institution who has completed a one year internship in clinical psychology under a certified psychologist and is licensed or employed by the State of Hawaii, pursuant to Chapter 465, HRS.

"Qualified mental retardation professional" means a person with one year of experience or training in mental retardation and who is one of the following: physician,

psychologist, social worker, physical therapist, occupational therapist, registered professional nurse, educator, speech pathologist, therapeutic recreational therapist, or rehabilitation counselor as defined in this chapter.

"Registered professional nurse" means a person who is licensed as a registered nurse in the State of Hawaii, pursuant to Chapter 457, HRS.

"Rehabilitation counselor" means a person who is certified by the Committee on Rehabilitation Counselor Certification.

"Small intermediate care facility for the mentally retarded" means an identifiable unit providing residence and care for fifteen or fewer mentally retarded individuals. Its primary purpose is the provisions of health, social, and rehabilitative services to the mentally retarded through an individually designed active treatment program for each resident. No person who is predominantly confined to bed shall be admitted as a resident.

"Social worker" means a person who has a master's degree from a school of social work accredited by the Council on Social Work Education or has a bachelor's degree from an accredited school of social work, plus two years work experience in a hospital, skilled nursing or intermediate care facility, or some other health care agency or facility.

"Speech pathologist, therapist, or audiologist" means a person who is licensed by the State pursuant to Chapter 468E, HRS, and:

- (1) Is eligible for a certificate of clinical competence in the appropriate area of speech therapy, pathology, or audiology, granted by the American Speech and Hearing Association; or
- (2) Meets the educational requirements for certification and is in the process of accumulating the supervised experience

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required for examination for certification.

"Therapeutic recreation specialist" means a person who is a graduate of a program approved by the department.

"Tuberculin skin test" means an intradermal injection of .0001 mg (5 tuberculin units) of purified protein derivative in 0.1 cc of sterile diluent. If the size of any resulting palpable induration at forty-eight hours to seventy-two hours after injection is greater

than 10 mm in its transverse diameter, the reaction to the skin test shall be considered significant.

"Waiver" means an exemption from a specific rule for a duration not longer than one year which may be permitted a facility, for a specified period of time, at the discretion of the director.

The meanings of all adjectives and adverbs such as "proper", "convenient", "good", "minimum", "thorough", "sufficient", "satisfactory", "adequate", "suitable", clearly used to qualify a person, equipment, service or building being difficult or impossible to define shall be determined by the director or a duly authorized agent. Whenever the singular is used in this subchapter it can include the plural.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§321-9, 321-10, 321-11, 333-53)

§11-99-3 Licensing. (a) The facility shall meet all requirements for licensure under state law. All small intermediate care facilities for the mentally retarded defined pursuant to this chapter shall be licensed except those operated by the federal government or agency thereof. The proprietor, the governing body, or the person in charge shall file an application with the director on forms furnished by the department, and the facility shall be licensed pursuant to this chapter prior to admitting residents.

(b) The director or a designated representative shall inspect each small intermediate care facility for the mentally retarded at least annually for relicensing.

(c) Summary reports of annual licensing inspections shall be kept on file in the facility.

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(d) Following annual inspection, facilities shall be allowed a reasonable time to implement an appropriate plan of correction. However, a plan of correction shall be filed with the department within ten days of reception of the list of deficiencies found during the inspection. A follow-up survey shall be made by the department to determine the progress in the plan of correction. If there has not been substantial progress in carrying out the plan of correction, the application for renewal of a license shall be rejected, except a provisional license may be issued at the discretion of the director.

(e) Any designated representative of the director

may enter the premises at any reasonable time to secure compliance with or to prevent a violation of this chapter; or to investigate a complaint against the facility.

(f) Failure to correct any deficiencies found at an inspection within a reasonable time shall be considered sufficient grounds for revocation of a license.

(g) The director shall prescribe the content and form of the license.

(h) In the event of a change of name, location, ownership, or occupancy, the director shall be notified fifteen days prior to the change; and inspection, at the discretion of the director, shall be conducted and, if satisfactory, a new license issued.

(i) Every regular license shall continue in force for a period of one year unless otherwise specified, or unless it is suspended or revoked. At least one month prior to expiration of a license, the facility shall apply to the department for renewal of the license.

(j) The current license shall be posted in a conspicuous place visible to the public, within the facility.

(k) The director, after opportunity for a hearing pursuant to chapter 91, HRS, may suspend, revoke, or refuse to issue a license for failure to comply with the requirements of this chapter, or for any cause deemed a hazard to the health and safety of the residents or employees. Any person affected by the director's final decision of denial, suspension, or revocation may appeal in accordance with the law.

(l) An application for a license may be denied  
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for any of the following reasons:

- (1) Failure to meet the standards prescribed by the department.
- (2) Financial inability to operate and conduct the facility in accordance with these required minimum standards and rules.

(m) Penalties, hearing and appeals. In addition to any other appropriate action to enforce these rules, the director may initiate procedures for invoking fines as provided in §321-18, HRS, or to withdraw the license after opportunity for hearings pursuant to chapter 91, HRS.

- (1) Infractions which may require invoking the above procedures include, but are not limited to:

- (A) Operation of a small intermediate care facility for the mentally retarded without a license granted by the department.
  - (B) If substantive violations of this chapter are found as a result of routine or unannounced inspection of a facility which has a license.
- (2) Any person affected by the director's final decision of denial, suspension, or revocation may appeal in accordance with law.
- (n) If a facility has a license revoked, suspended, or denied, a reapplication for a license shall not be considered until two years after the effective date of the invocation, suspension, or denial.
- (o) Appropriate fees, if any, as determined by the director, shall be charged by the department for obtaining a new license or obtaining a license renewal. Prior notice of the amount of the fee shall be provided the licensee. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-51, 333-53, 333-54)

§11-99-4 Active treatment program. (a) A plan of treatment shall be developed and implemented for each resident in order to help the residents function at their greatest physical, intellectual, social, emotional, and vocational level.

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(b) A provisional treatment plan shall be developed within one week of admission by a qualified mental retardation professional. A definitive treatment plan shall be developed within one month and shall be based on evaluation by an interdisciplinary team including the qualified mental retardation professional and at least a physician, a social worker, a psychologist, and a nurse.

(c) The plan shall be reviewed at least quarterly by a qualified mental retardation professional member of the interdisciplinary team who is designated as the coordinator for the resident's plan of care.

(d) The facility staff shall participate in the quarterly review of the plan.

(e) The plan shall include all aspects of the resident's program including services provided outside the facility.

(f) All reviews and modifications of the plan

shall be documented in the resident's record which is retained at the facility. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-5 Administrator. (a) The facility shall be administered on a full time basis by a person living in the facility or working in the facility full-time on a regular basis.

(b) The administrator shall be responsible for the daily operation of the facility, the care of the residents on the premises, and the supervision of other facility staff.

(c) The administrator shall be appointed by the governing body and acts for this body in the overall management of the facility.

(d) A chief executive officer trained and experienced in facility management may also be appointed by the governing body and supervise one or more administrators of individual facilities.

(e) The administrator shall as a minimum have:

- (1) Training and experience in work with mentally retarded persons.
- (2) Sufficient fluency in English so as to communicate with community professionals involved in resident care and provide adequate records for the facility.

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- (3) No additional duties or responsibilities which would interfere with the ongoing operation of the facility and the care of the residents.

(f) In the temporary absence of the administrator there shall be a suitable employee who has been designated, in writing, to act on the administrator's behalf and who has similar qualifications.

(g) At all times, either the administrator or a designated substitute shall be readily accessible.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-6 Arrangement for services. Where the facility does not employ a qualified person to render a required or necessary service, it shall have a written agreement or contract with an outside person or provider. Written agreements or contracts shall include:

- (1) The responsibilities, functions, objectives,

- and terms of agreement.
- (2) Signatures of the administrator and provider or authorized representative of the provider. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§321-11, 333-53)

§11-99-7 Construction requirements. (a) The facility shall be accessible to and functional for physically handicapped residents, personnel, and the public.

(b) New construction and remodeling shall be guided by "Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities DHEW #79-14500" as it existed in 1984.

- (1) Resident living areas shall be designed and equipped for the comfort and privacy of the resident.
  - (2) Temperature and humidity shall be maintained within a normal comfort range.
  - (3) There shall be provisions within the facility for one or more areas for resident dining, diversional, and social activities. Total
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area for recreational and dining activities shall be not less than fifty square feet per resident.

- (A) Dayrooms of at least thirty square feet per resident shall be equipped with reading lamps, tables, chairs, or their equivalent, for the use and comfort of the residents.
- (B) Dining areas of at least twenty square feet per resident shall be equipped with tables and safe chairs. A sufficient number of tables shall be of proper height to accommodate wheelchair bound residents.
- (C) If a multi-purpose room is used for dining, diversional and social activities, there shall be sufficient space to accommodate all activities and prevent their interference with each other.
- (D) In the event that nonresidents utilize all or part of the facilities on a regular basis, additional space and

facilities must be provided on the following basis for such persons:

- (i) Twenty square feet per person in dining areas;
  - (ii) Thirty square feet per person in recreational areas;
  - (iii) One conveniently located toilet for each eight persons;
  - (iv) Sufficient additional staff persons shall be provided to care for the needs of such persons without compromising the care of the regular residents of the facility.
- (4) Illumination shall be provided for the comfort and safety of residents and personnel.
  - (5) Wall or door mirrors shall be provided and placed at convenient heights for resident's use.
- (c) Accessibility to living and service areas.
    - (1) There shall be adequate space to allow free movement of occupants using wheelchairs,

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walkers, canes, and crutches to bed, bathroom, closet and common hallway areas.

- (2) Areas used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, libraries, and other areas not suitable for sleeping shall not be used as bedrooms.
  - (3) Access from each bedroom to a bathroom, toilet, corridor, central utility or other areas of the facility shall not require passing through another bedroom, cooking, dining, or recreation area.
  - (4) All occupants of any bedroom shall be of the same sex, except for those semi-private rooms which may be occupied by a married couple upon request.
- (d) Toilet and bath facilities.
    - (1) Each resident shall have access to a toilet, lavatory, and bathtub or shower on the same floor as the resident's bedroom.
    - (2) One toilet room shall serve no more than eight beds. It shall contain a toilet and lavatory. The lavatory may be omitted from a toilet room which serves single and multi-bed rooms if each such resident's room contains a lavatory.
    - (3) There shall be toilet and bathing facilities

appropriate in number, size, and design to meet the needs of the residents.

- (4) Appropriately placed grab bars shall be provided in each toilet and bathtub or shower enclosure.
- (5) Curtains or doors to ensure privacy shall be provided.
- (6) An adequate supply of hot and cold potable running water must be provided at all times. Temperatures of hot water at plumbing fixtures used by residents shall be automatically regulated and shall not exceed 110°F.
- (7) Toilet and bath facilities shall have a means of signaling staff in an emergency.
- (8) Where bedpans are used, equipment for their cleaning and sterilization shall be provided in an appropriate area of the facility.

