

**DISTRICT OF
COLUMBIA
MUNICIPAL
REGULATIONS
NURSING
FACILITIES**

THIS CHAPTER HAS BEEN AMENDED BY RULEMAKING WHICH BECAME EFFECTIVE ON DECEMBER 16, 2011. THE DEPARTMENT OF HEALTH HAS ADVISED NURSING FACILITY PROVIDERS THAT THE AMENDMENT REQUIREMENTS SHALL BE IMPLEMENTED BY JULY 1, 2012.

AMENDMENT PROVISIONS APPEAR BELOW IN RED

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3200. PURPOSE

3200.1 Each nursing facility shall comply with the Act, these rules and the requirements of 42 C.F.R. Part 483, Subpart B, Sections 483.1 to 483.75; Subpart D, Sections 483.150 to 483.158; and Subpart E, section 483.200 to 483.206, all of which shall constitute licensing standards for nursing facilities in the District of Columbia.

3201. ADMINISTRATIVE MANAGEMENT

3201.1 An Administrator shall be present forty (40) hours per week during regular business hours, and shall be responsible for the operation of the facility twenty-four (24) hours per day, seven (7) days per week.

3201.2 The Administrator shall be:

- (a) Licensed or otherwise approved as a nursing home administrator in the District of Columbia; and
- (b) Certified annually by a licensed physician as having no physical or mental disabilities that would interfere with carrying out the Administrator's responsibilities.

3201.3 The Administrator shall appoint the Director of Nursing, the Medical Director, the Assistant Administrator, a licensed registered nurse and a department head or another licensed or approved Administrator to act as Administrator in his or her absence. The Acting Administrator shall have the necessary authority to act in any absence of the Administrator so that each facility has an authorized Administrator on duty during regular business hours.

3201.4 If the Administrator is absent for more than six (6) consecutive weeks the facility shall designate an acting administrator who is qualified to be an administrator and shall notify the licensing agency.

3201.5 Each facility shall have written guidelines on the authority and responsibilities of the Administrator and the Acting Administrator.

3202. PERSONNEL POLICIES

3202.1 Personnel policies shall be in writing and maintained in an employee manual that is given to each employee during orientation and shall be made available to the licensing agency.

3202.2 Each facility shall develop and maintain personnel policies which shall include methods used to document the presence or absence of communicable disease.

3202.3 A person whose name appears on the nurse aide abuse registry or who has been convicted of a crime involving one of the following with regard to a resident or an individual within that person's care shall not provide services in the facility:

- (a) Physical or sexual abuse or mistreatment;
- (b) Financial exploitation or misappropriation of property; or

(c) Neglect.

3202.4 Each employee or person hired under contract who requires licensure, registration or certification in order to provide resident care shall be licensed, registered or certified under the laws and regulations of the District.

3203. LICENSES AND ADMINISTRATIVE RECORDS

3203.1 No facility shall operate without a license issued pursuant to the Act.

3203.2 A list of all employees, with the appropriate current license or certification numbers, shall be on file at the facility and available to the Director.

3203.3 Each facility license, permit, and documents of certification to operate the facility, if any, shall be posted in a conspicuous location in the room or hallway immediately inside the main or front door.

3203.4 Each facility shall comply with the number of authorized beds as indicated on each license.

3203.5 Each facility shall maintain the following administrative records:

(a) Payroll records;

(b) Reports of fire inspections;

(c) Compliance reports required to be maintained pursuant to the 1996 BOCA National Building Code, construction and permit regulations;

(d) Reports of inspections of the fire alarm system and fire drills;

(e) Reports of elevator inspections;

(f) Disaster plan and procedures;

(g) Certification of flame spread ratings of carpets, curtains and wall coverings;

(h) Each contract for professional and facility services;

(i) Radiation survey reports of x-ray equipment, if applicable;

(j) Summaries and analyses of each incident involving residents, staff, and visitors; and

(k) Policies and procedures governing the operations of the facility.

3203.6 A qualified employee shall be assigned the responsibility for ensuring that records are maintained, completed, and preserved.