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- (9) Provisions shall be made for sterilization of permanent personal care equipment unless disposables are used.
- (e) Resident bedrooms.
  - (1) Each room shall be at or above grade level.
  - (2) Windows in each bedroom shall have adequate means of ensuring privacy.
  - (3) Multi-resident bedrooms shall have no more than four beds.
  - (4) Single resident rooms shall measure at least ninety square feet of usable space, excluding closets, bathrooms, alcoves, and entryways.
  - (5) Multi-resident bedrooms shall provide a minimum of seventy square feet per bed of usable space, excluding closets, bathrooms, alcoves, and entryways.
  - (6) Bedside privacy shall be provided upon request or when caring for a resident in multi-resident bedrooms. An individual sheet blanket shall be used when bed baths are given.
  - (7) Beds shall be placed at least three feet apart.
  - (8) Each resident shall be provided with:
    - (A) A separate bed of proper size and height for the convenience of the resident and permitting an individual in a wheelchair to get in and out of bed unassisted.
    - (B) A mattress and a pillow in good condition both of which have been rendered

- relatively impermeable to liquids.
- (C) Sufficient clean bed linen and blankets to meet the resident's needs.
- (D) Appropriate furniture, cabinets, and closets, which shall be accessible to and usable by the physically handicapped. Doors on a closet or furniture shall contain locks if requested by a resident.
- (E) an effective means of signaling staff from resident's bedside.
- (f) Ramps shall be designed to permit use by residents in wheelchairs. Ramps shall meet the provision requirements of the Uniform Building Code §11-99-7

1979 and its revisions.

- (g) Floor and walls.
  - (1) Floors shall be of slip-resistant material which does not retain odors and is flush at doorways.
  - (2) Walls, floors and ceilings of rooms used by residents shall be made of materials which shall permit washing, cleaning, and painting.
- (h) Windows and lighting.
  - (1) Each bedroom shall have at least one outside window.
  - (2) A bedroom shall have an aggregate window area of not less than one-tenth of the gross floor area.
  - (3) Residents' rooms shall have adequate artificial light.
  - (4) There shall be night lighting in residents' rooms, toilets, and service areas.
  - (5) In each room utilized by wheelchair residents, at least one window shall be low enough to permit outdoor viewing by the wheelchair-bound resident.
- (i) Where appropriate, screening of doors and windows shall be provided, using screening having sixteen meshes per inch.
- (j) Doors.
  - (1) Sliding doors or folding doors shall not be used as exit doors, and if used in other areas, shall be of light material and easy to handle.
  - (2) Double acting doors shall be provided with vision panels of sufficient height to permit use by walkers as well as wheelchair riders.
- (k) Corridors. The minimum clear width of a

corridor shall be thirty-six inches except that corridors serving one or more non-ambulatory or semi-ambulatory residents shall be not less than forty-four inches in width.

- (1) Storage space.
- (1) Locked space shall be provided for janitor's supplies and equipment.
- (2) Space, conveniently located, for other equipment shall be provided.
- (m) Water supply. The water supply shall be in accordance with the provisions of chapter 340-E, HRS.  
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(n) Ventilation. Chapter 11-39, Administrative Rules, relating to air conditioning and ventilating, shall be followed.

(o) Additions and alterations or repairs to existing buildings.

- (1) This section does not prohibit the use of equivalent alternate space utilizations, new concepts of plan designs and material or systems if written approval of such alternatives is granted by the department.
- (2) Drawings and specifications for all new construction or additions, alterations, or repairs to existing buildings subject to this chapter shall be submitted to the department for review and a certificate of need where applicable.
- (3) Construction shall not commence prior to the department's approval of construction drawings and specifications which shall comply with these rules, the county fire codes, and county building codes and ordinances.
- (4) The department shall review such submittals and advise the applicant in writing of its determination.
- (5) The department may make written recommendations to the applicant for its consideration, but the recommendations shall not be considered mandatory.
- (6) Unless construction is commenced within one year of the approval of final construction drawings and specifications, the construction drawings and specifications, together with their application shall be resubmitted for review and approval.
- (7) Minor alterations which do not affect structural integrity, fire safety, or change

functional operation, or which do not increase beds or services over that for which the facility is licensed may be submitted by freehand drawings or by more conventional drawings and specifications.

- (8) Maintenance and repair routinely performed by the facility do not require review or approval by the department.

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- (9) Facilities shall be constructed and maintained in accordance with provisions of state and county zoning, building, fire safety, and sanitation codes and laws applicable in the State of Hawaii.  
[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§321-11, 333-51)

§11-99-8 Dental services. (a) Emergency and restorative dental services shall be available.

(b) The resident or his guardian shall select the dentist of his choice.

(c) The facility shall assist each resident to obtain necessary dental care and at least an annual evaluation.

(d) Facility staff shall receive inservice training in oral hygiene and denture care at least annually. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§321-11, 333-53)

§11-99-9 Dietetic services. (a) The food and nutrition needs of residents shall be met through a nourishing, well-balanced diet in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council adjusted for age, sex, activity, and disability.

(b) At least three meals shall be served daily, at regular times with:

- (1) Not more than a fourteen hour span between a substantial evening meal and breakfast on the following day.
- (2) Between meal nourishments consistent with need shall be offered routinely to all residents.
- (c) Modified or therapeutic diets shall be:
  - (1) Prescribed by the resident's physician with a record of the diet as ordered kept on file and

- renewed at least annually.
- (2) Planned, prepared, and served by qualified personnel.
- (3) Reviewed and adjusted as needed by a qualified dietitian.

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- (d) Food services, planning, and storage.
  - (1) Menus:
    - (A) Shall be written at least one week in advance.
    - (B) Shall provide a sufficient variety of foods in adequate amounts at each meal, and adjusted for seasonal changes, along with resident's preference as much as possible.
    - (C) Shall be different for each day of the week. If a cycle menu is used, the cycle must cover a minimum of four weeks.
    - (D) Shall be filed and maintained with any recorded changes, for at least three months.
  - (2) Storing and handling of food:
    - (A) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.
    - (B) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or waste-water backflow, or contamination by condensation, leakages, rodents, or vermin.
    - (C) Perishable foods shall be stored at the proper temperatures to conserve nutritive values and prevent spoilage.
  - (3) Food service:
    - (A) Food shall be served in a form consistent with the needs of the residents and their ability to consume it.
    - (B) Food shall be served with the appropriate utensils.
    - (C) Effective procedures to promptly and consistently clean all equipment and work areas shall be enforced.
    - (D) All personnel handling food shall be given appropriate personal hygienic instructions at regular intervals and this procedure shall be documented.
    - (E) Individuals needing special equipment,

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implements or utensils to assist them

when eating shall have such items provided by the facility.

- (F) There shall be a sufficient number of competent personnel to fulfil the food and nutrition needs of residents. Facilities providing modified or therapeutic diets shall have at least one person on the staff who has passed a dietary training course approved by the department.
- (G) If the food service is directed by a person other than a qualified dietitian, there shall be consultation by a dietitian or public health nutritionist. Consultation, training and inservice education shall be appropriate to staff and patient needs and shall be documented.
- (H) Provision may be made for food service by contract with an outside supplier. The method of the transport of such food shall be approved by the director prior to initiating such a service.  
[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-10 Emergency care of residents. (a) There shall be written procedures for personnel to follow in an emergency including:

- (1) Care of the resident.
- (2) Notification of the attending physician and other persons responsible for the patient.
- (3) Arrangements for transportation, hospitalization, or other appropriate services.

(b) Personnel shall be trained in appropriate first aid procedures. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§321-11, 333-53)

§11-99-11 Resident daily living care and training. (a) There shall be sufficient appropriately

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qualified facility staff to carry out the active treatment program within the facility and to operate the unit on a daily basis.

(b) The facility staff shall participate in appropriate activities relating to the care and development of the residents including training in activities of daily living and the development of self-help and social skills.

(c) The facility staff shall provide at least the following:

- (1) Supportive services to enable residents to participate fully in appropriate daily activities.
- (2) Physical care and assistance to keep residents clean, comfortable, well-groomed, and protected from accidents and infections.
- (3) Necessary assistance to ensure that the residents are appropriately dressed in their own clothes.
- (4) Weighing of each resident at least monthly.
- (5) Regular documentation in the resident's record of each resident's participation and progress in activities carried out with the supervision or assistance of facility staff.

(d) Restraints shall be used only under a physician's orders for specified and limited periods of time and so documented and shall be used only when resident is imminently dangerous to self or others.

- (1) If they are used in an emergency situation the attending physician shall be contacted immediately for orders affirming the temporary need and the orders shall be reduced to writing within twenty-four hours.
- (2) Regular observation and release of a resident shall be required while restraints are in use.
- (3) No restraints with locking devices shall be used.
- (4) There shall be written policies and procedures governing the use of restraints.
- (5) Under no circumstances will a resident in restraints be left for a period of time in a facility without the presence of another person who is fully capable of caring for the resident in the event of an emergency.

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(e) Sufficient and appropriately qualified

facility staff shall be available on the premises at all times that residents are present. At least one member of the staff shall always be readily accessible and able to care for a resident who is away from the premises but needs to return to the facility.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-53)

§11-99-12 General policies and practices. (a)

There shall be written policies and procedures available to staff, residents, and the public which govern:

- (1) All services provided by the facility.
- (2) Admission, transfer, and discharge of residents.
- (b) These policies shall ensure that:
  - (1) The facility shall not deny admission to any individual on account of race, religion, color, ancestry, or national origin.
  - (2) Only those residents are accepted whose needs can be met by the facility directly or in cooperation with community resources or other providers of care with which it is affiliated or has contracts.
  - (3) As changes occur in a resident's physical or mental condition necessitating a different level of service or care which cannot be adequately provided by the facility, the residents are transferred promptly to a facility capable of providing an appropriate level of care.
  - (4) Except in the case of an emergency, the resident or his guardian, the next of kin, attending physician, and the responsible agency, if any, shall be informed in advance of the transfer or discharge to another facility.
  - (5) Social worker services are available.
  - (6) The facility's buildings are constructed and equipped to protect the health and assure the safety of residents, personnel and visitors.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-51, 333-52, 333-53)

§11-99-13

§11-99-13 Governing body and management. Each

facility shall have an organized governing body, or designated person or persons so functioning, who have overall responsibility for the conduct of all activities. The facility shall maintain methods of administrative management which assure that:

- (1) Staffing
  - (A) There shall be on duty twenty-four hours of each day, staff sufficient in number and qualifications to carry out the policies, responsibilities and program of the facility.
  - (B) The numbers and categories of personnel shall be determined by the number of residents and their particular needs.
- (2) Personnel policies
  - (A) There shall be written job descriptions available for all positions. All employees shall be informed of their duties and responsibilities at the time of employment.
  - (B) Licensure, certification, or standards such as are the usual standard of practice in the community shall be required for all comparable positions in the facility.
  - (C) Ethical standards of professional conduct shall be recognized as applying in the facility.
  - (D) The facility's personnel policies and practices shall be in writing and shall be available to all employees.
  - (E) Written policy shall prohibit mistreatment, neglect, or abuse of residents. Alleged violations shall be reported immediately, and there shall be evidence that:
    - (i) All alleged violations are thoroughly investigated and documented.
    - (ii) The results of such investigation are reported to the administrator
    - (iii) or the designated representative within twenty-four hours of the report of the incident; and
    - (iii) Appropriate sanctions are invoked when the allegation is substantiated.

- (F) There shall be an organization chart showing the major operating programs of the facility, with staff divisions, administrative personnel in charge of programs and divisions, and their lines of authority, responsibility, and communication.
- (G) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the absence of any infectious disease. Each examination shall include a tuberculin skin test, as defined, or a chest x-ray.
- (H) Any employee who develops evidence of an infection shall be immediately excluded from any duties relating to food handling and direct resident contact until such time as a physician certifies it is safe for the employee to resume these duties. Skin lesions, respiratory tract symptoms or diarrhea shall be considered presumptive evidence of infectious disease.
- (I) If the tuberculin skin test is positive, a standard chest x-ray with appropriate medical follow-up shall be obtained.
- (J) If the tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but not later than three weeks after the first test. The results of the second test are to be considered the baseline test and used to determine appropriate treatment and follow-up. That is, if the second skin test is positive, then proceed, as above, with a chest x-ray which shall be repeated yearly for at least three

§11-99-15

successive years. If the second skin test is negative, a single skin test shall be repeated yearly until it becomes positive. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-14 Housekeeping. (a) A plan shall be made for routine periodic cleaning of the entire building and premises.

(b) After discharge of any resident, that resident's unit and equipment shall be thoroughly cleansed prior to re-use.

(c) Lavatories, toilets, showers, and bathtubs in resident areas shall be cleaned as necessary, at least twice a week.

(d) A reasonable accumulation of personal possessions shall be permitted.

(e) All floors, walls, ceilings, windows, furnishings, and fixtures shall be kept clean and in good repair.

(f) All safety procedures shall be in accordance with the rules of the department of labor and industrial relations, State of Hawaii.

(g) All areas which have contained infectious residents and materials shall be thoroughly cleaned by appropriate sanitizing materials.

(h) Sufficient locked storage areas shall be provided for all cleaning materials and equipment.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-51)

§11-99-15 Infection control. (a) Provision shall be made for isolating residents with infectious diseases, until appropriate transfer can be made. There shall be a written policy which outlines proper isolation and infection control techniques and practices.

(b) There shall be appropriate policies and procedures written and implemented for the prevention and control of infections and the isolation of infectious residents. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-51,

§11-99-16

333-53)

§11-99-16 Inservice education. (a) There shall be a staff inservice education program that includes:

- (1) Orientation for all new employees to acquaint them with the philosophy, organization, program, policies and procedures, practices, and goals of the facility.
- (2) Inservice training for employees who have not

achieved the desired level of competence, and continuing inservice education to update and improve the skills and competencies of all employees.

- (3) Inservice training shall include annually: prevention and control of infections, fire prevention and safety, accident prevention, resident's rights, and problems and needs of the mentally retarded.
- (4) Arrangements shall be made for all members of the staff to receive annual training in cardiopulmonary resuscitation and appropriate first aid techniques.

(b) Records shall be maintained in all such orientation and staff development programs.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-17 Laundry service. (a) Laundry service shall be managed so that daily cleaning and linen needs are met without delay.

(b) Provision shall be made for the handling, storage, and transportation of soiled and clean laundry, and for satisfactory cleaning procedures.

- (1) Provisions may be made for contract service outside the facility in a laundry approved by the department.
  - (2) Infectious laundry shall be handled in accordance with the provisions of §325-7, HRS, relating to potentially infectious laundry.
  - (3) Clean linen shall be stored in enclosed areas.
  - (4) Hampers shall be provided for soiled linen.
- [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-51)

§11-99-19

§11-99-18 Life safety. (a) Facilities licensed under this chapter shall be inspected at least annually by appropriate fire authorities for compliance with state and county rules and ordinances.

(b) Smoking rules shall be adopted. "No Smoking" signs shall be posted where flammable liquids, combustible gases, or oxygen are used or stored. Smoking by residents shall be permitted only under supervision, and ashtrays shall be provided.

(c) Electric heating pads shall be prohibited.

(d) Facilities shall have written procedures in case of fire and disasters.

(e) Fire drills shall be held at least quarterly under varied conditions and times of the day, and shall be documented.

(f) All employees shall be instructed and kept informed respecting their duties under the fire and disaster programs.

(g) Facilities with residents who are not certified as capable of self-preservation must maintain a staff ratio of one to one for each of these residents, or else have an automatic sprinkler system, as defined in Life Safety Code 1973, as it existed in 1984. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-51, 333-53)

§11-99-19 Maintenance. (a) There shall be sufficiently trained and experienced personnel to accomplish the required maintenance functions within the facility or available through contract with appropriate community resources.

(b) There shall be records that document compliance with environmental safety codes of the state and county authorities having primary jurisdiction over the facility. Inspection of all devices essential to health and safety of residents and personnel shall be carried out daily or at sufficiently frequent intervals to ensure operational performance.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-20

§11-99-20 Nursing services. (a) Each facility shall provide nursing services in order to meet the nursing needs of residents.

(b) In facilities with residents certified by a physician as not needing nursing services, arrangements shall be made with a qualified outside resource to provide at least the following:

- (1) An assessment of each resident with recommendations to be carried out in the active treatment program.
- (2) Consultation and staff training with regard to the maintenance of the health and hygiene of each resident.

(c) In facilities with residents requiring nursing services, the following additional care shall be provided:

- (1) Administration and recording of all medications and other orders prescribed by the physician.
  - (2) Restorative and preventive nursing care including resident education for each resident.
  - (3) Supportive services to residents to enable them to participate fully in appropriate daily activities.
  - (4) Physical care to keep residents clean, comfortable, well-groomed, and protected from accidents and infections.
  - (5) Regular documentation in the resident record of all services rendered.
- (d) There shall be an appropriately equipped nurses' work area within each unit providing nursing services. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-21 Ownership and financial capability. (a) The facility shall provide to the department current information in regard to:

- (1) The name of each person having (directly or indirectly) an ownership interest of ten percent or more in such facility or who is the owner (in whole or in part) of any mortgage, deed or trust, note or other obligation secured (in whole or in part) by

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such facility.

- (2) Major changes of officers and directors of the corporation in case a facility is organized as a corporation.
- (3) The name of each partner in case a facility is organized as a partnership.

(b) The financial resources of the owner shall be sufficient to operate and maintain the facility according to the standards set forth in this chapter. The owner shall provide, upon request, such evidence as deemed necessary by the department to establish this requirement. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-22 Pharmaceutical services. (a) The facility shall employ a licensed pharmacist, or shall have formal arrangements with a licensed pharmacist to

provide consultation on methods and procedures for ordering, storage, administration, disposal, record-keeping of drugs and biologicals, and provision for emergency service.

(b) Medications administered to a resident shall be ordered either in writing or verbally by a physician so authorized by facility policy.

(1) All verbal or telephone orders for medication shall be recorded and signed by the person receiving them and shall be countersigned by the attending physician within seventy-two hours.

(2) All orders shall be renewed by the physician at the time of the resident's visit to the physician or at least every six months.

(c) Each drug shall be rechecked and identified immediately prior to administration.

(d) Medications shall not be used for any resident other than the one for whom they were issued.

(e) Only appropriately trained staff shall be allowed to administer drugs and shall be responsible for proper recording of the medication, including the route of administration. Such persons shall have satisfactorily completed a course of training in the administration of drugs, which course has been approved by the department. Medication errors and drug reactions shall be recorded in the resident's chart and §11-99-22

reported immediately to the physician who ordered the drug and an incident report shall be prepared. All incident reports shall be kept available for inspection by the director.

(f) Facility staff which makes available medications for residents shall receive appropriate instruction in medications.

(g) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

(1) All drugs shall be kept under lock and key except when authorized personnel are in attendance.

(2) All security requirements of federal and state laws shall be satisfied as they refer to storerooms and pharmacies.

(3) Poisons, drugs used externally, and drugs taken internally shall be stored in locked, well marked separate cabinets, at all locations.

(4) Medications that are stored in a refrigerator

- containing things other than drugs shall be kept apart and in a locked container.
- (5) If there is a drug storeroom there shall be a perpetual inventory of receipts and issues of all drugs in such storerooms.
  - (6) Discontinued and outdated drugs and containers with worn, illegible, or missing labels shall be returned to the pharmacy or drug room for proper disposition.
  - (h) There shall be written policies and procedures governing resident self-administration of drugs. These shall include at least the following:
    - (1) Procedures for physician documentation in the resident's record that a plan of self-administration should be developed.
    - (2) Supervision of resident self-administration by an appropriately trained staff member.
    - (3) Provision for appropriate storage of drugs.
    - (4) Documentation in the resident's record of resident compliance. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

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- §11-99-23 Physician's services. (a) Admission and ongoing orders and plans of treatment shall be in writing, and carried out by the staff of the facility including arrangement for transfer to other facilities when indicated.
- (b) All residents admitted to a facility shall be under the care of a physician selected by the resident or his guardian.
  - (c) Each resident shall receive prompt medical care as needed.
  - (d) Physicians shall participate as appropriate in the interdisciplinary evaluation of residents and their plan of care.
  - (e) Physicians shall conduct an appropriate examination of each resident at least annually.
  - (f) The administrator shall arrange with a physician to serve as consultant in all matters relating to control of infection and communicable disease within the facility.
  - (g) Each resident shall have a physical examination by a physician within five days prior to admission or within one week after admission, and must have had tuberculosis clearance as required by

§11-99-13(2)(I),(J) within the previous year.

(h) Each resident shall be certified by a physician as to their capability for self-preservation. This certification shall be documented in the resident's record and reviewed at least annually.

(i) Each resident shall be certified by the physician as to their need for nursing services. this certification shall be documented in the resident's record and reviewed at least annually.

(j) The facility shall promptly notify the physician of any accident, injury, or change in the resident's medical condition. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-24 Psychological services. (a) The facility shall provide psychological services, as necessary, to facilitate the optimal development of each resident, either directly by qualified staff or through arrangements with qualified outside resources.

(b) Services shall include at least:  
§11-99-24

- (1) An initial evaluation of each resident.
- (2) An annual review of each resident and other reviews as may be deemed appropriate.
- (3) Staff training as appropriate.  
[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-25 Recreation program. (a) A plan for independent and group activities shall be developed for each resident in accordance with their needs, capacity, and interests.

- (1) the recreation plan shall be incorporated in the resident's active treatment program, reviewed regularly in conjunction with it, and altered as needed.
  - (2) Records shall be kept of the extent and level of each resident's participation in the activities program.
- (b) Organized recreational activities consistent with the residents' needs, capabilities and interests shall be coordinated with other services and programs provided the resident.

(c) There shall be sufficient, appropriately qualified activities or recreation staff, and necessary

supporting staff to carry out the various activities in accordance with stated goals and objectives.

(d) Recreation areas, facilities, and equipment shall be designed and constructed or modified so as to be easily accessible to all residents regardless of their disabilities.

(e) Recreation equipment and supplies in sufficient quantity and variety shall be provided to carry out the stated objectives of the activity program. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-26 Rehabilitative services. (a) The facility shall provide specialized and supportive rehabilitation services, including occupational therapy, physical therapy, and speech therapy, according to the needs of each resident, either directly by qualified staff or through arrangements with qualified outside resources. Services shall be

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programmed to:

- (1) Preserve and improve the resident's maximal abilities for independent function.
- (2) Prevent, insofar as possible, irreversible or progressive disabilities.
- (3) Provide for the procurement and maintenance of aids as needed by the resident to adapt and function within his environment.
- (4) Instruct facility staff or person responsible in therapy goals to meet the continuity of resident care.

(b) A written specialized rehabilitative plan of care shall be developed as appropriate and based on the attending physician's orders and assessment of resident's needs. It shall be incorporated in and regularly reviewed in conjunction with the overall active treatment plan.

(c) Regular progress notes shall be written by the staff carrying out the program.

(d) There shall be at least an annual review by a qualified therapist of each resident who is receiving a specific rehabilitation service.

(e) There shall be available sufficient, appropriately qualified professional staff, and supporting personnel to carry out the various treatment services in accordance with plan of care and stated goals.

(f) Treatment personnel shall be assigned responsibilities in accordance with their qualifications.

(g) Treatment services shall have adequate space, facilities, equipment, supplies, and other related resources. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-51, 333-53)

§11-99-27 Resident accounts. (a) In the event the facility agrees to manage the resident's funds for personal needs, a written itemized account, available to residents or duly appointed authority or guardian shall be maintained current for each resident with:

(1) Written receipts for all personal possessions and funds received by or deposited with the facility.

(2) Written receipts for all disbursements made  
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to or on behalf of the resident.

(b) Upon request of resident, or duly appointed authority or guardian, articles kept for safekeeping shall be released.

(c) Neither the governing body nor any member of the governing body, nor the administrator, nor any staff member of a facility shall serve as legal guardian for a resident residing in the facility. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-28 Resident record system. (a) There shall be available sufficient, appropriately qualified staff and necessary supporting personnel to facilitate the accurate processing, checking, indexing, filing, and prompt retrieval of records and record data.

(b) If the supervisor of medical records is not a registered records administrator, or accredited record technician, there must be qualified consultation available.

(c) The following information shall be obtained and entered in the resident's record at the time of admission to the facility:

(1) Identifying information such as: name, date, and time of admission, date and place of birth, citizenship status, marital status, Social Security number or an admission number which can be used to identify the resident

without use of name when the latter is desirable.

- (2) Name and address of next of kin or legal guardian.
  - (3) Sex, height, weight, and identifying marks.
  - (4) Reason for admission or referral.
  - (5) Language spoken or understood.
  - (6) Information relevant to religious affiliation.
  - (7) Admission diagnosis, summary of prior medical care, recent physical examination, tuberculosis status, and physician's orders.
  - (8) Pre-admission evaluations completed by an interdisciplinary team not more than three months prior to admission.
- (d) Records during stay at the facility shall

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include:

- (1) Appropriate authorizations and consents.
  - (2) Records of all periods of restraints with justification and authorization for each.
  - (3) Copies of initial and periodic examinations, evaluations, and progress notes.
  - (4) Regular review of the active treatment program in an overall plan of care setting for the goals to be accomplished through individually designed activities, therapies and treatments, and indicating which professional services or individuals are responsible for providing the care or service.
  - (5) Entries describing treatments, medications, tests, and all ancillary services rendered.
  - (6) Annual re-evaluations by relevant professional services.
- (e) When a resident is transferred to another facility or discharged, there shall be:
- (1) Written evidence of the reason.
  - (2) Except in an emergency, documentation to indicate that the resident understood the reason for transfer, or that the guardian and family were notified.
  - (3) A complete summary including current status and care, final diagnosis, and prognosis.
- (f) There shall be a master alphabetical index of all residents admitted to the facility.
- (g) All entries in the resident's record shall be:
- (1) Legible and typed or written in ink.
  - (2) Dated.
  - (3) Authenticated by signature and title of the

individual making the entry.

- (4) Written completely without the use of abbreviations except for those abbreviations approved by a medical consultant.

(h) All information contained in a resident's record, including information contained in an automated data bank, shall be considered confidential.

(i) The record shall be the property of the facility, whose responsibility shall be to secure the information against loss, destruction, defacement, tampering, or use by unauthorized persons.

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(j) There shall be written policies governing access to, duplication of, and dissemination of information from the record.

(k) Written consent of the resident, if competent, or the guardian shall be required for the release of information to persons not otherwise authorized to receive it. Consent forms shall include:

- (1) Use for which requested information is to be used.
- (2) Sections or elements of information to be released.
- (3) Consent of resident or legal guardian for release of medical record information. This consent shall include the dates during which the consent is operable.

(l) Records shall be readily accessible and available to authorized department personnel.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-53, 622-57)

§11-99-29 Resident's rights. (a) Written policies regarding the rights and responsibilities of residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:

- (1) Be fully informed, as evidenced by the resident's or guardian's written, signed acknowledgement prior to or at the time of admission and during stay, of these rights and of all regulations governing resident conduct.
- (2) Be fully informed, prior to or at the time of admission and during stay, of services

available in or through the facility and of related charges, including any charges for services not covered by the facility's basic per diem rate.

- (3) Be advised that the residents have a right to have their medical condition and treatment discussed with them by a physician of their choice, unless medically contraindicated, and

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to be afforded the opportunity to participate in the planning of their medical treatment and to refuse to participate in experimental research.

- (4) Have the right to refuse treatment after being informed of the medical benefits of the treatments and the medical consequence of such refusal.
- (5) Be transferred or discharged only for medical reasons, or for their welfare or that of other residents, or for nonpayment for their stay, and be given reasonable advance notice to ensure orderly transfer or discharge. Transfer or discharge actions shall be documented in the residents' health record.
- (6) Be encouraged and assisted throughout their period of stay to exercise their rights as a resident, and to this extent voice grievances and recommend changes in policies and services to the facility's staff or outside representative of their choice, free from restraint, interference, coercion, discrimination or reprisal.
- (7) Manage their personal financial affairs. In the event the facility agrees to manage the resident's personal funds, the conditions under which the facility will exercise the responsibility shall be explained to the resident, and shall meet the minimum requirements of §11-99-27.
- (8) Not be humiliated, harassed, injured, or threatened and shall be free from chemical and physical restraints. This does not exclude use of medication for treatment as ordered by a physician. Physical restraints may be used in an emergency, when necessary, to protect the resident from injury to himself or herself or others. In such an event, the resident's physician shall be notified as soon as

possible and further orders obtained for care of the resident.

- (9) Be entitled to have their personal and medical records kept confidential and subject to release only as provided in §11-99-28.
- (10) Be treated with consideration, respect and  
§11-99-30

full recognition of their dignity and individuality, including privacy in treatment and in care.

- (11) Not be required to perform services for the facility, its licensee or staff that are not included for therapeutic purposes in their plan of care.
- (12) Have the right to associate and communicate privately with persons of their choice, and to send and receive their personal mail unopened. At their request, to be visited by members of the clergy at any time.
- (13) Have the right to meet with and participate in activities of social, religious, and community groups at their discretion.
- (14) Retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other residents.
- (15) Be assured privacy for visits and the right to share a room with a spouse.
- (16) Have daily visiting hours established.
- (17) Participate in a behavioral modification program involving the use of restraints or aversive stimuli only with the informed consent of the resident or parent or guardian if resident is a minor or incompetent adult.

- (b) Responsibilities of residents to the facility:

The resident or responsible agent shall sign an acknowledgement of understanding which clearly states the policies of the facility with which the resident shall comply. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-52, 333-53, 622-57)

§11-99-30 Sanitation. (a) Sanitation shall be in compliance with all applicable laws of the State of Hawaii and rules of the department relating to sanitation.

- (b) Written summary reports of inspections by

state or county health authorities and records of action taken in correction of deficiencies and recommendations shall be kept on file at the facility. (c) Every facility shall provide a sufficient  
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number of watertight receptacles of metal, or other materials acceptable to the department, for rubbish, garbage, refuse and other discarded matter.

- (1) In kitchen and food preparation areas, receptacles shall be kept closed by tight-fitting covers except in the kitchen during peak hours of food preparation.
- (2) An area shall be provided for the washing and cleaning of garbage containers and for the storage of garbage, trash, and solid waste. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-51, 333-53)

§11-99-31 Social work services. (a) Social work services shall be provided by the facility and made available to all residents, their families, and other significant persons to enable them to deal with the impact of mental retardation on individual and family functioning.

(b) There shall be sufficient, appropriately qualified staff to meet the social service needs of all residents admitted to the facility either through arrangements with outside resources or through qualified staff.

(c) Social work services shall be documented in each resident's record and include at least:

- (1) An initial social history and assessment of social and emotional needs.
- (2) A current social work plan to meet any identified needs.
- (3) Regular progress notes indicating the resident's status with regard to a social work plan.
- (4) Discharge plans as appropriate.
- (5) Evidence of at least an annual review of psychosocial needs and discharge plans in conjunction with the active treatment program. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-32 through §11-99-49 reserved.

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## SUBCHAPTER 2

### LARGE INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

§11-99-50 Purpose. This subchapter establishes minimum requirements for the protection of health, welfare and safety of residents, personnel, and the public in intermediate care facilities for the mentally retarded, and shall not be construed as lowering standards, ordinances, or rules established by other government agencies. In all instances the more stringent rules shall apply. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§321-9, 321-10, 321-11, 333-53)

§11-99-51 Definitions. As used in this subchapter:

"Active treatment program" means a written plan of care for each resident that sets forth measurable goals stated in behavioral terms and that prescribes an integrated program of appropriate activities and therapies to attain these goals. The overall purpose of the plan is to help the residents function at their highest levels.

"Controlled drugs" includes drugs listed as being subject to high incidence of abuse as defined in chapter 329, HRS.

"Department" means the department of health, State of Hawaii.

"Dentist" means any person holding a valid license to practice dentistry in the State of Hawaii, pursuant to Chapter 448, HRS.

"Dietetic service supervisor" is a person who:

- (1) Is a qualified dietitian; or
- (2) Is a graduate of a dietetic technician or dietetic assistant training program, approved by the American Dietetic Association; or
- (3) Is a graduate of a state approved course that provided ninety or more hours of classroom instruction in food service supervision and has experience as a supervisor in a health care institution with consultation from a dietitian; or

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- (4) Has training and experience in food service supervision and management equivalent in content to the program in (2) and (3) above.

"Dietitian" means a person who:

- (1) Is registered by the Commission on Dietetic Registration; or
- (2) Is eligible for such registration.

"Director" means the director of the department of health, State of Hawaii, or a duly authorized agent.

"Drug administration" means the act in which a single dose of a prescribed drug or biological substance is given to a resident by an authorized person in accordance with all existing laws and rules governing those acts. The entire act of administration entails removing an individual dose from a previously dispensed properly labeled container (unit dose included), verifying the dosage with the physician's orders, giving the specified dose to the proper resident and promptly recording the time and dose given to the resident and signing the record. Only licensed personnel may administer medications.

"Drug dispensing" means the act which involves the interpretation of the physician's order and, pursuant to that order, the proper selection, measuring, packaging, labeling and issuance of the drug or biological for a resident or a specified unit of the facility.

"Governing body" means the policy making authority, whether an individual or a group, who exercises general direction over the affairs of a facility and establishes policies concerning its operation and the welfare of the individuals it serves.

"Facility staff" means those personnel whose primary responsibility is the care and development of residents within the facility.

"Large intermediate care facility for the mentally retarded" means an identifiable unit providing residence and care for more than fifteen mentally retarded individuals. Its primary purpose is the provision of health, social, and rehabilitative services to the mentally retarded through an individually designed active treatment program for each resident.

"License" means a license issued by the department certifying the compliance with all existing Hawaii  
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state laws and rules relative to the operation of a skilled nursing or intermediate care facility.

"Licensed practical nurse" means a nurse licensed as such by the State of Hawaii, as defined by Chapter 457, HRS.

"Occupational therapist" means a person currently registered or eligible for registration by the American Occupational Therapy Association.

"Pharmacist" means a person who is licensed as a "registered pharmacist" by the State of Hawaii, as defined by Chapter 461, HRS.

"Physical therapist" means a person who has a permit to practice as a physical therapist in the State of Hawaii.

"Physician" means a person holding a valid license to practice medicine and surgery or osteopathy issued by the State of Hawaii, pursuant to Chapter 453 or 460, HRS.

"Provisional license" means a license issued for a specified period of time at the discretion of the director in order to allow additional time for compliance of all license requirements. No more than two successive provisional licenses shall be issued to a facility.

"Psychologist" means a person holding a master's or Ph.D. degree in psychology from an accredited institution who has completed a one year internship in clinical psychology under a certified psychologist and is licensed or employed by the State of Hawaii, pursuant to Chapter 465, HRS.

"Qualified mental retardation professional" means a person with experience or training in mental retardation and is one of the following: physician, psychologist, social worker, physical therapist, occupational therapist, therapeutic recreation specialist, speech pathologist, rehabilitation counselor, or registered nurse as defined in this chapter.

"Registered professional nurse" means a person who is licensed as a registered nurse in the State of Hawaii, pursuant to Chapter 457, HRS.

"Rehabilitation counselor" means a person who is certified by the Committee on Rehabilitation Counselor

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Certification.

"Social worker" means a person who has a master's degree from a school of social work accredited by the Council on Social Work Education or has a bachelor's degree from an accredited school of social work, plus two years experience in a hospital, skilled nursing or intermediate care facility, or some other health care

agency or facility.

"Speech pathologist, therapist, or audiologist" means a person who is licensed by the state pursuant to Chapter 468, HRS, and:

- (1) Eligible for a certificate of clinical competence in the appropriate area of speech therapy, pathology, or audiology, granted by the American Speech and Hearing Association; or
- (2) Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for examination for certification.

"Therapeutic recreation specialist" means a person who is a graduate of a program approved by the department.

"Tuberculin skin test" means an intradermal injection of .0001 mg (5 tuberculin units) of purified protein derivative in 0.1 cc of sterile diluent. If the size of any resulting palpable induration at forty-eight hours to seventy-two hours after injection is equal to or greater than 10 mm in its transverse diameter, the reaction to the skin test shall be considered significant.

"Waiver" means an exemption from a specific rule for a duration not longer than one year which may be permitted a facility, for a specified period of time, at the discretion of the director.

The meanings of all adjectives and adverbs such as "proper", "convenient", "good", "minimum", "thorough", "sufficient", "satisfactory", "adequate", "suitable", clearly used to qualify a person, equipment, service, or building being difficult or impossible to define shall be determined by the director or a duly authorized agent. Whenever the singular is used in this subchapter it can include the plural.

[Eff. April 29, 1985] (Auth: HRS §321-9, 321-10, 321-11, 333-53) (Imp: HRS §321-9, 321-10, 321-11, 333-53)

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§11-99-52 Licensing. (a) The facility shall meet all requirements for licensure under state law. All large intermediate care facilities for the mentally retarded defined pursuant to this chapter shall be licensed except those operated by the federal government or agency thereof. The proprietor, the governing body, or the person in charge shall file an application with the director on forms furnished by the department, and the facility shall be licensed pursuant to this chapter

prior to admitting residents.

(b) The director or a designated representative shall inspect each large intermediate care facility for the mentally retarded at least annually for relicensing.

(c) Summary reports of annual licensing inspections shall be kept on file in the facility.

(d) Following annual inspection, facilities shall be allowed a reasonable time to implement an appropriate plan of correction. However, a plan of correction shall be filed with the department within ten days of reception of the list of deficiencies found during the inspection. A follow-up survey shall be made by the department to determine the progress in the plan of correction. If there has not been substantial progress in carrying out the plan of correction, the application for renewal of a license shall be rejected, except a provisional license may be issued at the discretion of the director.

(e) Any designated representative of the director may enter the premises at any reasonable time to secure compliance with or to prevent a violation of this chapter; or to investigate a complaint against the facility.

(f) Failure to correct any deficiencies found at an inspection within a reasonable time shall be considered sufficient grounds for revocation of a license.

(g) The director shall prescribe the content and form of the license.

(h) In the event of a change of name, location, ownership, or occupancy, the director shall be notified fifteen days prior to the change; an inspection, at the discretion of the director, shall be conducted and, if satisfactory, a new license issued.

(i) Every regular license shall continue in force

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for a period of one year unless otherwise specified, or unless it is suspended or revoked. At least one month prior to expiration of a license, the facility shall apply to the department for renewal of the license.

(j) The current license shall be posted in a conspicuous place visible to the public, within the facility.

(k) The director, after opportunity for a hearing pursuant to chapter 91, HRS, may suspend, revoke, or refuse to issue a license for failure to comply with the requirements of this chapter, or for any cause deemed a hazard to the health and safety of the residents or

employees. Any person affected by the director's final decision of denial, suspension, or revocation may appeal in accordance with the law.

(1) An application for a license may be denied for any of the following reasons:

- (1) Failure to meet the standards prescribed by the department.
- (2) Financial inability to operate and conduct the facility in accordance with these required minimum standards and rules.

(m) Penalties, hearing and appeals. In addition to any other appropriate action to enforce these rules, the director may initiate procedures for invoking fines as provided in §321-18, HRS, or to withdraw the license after opportunity for hearings pursuant to chapter 91, HRS.

(1) Infractions which may require invoking the above procedures include, but are not limited to:

- (A) Operation of a large intermediate care facility for the mentally retarded without a license granted by the department.
- (B) If substantive violations of this chapter are found as a result of routine or unannounced inspection of a facility which has a license.

(2) Any person affected by the director's final decision of denial, suspension, or revocation may appeal in accordance with law.

(n) If a facility has a license revoked, suspended, or denied, a reapplication for a license shall not be considered until two years later after the

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effective date of the invocation, suspension, or denial.

(o) Appropriate fees, if any, as determined by the director, shall be charged by the department for obtaining a new license or obtaining a license renewal. Prior notice of the amount of the fee shall be provided the licensee. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-51, 333-53, 333-54)

§11-99-53 Active treatment program. (a) A plan of treatment shall be developed and implemented for each resident in order to help the residents function at their greatest physical, intellectual, social,

emotional, and vocational level.

(b) The plan shall be developed within one week of admission and based on evaluations by an interdisciplinary team including at least a physician, a social worker, a psychologist, and a nurse. At least one evaluation must be by a qualified mental retardation professional.

(c) The plan shall be reviewed at least quarterly by a qualified mental retardation professional member of the interdisciplinary team who is designated as the coordinator for the resident's plan of care.

(d) The facility staff shall participate in the quarterly review of the plan.

(e) The plan shall include all aspects of the resident's program including services provided outside the facility.

(f) All reviews and modifications of the plan shall be documented in the resident's record which is retained at the facility. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-54 Administrator. (a) The facility shall be administered on a full-time basis by a person who is responsible for the daily operation of the facility, the care of the residents, and the supervision of other facility staff.

(b) The administrator shall be appointed by the governing body and acts for this body in the overall management of the facility.

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(c) The administrator shall as a minimum have:

(1) Training and experience in work with mentally retarded persons.

(2) Experience in facility management.

(d) In the temporary absence of the administrator there shall be a suitable employee who has been designated, in writing, to act on the administrator's behalf, and who has similar qualifications.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-55 Arrangement for services. Where the facility does not employ a qualified person to render a required or necessary service, it shall have a written agreement or contract with an outside person or provider. Written agreements or contracts shall

include:

- (1) The responsibilities, functions, objectives, and terms of agreement.
- (2) Signatures of the administrator and provider or authorized representative of the provider. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-56 Construction requirements. (a) The facility shall be accessible to and functional for physically handicapped residents, personnel and the public.

(b) New construction shall be guided by "Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities", DHEW Publication #79-14500, as it existed in 1984. New construction and remodeling must also meet the Uniform Building Code 1979 edition and its revisions.

- (1) Resident living areas shall be designed and equipped for the comfort and privacy of the resident.
- (2) Temperature and humidity shall be maintained within a normal comfort range.
- (3) There shall be provisions within the facility for one or more areas for resident dining, diversional, and social activities. Total area for recreational and dining activities

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shall be not less than fifty square feet per resident.

- (A) Dayrooms of at least thirty square feet per resident shall be equipped with reading lamps, tables, chairs, or their equivalent, for the use and comfort of the residents.
- (B) Dining areas of at least twenty square feet per resident shall be equipped with tables and safe chairs. A sufficient number of tables shall be of proper height to accommodate wheelchair residents.
- (C) If a multi-purpose room is used for dining, diversional and social activities, there shall be sufficient space to accommodate all activities and prevent their interference with each other.

- (D) In the event that nonresidents utilize all or part of the facilities on a regular basis, additional space and facilities must be provided on the following basis for such persons:
  - (i) Twenty square feet per person in dining areas.
  - (ii) Thirty square feet per person in recreational areas.
  - (iii) One conveniently located toilet for each eight persons.
  - (iv) Sufficient additional staff persons shall be provided to care for the needs of such persons without compromising the care of the regular residents of the facility.
- (4) Illumination shall be provided for the comfort and safety of residents and personnel.
- (5) Wall or door mirrors shall be provided and placed at convenient heights for residents' use.
- (c) Accessibility to living and service areas.
  - (1) There shall be adequate space to allow free movement of occupants using wheelchairs, walkers, canes, and crutches to bed,

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- bathroom, closet and common hallway areas.
- (2) Areas used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, libraries, and other areas not suitable for sleeping shall not be used as bedrooms.
- (3) Access from each bedroom to a bathroom, toilet, corridor, central utility or other areas of the facility shall not require passing through another bedroom, cooking, dining, or recreation area.
- (4) All occupants of any bedroom shall be of the same sex except for those semi-private rooms which may be occupied by a married couple upon request.
- (d) Toilet and bath facilities
  - (1) One toilet room shall serve no more than eight beds.
  - (2) The toilet room shall contain a toilet and lavatory. The lavatory may be omitted from a toilet room which serves single and multi-bed rooms if each such resident's room contains a

- lavatory.
- (3) There shall be one shower or tub for each fourteen beds which are not otherwise served by bathing facilities within residents' rooms.
  - (4) Appropriately placed grab bars shall be provided in each toilet and bathtub or shower enclosure.
  - (5) Curtains or doors to ensure privacy shall be provided.
  - (6) Separate toilet and bathing facilities for each sex, except where couples occupy a semi-private room with a bathroom shall be provided.
  - (7) An adequate supply of hot and cold potable running water must be provided at all times. Temperatures of hot water at plumbing fixtures used by residents shall be automatically regulated and shall not exceed 100°F.
  - (8) Toilet and bath facility shall have a means of signaling staff in an emergency.
  - (9) Where bedpans are used, equipment for their

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- care shall be provided in an appropriate area of the facility. Where toilets adjoin resident's bedroom and are used for bedpan cleaning, they shall be equipped with bedpan flushing attachments with vacuum breakers.
- (10) provision shall be made for terminal sterilization of permanent personal care equipment unless disposables are used.
  - (11) Separate toilet facilities shall be provided for the use of residents and personnel.
- (e) Resident bedrooms
- (1) Each room shall be at or above grade level.
  - (2) Windows in each bedroom shall have adequate means of ensuring privacy.
  - (3) Multi-resident bedrooms shall have no more than four beds.
  - (4) Single resident rooms shall measure at least one hundred square feet of usable space, excluding closets, bathrooms, alcoves, and entryways.
  - (5) Multi-resident bedrooms shall provide a minimum of eighty square feet per bed of usable space, excluding closets, bathrooms, alcoves, and entryways.
  - (6) Bedside screens or curtains shall be provided in multi-resident bedrooms to ensure privacy

- for each resident.
- (7) Beds shall be placed at least three feet apart and three feet from the wall at the side of the bed.
  - (8) Each resident shall be provided with:
    - (A) A separate bed of proper size and height for the convenience of the resident and permitting an individual in a wheelchair to get in and out of bed unassisted.
    - (B) A comfortable mattress with impermeable mattress cover, and a pillow with an impermeable cover.
    - (C) Sufficient clean bed linen and blankets to meet the resident's needs.
    - (D) Appropriate furniture, cabinets and closets, which shall be accessible to and usable by the physically handicapped. Doors on a closet or furniture shall contain locks if

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- requested by a resident.
    - (E) An effective means of signaling staff from the resident's bedside.
  - (f) Ramps shall be designed to permit use by residents in wheelchairs. Ramps shall meet the requirements of the Uniform Building Code 1979 edition and its revisions.
    - (g) Floors and walls
      - (1) Floors shall be of slip-resistant materials which does not retain odors and is flush at doorways.
      - (2) Walls, floors and ceilings of rooms used by residents shall be made of materials which shall permit washing, cleaning, and painting.
    - (b) Windows and lighting.
      - (1) Each bedroom shall have at least one outside window.
      - (2) A bedroom shall have an aggregate window area of not less than one-tenth of the gross floor area.
      - (3) Residents' rooms shall have adequate artificial light.
      - (4) There shall be night lighting in residents' rooms, toilets, and service areas.
      - (5) In rooms containing wheelchair residents, at least one window shall be low enough to permit outdoor viewing by the wheelchair-bound resident.

(i) Where appropriate, screening of doors and windows shall be provided, using screening having sixteen meshes per inch.

(j) Doors

(1) Sliding doors or folding doors shall not be used as exit doors, and if used in other areas, shall be of light material and easy to handle.

(2) Double acting doors shall be provided with vision panels of sufficient height to permit use by walkers as well as wheelchair riders.

(k) Corridors

(1) The minimum clear width of a corridor shall be forty-four inches except that corridors serving one or more nonambulatory or semi-ambulatory residents shall be not less than eight feet in width.

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(2) Stationary handrails shall be installed along both sides of corridors.

(l) Storage space

(1) Locked space shall be provided for janitor's supplies and equipment.

(2) Space, conveniently located, for other equipment shall be provided.

(m) Water supply. The water supply shall be in accordance with the provisions of chapter 340-E, HRS.

(n) Ventilation. Chapter 11-39 Administrative Rules, entitled "Air conditioning and Ventilating", shall be followed.

(o) Additions and alterations or repairs to existing buildings.

(1) Where the structure was in use for this type occupancy prior to the effective date of these rules, the director, with discretion, may waive or modify any portion of the standard provided such exceptions do not create a hazard to residents, personnel or public.

(2) This section does not prohibit the use of equivalent alternate space utilizations, new concepts of plan designs and material or systems if written approval of such alternatives is granted by the department.

(3) Drawings and specifications for all new construction or additions, alterations, or repairs, to existing buildings subject to this chapter shall be submitted to the department for review and a certificate of need where applicable.

- (4) Construction shall not commence prior to the department's approval of construction drawings and specifications.
- (5) The department shall review such submittals and advise the applicant in writing of its determination.
- (6) The department may make written recommendations to the applicant for its consideration but the recommendations shall not be considered mandatory.
- (7) Unless construction is commenced within one year of the approval of final construction drawings and specifications together with

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their application shall be resubmitted for review and approval.

- (8) Minor alterations which do not affect structural integrity, fire safety, or change functional operation, or which do not increase beds or services over that for which the facility is licensed may be submitted by free hand drawings or by more conventional drawings and specifications.
- (9) Maintenance and repair routinely performed by the facility do not require review or approval by the department.
- (10) Facilities shall be constructed and maintained in accordance with provisions of state and county zoning, building, fire safety and sanitation codes and laws applicable in the state.  
[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-51, 333-53)

§11-99-57 Dental services. (a) Emergency and restorative dental services shall be available.

(b) The resident or the resident's guardian shall select the dentist of their choice.

(c) The facility shall assist each resident to obtain necessary dental care and at least an annual evaluation.

(d) Facility staff shall receive inservice training in oral hygiene and denture care at least annually. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-58 Dietetic services. (a) The food and nutrition needs of residents shall be met through a nourishing, well-balanced diet in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, and adjusted for age, sex, activity, and disability. The service shall be directed by a dietetic service supervisor.

(b) At least three meals shall be served daily, at regular times with:

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- (1) Not more than a fourteen hour span between a substantial evening meal and breakfast on the following day.
- (2) Between meal nourishments consistent with need shall be offered routinely to all residents.
- (c) Modified or therapeutic diets shall be:
  - (1) Prescribed by the resident's physician with a record of the diet as ordered kept on file and reviewed at least annually.
  - (2) Planned, prepared, and served by qualified personnel.
  - (3) Reviewed and adjusted as needed by a qualified dietitian.

(d) A nutritional assessment and plan for each resident should be recorded in the medical record. The plan should be incorporated in the overall plan of care and reviewed as needed.

(e) Food services, planning and storage

(1) Menus

- (A) Shall be written at least one week in advance.
- (B) Shall provide a sufficient variety of foods served in adequate amounts at each meal, and adjusted for seasonal changes along with resident's preferences as much as possible.
- (C) Shall be different for each day of the week. If a cycle menu is used, the cycle must cover a minimum of four weeks.
- (D) Shall be filed and maintained with any recorded changes, for at least three months.

(2) Food orders or requisitions for purchase.

- (A) Records for food purchased shall be filed and maintained for at least thirty days.

(3) Storing and handling of food

- (A) All food shall be procured, stored,

prepared, distributed, and served under sanitary conditions.

- (B) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or waste water

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backflow, or contamination by condensation, leakages, rodents, or vermin.

- (C) Perishable foods shall be stored at the proper temperatures to conserve nutritive values and prevent spoilage.
- (4) Food service
- (A) Food shall be served in a form consistent with the needs of the residents and their ability to consume it.
  - (B) Food shall be served with the appropriate utensils.
  - (C) Effective procedures to promptly and consistently clean all equipment and work areas shall be enforced.
  - (D) All personnel handling food shall be given appropriate personal hygienic instructions at regular intervals and this procedure shall be documented.
  - (E) Handwashing facilities, including hot and cold water, soap, and paper towels adjacent to the work areas shall be provided.
  - (F) Individuals needing special equipment, implements, or utensils to assist them when eating shall have such items provided by the facility.
  - (G) There shall be a sufficient number of competent personnel to fulfill the food and nutrition needs of residents.
  - (H) If the food service is directed by a person other than a qualified dietitian, there shall be frequent and regularly scheduled consultation by a dietitian or public health nutritionist. This consultation shall be given in the facility at the rate of four hours per every twenty-five residents per month and shall not be less than six hours per month. Consultation, training and inservice education shall be appropriate to staff and resident needs and shall be

documented.

- (I) Provision may be made for food service

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by contract with an outside supplier. The method of the transport of such food shall be approved by the director prior to initiating such a service.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-53)

§11-99-59 Emergency care of residents. (a) There shall be written procedures for personnel to follow in an emergency including:

- (1) Care of the resident.
- (2) Notification of the attending physician and other persons responsible for the resident.
- (3) Arrangements for transportation, hospitalization, or other appropriate services.

(b) Personnel shall be trained in appropriate first aid procedures. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-60 Engineering and maintenance. (a) The facility shall have an appropriate written preventive maintenance program.

(b) There shall be sufficiently trained and experienced personnel to accomplish the required engineering and maintenance functions within the facility or available through contract with appropriate community resources.

(c) There shall be records that document compliance with environmental safety codes of the state and county authorities having primary jurisdiction over the facility. Inspection of all devices essential to health and safety of residents and personnel shall be carried out daily or at sufficiently frequent intervals to ensure operational performance.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-51, 333-53)

§11-99-61 Resident daily living care and training.

(a) There shall be sufficient appropriately qualified facility staff to carry out the active treatment program within the facility and to operate

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the unit on a daily basis.

(b) The facility staff shall participate in appropriate activities relating to the care and development of the residents including training in activities of daily living and the development of self help and social skills.

(c) The facility staff shall provide at least the following:

- (1) Supportive services to enable residents to participate fully in appropriate daily activities.
- (2) Physical care and assistance to keep residents clean, comfortable, well-groomed, and protected free from accidents and infections.
- (3) Necessary assistance to ensure that residents are appropriately dressed in their own clothes.
- (4) Weighing of each resident at least monthly.
- (5) Regular documentation in the resident's record of each resident's participation and progress in activities carried out with the supervision or assistance of facility staff.

(d) Restraints shall be used only under a physician's orders for specified and limited periods of time and so documented and shall be used only when resident is imminently dangerous to self or others.

- (1) If they are used in an emergency situation the attending physician shall be contacted immediately for orders affirming the temporary need and the orders shall be reduced to writing within twenty-four hours.
  - (2) Regular observation and release of a resident shall be required while restraints are in use.
  - (3) No restraints with locking devices shall be used.
  - (4) There shall be written policies and procedures governing the use of restraints.
  - (5) Under no circumstances will residents in restraints be left for a period of time in a facility without the presence of another person who is fully capable of caring for them in the event of an emergency.
- (e) Sufficient and appropriately qualified

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facility staff shall be available on the premises at all times that residents are present. At least one member of the staff shall always be readily accessible and able to care for a resident who is away from the premises but needs to return to the facility. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-62 General policies and practices. (a)

There shall written policies and procedures available to staff, residents and the public which govern:

- (1) All services provided by the facility.
  - (2) Admission, transfer, and discharge of residents.
  - (b) These policies shall ensure that:
    - (1) The facility shall not deny admission to any individual on account of race, religion, color, ancestry or national origin.
    - (2) Only those residents are accepted whose needs can be met by the facility directly or in cooperation with community resources or other providers of care with which it is affiliated or has contracts.
    - (3) As changes occur in a resident's physical or mental condition necessitating a different level of service or care which cannot be adequately provided by the facility, the residents are transferred promptly to a facility capable of providing an appropriate level of care.
    - (4) Except in the case of an emergency, the resident or the resident's guardian, the next of kin, attending physician, and the responsible agency, if any, shall be informed in advance of the transfer or discharge to another facility.
    - (5) Social worker services are available.
    - (6) The facility's buildings are constructed and equipped to protect the health and assure the safety of residents, personnel and visitors.
- [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

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§11-99-63 Governing body and management. Each facility shall have an organized governing body, or

designated person or persons so functioning, who have overall responsibility for the conduct of all activities. The facility shall maintain methods of administrative management which assure that:

- (1) Staffing
  - (A) There shall be on duty twenty-four hours of each day, staff sufficient in number and qualifications to carry out the policies, responsibilities and program of the facility.
  - (B) The numbers and categories of personnel shall be determined by the number of residents and their particular needs.
- (2) Personnel policies
  - (A) There shall be written job descriptions available for all positions. All employees shall be informed of their duties and responsibilities at the time of employment.
  - (B) Licensure, certification, or standards such as are the usual standard of practice in the community shall be required for all comparable positions in the facility.
  - (C) Ethical standards of professional conduct shall be recognized as applying in the facility.
  - (D) The facility's personnel policies and practices shall be in writing and shall be available to all employees.
  - (E) Written policy shall prohibit mistreatment, neglect, or abuse of residents. Alleged violations shall be reported immediately, and there shall be evidence that:
    - (i) All alleged violations are thoroughly investigated and documented.
    - (ii) The results of such investigation are reported to the administrator or the designated representative within twenty-four hours of the report of the incident.
    - (iii) Appropriate sanctions are invoked when the allegation is substantiated.
  - (F) There shall be an organization chart

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showing the major operating programs of the facility, with staff divisions, administrative personnel in charge of programs and divisions, and their lines of authority, responsibility, and communication.

- (G) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease. Each examination shall include a tuberculin skin test, as defined, or a chest x-ray.
- (H) Any employee who develops evidence of an infection must be immediately excluded from any duties relating to food handling or direct resident contact until such time as a physician certifies it is safe for the employee to resume these duties. New skin lesions, and respiratory tract symptoms or diarrhea shall be considered presumptive evidence of infectious disease.
- (I) If the tuberculin skin test is positive, a standard chest x-ray with appropriate medical follow-up shall be obtained.
- (J) If the tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but not later than three weeks after the first test. The results of the second test are to be considered the base line test and used to determine appropriate treatment and follow-up. That is, if the second skin test is positive, then proceed, as above, with a chest x-ray which shall be repeated yearly for at least three successive years. If the second skin test is negative, a single skin test

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shall be repeated yearly thereafter, until it becomes positive.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-64 Housekeeping. (a) A plan shall be made for routine cleaning of the entire building and premises.

(b) After discharge of any resident, that resident's unit and equipment shall be thoroughly cleansed prior to re-use.

(c) Floors, lavatories, toilets, and showers in resident areas shall be cleaned at least once daily.

(d) The facility shall be kept free of unreasonable accumulation of personal possessions.

(e) All floors, walls, ceilings, windows and fixtures shall be kept clean and in good repair.

(f) All safety procedures shall be in accordance with the rules of the department of labor and industrial relations, State of Hawaii.

(g) All areas which have contained infectious residents and materials shall be thoroughly cleaned by appropriate sanitizing methods.

(h) Sufficient locked storage areas shall be provided for all cleaning materials and equipment. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-51)

§11-99-65 Infection control. (a) Provision shall be made for isolating residents with infectious diseases, until appropriate transfer can be made.

(1) There shall be a written policy which outlines proper isolation and infection control techniques and practices.

(2) At least one single bedroom shall be designated for an isolation room as needed and shall have:

(A) An adjoining toilet room with nurses' call system, a lavatory and toilet.

(B) The lavatory shall be provided with controls not requiring direct contact of the hands for operation.

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(C) Appropriate methods for cleaning or disposing of contaminated materials and equipment.

(b) Provision shall be made in each isolation room for visual observation of the resident:

(1) By means of the view window located in door or walls of the room.

(2) By an approved mechanical system, i.e., closed circuit television monitoring.

(c) There shall be appropriate policies and

procedures written and implemented for the prevention and control of infections and the isolation of infectious residents. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-66 Inservice education. (a) There shall be staff inservice education program that includes:

- (1) Orientation for all new employees to acquaint them with the philosophy, organization, program, policies and procedures, practices, and goals of the facility.
- (2) Inservice training for employees who have not achieved the desired level of competence, and continuing inservice education to update and improve the skills and competencies of all employees.
- (3) Inservice training shall include annually: prevention and control of infections, fire prevention and safety, accident prevention, resident's rights, and problems and needs of the mentally retarded.

(b) Records shall be maintained in all such orientation and staff development programs.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-67 Laundry service. (a) Laundry service shall be managed so that daily clothing and linen needs are met without delay.

(b) Provision shall be made for the handling, storage, and transportation of soiled and clean laundry, and for satisfactory cleaning procedures.

- (1) Provisions may be made for contract services

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outside the facility in a laundry approved by the department.

- (2) Infectious laundry shall be handled in accordance with the provisions of section 325-7, HRS, relating to potentially infectious laundry.
  - (3) Clean linen shall be stored in enclosed areas.
  - (4) Hampers shall be provided for soiled linen.
- [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-68 Life safety. (a) Facilities licensed under this chapter shall be licensed at least annually by appropriate fire authorities for compliance with state and county rules and ordinances.

(b) Smoking rules shall be adopted. "No Smoking" signs shall be posted where flammable liquids, combustible gases, or oxygen are used or stored. Smoking by residents shall be permitted only under supervision, and ash trays shall be provided.

(c) Electric heating pads shall be prohibited.

(d) Facilities shall have written procedures in case of fire and disasters.

(e) Evacuation plans shall be posted in prominent locations on each floor.

(f) Fire drills shall include the transmission of a fire alarm signal and be held at least quarterly, for each shift, under varied conditions. At least twelve drills shall be held every year and reports filed within the facility.

(g) All employees shall be instructed and kept informed respecting their duties under the fire and disaster programs. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-51, 333-53)

§11-99-69 Maintenance. (a) There shall be sufficiently trained and experienced personnel to accomplish the required maintenance functions within the facility or available through contract with appropriate community resources.

(b) There shall be records that document

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compliance with environmental safety codes of the state and county authorities having primary jurisdiction over the facility. Inspection of all devices essential to health and safety of residents and personnel shall be carried out daily or at sufficiently frequent intervals to ensure proper operational performance.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-70 Nursing services. (a) Each facility shall have nursing staff sufficient in number and qualifications to meet the nursing needs of the residents. There must be at least one registered nurse, full time on the day shift and at least one licensed

nurse full time as needed whenever medications are administered.

(b) Nursing services shall include at least the following:

- (1) Assessment of each resident and development and implementation of an appropriate plan of care.
- (2) A nursing care plan incorporated in the active treatment plan and reviewed in conjunction with this overall active treatment plan.
- (3) Nursing observations and summaries of the resident's status recorded at least every thirty days or more frequently in accord with changes in the resident's condition.
- (4) Administration and recording of all medications, and diets, and other orders prescribed by the physician.
- (5) Restorative and preventive nursing care including resident education as appropriate for each resident.
- (6) Proper care to prevent or treat decubitus ulcers and deformities.
- (7) Weighing each resident at least monthly and height taken upon admission.
- (8) Restraints should be used only under a physician's orders for specified and limited periods of time and so documented.
  - (A) If they are used in an emergency situation, the attending physician shall

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be contacted immediately for orders supporting the temporary need.

- (B) Regular observation and release of a resident shall be required while restraints are in use.
- (C) No restraints with locking devices shall be used.
- (D) There shall be written policies and procedures governing the use of restraints.

(c) There shall be an appropriately equipped nurses' station in each unit. At a minimum it shall include telephone, writing space, storage cabinets, and medical record space.

(d) There shall be a nurses' call system which registers calls within hearing range and directly visible by on-duty personnel.

(e) There shall be appropriately equipped utility

rooms within each nursing unit or on each resident floor. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-71 Ownership and financial capability. (a) The facility shall provide to the department current information in regard to:

- (1) The name of each person having (directly or indirectly) an ownership interest of ten percent or more in such facility or who is the owner (in whole or in part) of any mortgage, deed or trust, note or other obligation secured (in whole or in part) by such facility.
- (2) Major changes of officers and directors of the corporation in case a facility is organized as a corporation.
- (3) The name of each partner in case a facility is organized as a partnership.

(b) The financial resources of the owner shall be sufficient to operate and maintain the facility according to the standards set forth in this chapter. The owner shall provide, upon request, such evidence as deemed necessary by the department to establish this requirement. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

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§11-99-72 Pharmaceutical services. (a) The facility shall employ a licensed pharmacist, or shall have formal arrangements with a licensed pharmacist to provide consultation on methods and procedures for ordering, storage, administration, disposal, recordkeeping of drugs and biologicals, and provision for emergency service.

(b) There shall be a current pharmacy policy manual developed and approved by the pharmacist, physician, and licensed nursing staff which:

- (1) Includes policies and procedures and defines the functions and responsibilities relating to pharmacy services.
- (2) Is revised as necessary to keep abreast of current developments in overall drug usage.
- (3) Governs the safe administration and handling of all drugs.
- (4) Includes policies regarding self-administration of drugs.
- (5) Includes a formulary appropriate to the

facility.

(c) Medications administered to a resident shall be ordered either in writing or verbally by a physician so authorized by facility policy.

(1) Physician's verbal orders for prescription drugs shall be given only to a licensed nurse, pharmacist, or another physician.

(2) All verbal or telephone orders for medication shall be recorded and signed by the person receiving them and shall be countersigned by the attending physician within seventy-two hours.

(3) All orders shall be reviewed by the physician at least every ninety days.

(d) Each drug shall be rechecked and identified immediately prior to administration.

(e) Medications shall not be used for any resident other than the one for whom they were issued.

(f) Only appropriately licensed and trained staff shall be allowed to administer drugs and shall be responsible for proper recording of the medication including the route of administration. Medication errors and drug reactions shall be recorded in the resident's chart and reported immediately to the physician who ordered the drug and an incident report

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shall be prepared. All incident reports shall be kept available for inspection by the director.

(g) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

(1) All drugs shall be kept under lock and key except when authorized personnel are in attendance.

(2) All security requirements of federal and state laws shall be satisfied as they refer to storerooms and pharmacies.

(3) Poisons, drugs used externally, and drugs taken internally shall be stored in locked, well-marked separate cabinets, at all locations.

(h) There shall be written policies and procedures governing resident self-administration of drugs. These shall include at least the following:

(1) Procedures for physician documentation in the resident's record that a plan of self-administration should be developed.

(2) Supervision of resident self-administration by

- an appropriately trained staff member.
- (3) Provision for appropriate storage of the drugs.
  - (4) Documentation in the resident's record of resident compliance with the drug regimen. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-73 Physician services. (a) Admission and ongoing orders and plans of treatment shall be in writing, and carried out by the staff of the facility including arrangement for transfer to other facilities when indicated.

(b) All residents admitted to a facility must be under the care of a physician selected by the resident or guardian.

(c) Physicians shall visit as necessary to assure adequate medical care, at least every ninety days unless the physician decides that this frequency is unnecessary and records his reasons for this decision. Visits shall then occur at least every one hundred-twenty days.

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(d) Physicians shall participate as appropriate in the interdisciplinary evaluation of residents and their plan of care.

(e) Physicians shall provide an annual physical examination of each resident.

(f) The administrator shall arrange with a physician to serve as a consultant in all matters relating to control of infection and communicable disease within the facility.

(g) Each resident shall have a physical examination by a physician within five days prior to admission or within one week after admission, and must have had tuberculosis clearance as per section 11-99-63(2)(I),(J) within the previous year.

(h) The facility shall promptly notify the physician of any accident, injury, or change in the resident's condition.

(i) Each resident shall be certified by a physician as to their capability for self preservation. This certification shall be documented in the resident's record and reviewed at least annually. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-74 Psychological services. (a) The facility shall provide psychological services to facilitate the optimal development of each resident, either directly or by qualified staff or through arrangements with qualified outside resources.

(b) Services shall include at least:

(1) An initial evaluation of each resident.

(2) An annual review of each resident.

(3) Staff training. [Eff. \_\_\_\_\_] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-75 Recreation program. (a) A plan for independent and group activities shall be developed for each resident in accordance with their needs, capacities, and interests.

(1) The recreation plan shall be incorporated in the resident's active treatment program, reviewed regularly in conjunction with it,

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and altered as needed.

(2) Records shall be kept of the extent and level of each resident's participation in the activities program.

(b) Organized recreational activities consistent with the resident's needs, capabilities and interests shall be coordinated with other services and programs provided the resident.

(c) A staff member, qualified by experience or training in directing group activities or recreation, shall be responsible primarily for the recreation program.

(d) There shall be sufficient, appropriately qualified activities or recreation staff, and necessary supporting staff to carry out the various activities in accordance with stated goals and objectives.

(e) Recreation areas, facilities and equipment shall be designed and constructed or modified so as to be easily accessible to all residents regardless of their disabilities.

(f) Recreation equipment and supplies in sufficient quantity and variety shall be provided to carry out the stated objectives of the activity program. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-76 Rehabilitative services. (a) The facility shall provide specialized and supportive rehabilitative services, including occupational therapy, physical therapy, and speech therapy, according to the needs of each resident, either directly by qualified staff or through arrangements with qualified outside resources. Services shall be programmed to:

- (1) Preserve and improve the resident's maximal abilities for independent function.
- (2) Prevent, insofar as possible, irreversible or progressive disabilities.
- (3) Provide for the procurement, and maintenance of aids as needed by the resident to adapt and function within his environment.
- (4) Instruct facility staff or person responsible in therapy goals to meet the continuity of resident care.

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(b) A written rehabilitative plan of care shall be developed as appropriate and based on the attending physician's orders and assessment of the resident's needs. It shall be incorporated in and regularly reviewed in conjunction with the overall active treatment plan.

(c) A progress report shall be written by the therapist within fourteen days of the initiation of treatment and thereafter the resident's progress reviewed at least every thirty days.

(d) There shall be available sufficient, appropriately qualified professional staff, and supporting personnel, to carry out the various treatment services in accordance with plan of care and stated goals.

(e) Treatment personnel shall be assigned responsibilities in accordance with their qualifications.

(f) Treatment services shall have adequate space, facilities, equipment, supplies, and other related resources. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

§11-99-77 Resident accounts. (a) In the event the facility agrees to manage the resident's funds for personal needs, a written itemized account, available to residents, or duly appointed authority or guardian shall be maintained current for each resident with.

- (1) Written receipts for all personal possessions

and funds received by or deposited with the facility.

(2) Written receipts for all disbursements made to or on behalf of the resident.

(b) Upon request of resident, or duly appointed authority or guardian, articles kept for safekeeping shall be released.

(c) Neither the administrator, nor any staff member of a facility shall serve as guardian for a resident residing in the facility.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §333-53)

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§11-99-78 Resident record system. (a) There shall be available sufficient, appropriately qualified staff and necessary supporting personnel to facilitate the accurate processing, checking, indexing, filing, and prompt retrieval of records and record data.

(b) If the supervisor of medical records is not a registered records administrator, or accredited record technician, there must be regularly scheduled visits by a qualified consultant who shall provide reports to the administrator.

(c) The following information shall be obtained and entered in the resident's record at the time of admission to the facility.

- (1) Identifying information such as: name, date and time of admission, date and place of birth, citizenship status, marital status, social security number or an admission number which can be used to identify the resident without use of name when the latter is desirable.
- (2) Name and address of next of kin or legal guardian.
- (3) Sex, height, weight, and identifying marks.
- (4) Reason for admission or referral.
- (5) Language spoken or understood.
- (6) Information relevant to religious affiliation.
- (7) Admission diagnosis, summary of prior medical care, recent physical examination, tuberculosis status, and physician's orders.
- (8) Preadmission evaluations completed by an interdisciplinary team not more than three months prior to admission.

(d) Records during stay at the facility shall also include:

- (1) Appropriate authorizations and consents.
- (2) Records of all periods of restraints with justification and authorization for each.
- (3) Copies of initial and periodic examinations, evaluations, and progress notes.
- (4) Regular review of the active treatment program in an overall plan of care setting forth goals to be accomplished through individually designed activities, therapies and treatments, and indicating which

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professional services or individual is responsible for providing the care or service.

- (5) Entries describing treatments, medications, tests, and all ancillary services rendered.
- (6) Annual re-evaluations by all professional services including at least a physician, dentist, psychologist, social worker, and nurse.

(e) When a resident is transferred to another facility or discharged, there shall be:

- (1) Written evidence of the reason.
- (2) Except in an emergency, documentation to indicate that the resident understood the reason for transfer, or that the guardian and family were notified.
- (3) Complete summary including current status and care, final diagnosis, and prognosis.

(f) There shall be a master alphabetical index of all residents admitted to the facility.

(g) All entries in the resident's record shall be:

- (1) Legible and typed or written in ink.
- (2) Dated.
- (3) Authenticated by signature and title of the individual making the entry.
- (4) Written completely without the use of abbreviations except for those abbreviations approved by a medical consultant or the medical director.

(h) All information contained in a resident's record, including information contained in an automated data bank, shall be considered confidential.

(i) The record shall be the property of the facility, whose responsibility shall be to secure the information against loss, destruction, defacement, tampering, or use by unauthorized persons.

(j) There shall be written policies governing access to, duplication of, and dissemination of information from the record.

(k) Written consent of the resident, if competent, or the guardian shall be required for the release of information to persons not otherwise authorized to receive it. Consent forms shall include:

(1) Use for which requested information is to be

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used.

(2) Sections or elements of information to be released.

(3) Consent of resident, or legal guardian, for release of any medical record information. This consent shall include the dates during which this consent is operable.

(1) Records shall be readily accessible and available to authorized department personnel.

[Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-53, 622-57)

§11-99-79 Resident's rights. (a) Written policies regarding rights and responsibilities of residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:

(1) Be fully informed, as evidenced by the resident's or guardian's written, signed acknowledgement prior to or at the time of admission and during stay, of these rights and of all regulations governing resident conduct.

(2) Be fully informed, prior to or at the time of admission and during stay, of services available in or through the facility and of related charges, including any charges for services not covered by the facility's basic per diem rate.

(3) Be advised that the residents have a right to have their medical condition and treatment discussed with them by a physician of their choice, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of their medical treatment and to refuse to participate in experimental

research.

- (4) Have the right to refuse treatment after being informed of the medical benefits of the treatments and the medical consequences of such refusal.

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- (5) Be transferred or discharged only for medical reasons, or for their welfare or that of other residents, or for nonpayment for their stay, and be given reasonable advance notice to ensure orderly transfer or discharge. Such transfer or discharge actions shall be documented in the resident's health record.
- (6) Be encouraged and assisted throughout their period of stay to exercise their rights as a resident, and to this extent voice grievances and recommend changes in policies and services to the facility's staff or outside representative of their choice, free from restraint, interference, coercion, discrimination or reprisal.
- (7) Manage their personal financial affairs. In the event the facility agrees to manage the resident's personal funds, the conditions under which the facility will exercise the responsibility shall be explained to the resident, and shall meet the minimum requirement of section 11-99-77.
- (8) Not be humiliated, harassed, injured or threatened and shall be free from chemical and physical restraints. This does not exclude use of medication for treatment as ordered by a physician. Physical restraints may be used in an emergency, when necessary, to protect the resident from injury to himself or herself or others. In such an event, the resident's physician shall be notified as soon as possible and further orders obtained for care of the resident.
- (9) Be entitled to have their personal and medical records kept confidential and subject to release only as provided in section 11-99-78.
- (10) Be treated with consideration, respect and full recognition of their dignity and individuality, including privacy in treatment and in care.
- (11) Not be required to perform services for the

facility, its licensee or staff that are not included for therapeutic purposes in their plan of care.

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- (12) Have the right to associate and communicate privately with persons of their choice, and to send and receive their personal mail unopened. At their request, to be visited by members of the clergy at any time.
- (13) Have the right to meet with and participate in activities of social, religious, and community groups at their discretion.
- (14) Retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other residents.
- (15) Be assured privacy for visits and the right to share a room with a spouse.
- (16) Have daily visiting hours established.
- (17) Participate in a behavior modification program involving the use of restraints or aversive stimuli only with the informed consent of a resident or parent or guardian if resident is a minor or an incompetent adult.

(b) Responsibilities of residents to the facility: The resident or responsible adult shall sign an acknowledgment of understanding which clearly states the policies of the facility with which the resident shall comply. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-52, 333-53, 622-57)

§11-99-80 Sanitation. (a) Sanitation shall be in compliance with all applicable laws of the State of Hawaii and rules of the department relating to sanitation.

(b) Written summary reports of inspections by state or county health authorities and records of action taken in correction of deficiencies and recommendations shall be kept on file at the facility.

(c) Every facility shall provide a sufficient number of watertight receptacles of metal, or other materials acceptable to the department, for rubbish, garbage, refuse and other discarded matter.

- (1) In kitchen and food preparation areas, receptacles shall be kept closed by tight-fitting covers except in the kitchen

during

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peak hours of food preparation.

- (2) An area shall be provided for the washing and cleaning of garbage containers and for the storage of garbage, trash, and solid waste. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10, 321-11, 333-53) (Imp: HRS §§333-51, 333-53)

§11-99-81 Social work services. (a) Social work services shall be provided by the facility and available to all residents, their families, and other significant persons to enable them to deal with the impact of mental retardation on individual and family functioning.

(b) There shall be sufficient, appropriately qualified staff to meet the social service needs of all residents admitted to the facility. The ratio of social work personnel to residents shall be:

- (1) Less than fifty residents there shall be a minimum eight hours consultation per month from a qualified social worker.
- (2) For fifty to ninety-nine residents there shall be a minimum of one half-time qualified social worker.
- (3) For every hundred residents there shall be a minimum of one full time qualified social worker.

(c) Social work services shall be documented in each resident's record and include at least:

- (1) An initial social history and assessment of current social and emotional needs.
- (2) A current social work plan to meet identified needs.
- (3) Regular progress notes indicating the resident's status.
- (4) Appropriate discharge plans.
- (5) Evidence of regular and at least annual review of social work and discharge plans in conjunction with the overall plan of care.

(d) Social work staff shall have appropriately furnished facilities which are easily accessible to the residents being served and which provide privacy for interviews, counseling, and telephone conversations. [Eff. April 29, 1985] (Auth: HRS §§321-9, 321-10,

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321-11, 333-53) (Imp: HRS §333-53)

§11-99-83 Severability. If any provision of this chapter or the application thereof to any person or circumstances is held invalid, the application of the remainder of the chapter to other persons or circumstances, shall not be affected.

[Eff. April 29, 1985] (Auth: HRS §§321-9; 321-10; 321-11; 333-53) (Imp: HRS §333-53)