3203.7 Each administrative record shall be retained for at least five (5) years from the date of creation.

3204. FEES

3204.1 License fees are established according to the number of resident beds in the facility and are as follows:

(a) 1 - 50 Beds
Annual Fee \$ 400
Late Fee \$ 150

(b) 51 - 100 Beds
Annual Fee \$ 500
Late Fee \$ 200

(c) 101 or More
Beds
Annual Fee \$ 600
Late Fee \$ 250

3205. INSURANCE COVERAGE

3205.1 Each facility shall carry sufficient insurance to cover the following exposures:

- (a) Hazard (fire, extended coverage, and vandalism);
- (b) Consequential (indirect) loss from operation breakdown;
- (c) Theft; and
- (d) Legal risk (liability).

3205.2 The liability insurance shall include malpractice coverage of at least one million dollars (\$ 1,000,000), and comprehensive general coverage of at least one million dollars (\$ 1,000,000).

3205.3 Each facility shall carry Worker's Compensation insurance for all employees pursuant to the District of Columbia Worker's Compensation Act of 1979, as amended, effective July 1, 1980, D.C. Law 3-77, D.C. Code § 36-301, et seq.

3206. RESIDENT CARE POLICIES

3206.1 There shall be written policies to govern nursing care and related medical and other services provided, including written policies on:

- (a) Nursing services;**
- (b) Physician services;**
- (c) Emergency care;**

- (d) Dental services;**
- (e) Ventilator services;**
- (f) Use of physical and chemical restraints;**
- (g) Infection control;**
- (h) Medication management;**
- (i) Podiatry services;**
- (j) Dialysis services;**
- (k) Recreational services;**
- (l) Emergency water supply;**
- (m) Laundry and linen management;**
- (n) Fire and disaster preparedness;**
- (o) Resident emergency and non-emergency transportation;**
- (p) Continuity in assigning the same nursing staff to the same residents; and**
- (q) Therapeutic services.**

3206.2 These policies shall be developed with the advice of a committee of professional personnel, including the Medical Director, the Director of Nursing and appropriate department heads as deemed necessary by the facility.

3206.3 Policies shall be reviewed by the committee at least annually with written notations, signatures, and dates of review.

3206.4 The Administrator shall be responsible for the execution of these policies.

3207. PHYSICIAN SERVICES AND MEDICAL SUPERVISION OF RESIDENTS

3207.1 The Medical Director shall assume full responsibility for the overall supervision of the medical care provided in the facility. If the Medical Director is absent, he or she shall delegate the continuity and supervision of resident care to a qualified physician.

3207.2 The Medical Director shall:

- (a) Coordinate medical care in the facility;
- (b) Implement resident care policies;
- (c) Develop written medical bylaws and medical policies;
- (d) Serve as liaison with attending physicians to ensure the prompt issuance and implementation of orders;
- (e) Review incidents and accidents that occur on the premises to identify hazards to health and safety;
- (f) Ensure that medical components of resident care policies are followed;
- (g) Assist the Administrator in arranging twenty-four (24) hours of continuous physician services a day for medical emergencies and in developing procedures for emergency medical care;**
- (h) Ensure that attending medical professionals who treat residents in the facility have current District of Columbia licenses and U.S. Drug Enforcement Agency and District of Columbia Controlled Substances registrations on file in the facility, along with initial and annual certifications of their freedom from communicable disease; and**
- (i) Ensure that each resident is seen by a physician within seventy-two (72) hours after admission and that the physician has included in the record information identified in subsection 3231.12.**

3207.3 Except as specified in subsection 3207.5 of this section, a physician may delegate tasks to a licensed physician assistant or licensed nurse practitioner who:

- (a) Meets the applicable definition in section 3299 of this Chapter; and
- (b) Is acting within the scope of practice as defined by District of Columbia law.

3207.4 A physician's assistant shall be supervised by a physician.

3207.5 A physician may not delegate a task when regulations specify that the physician shall perform it personally, or when the delegation is prohibited under District law or by the facility's own policies.

3207.6 The physician shall prescribe a planned regimen of medical care which includes the following:

- (a) Medications and treatment;
- (b) Rehabilitative services;
- (c) Diet;
- (d) Special procedures and contraindications for the health and safety of the resident;
- (e) Resident therapeutic activities; and

(f) Plans for continuing care and discharge in accordance with section 32 70.

3207.7 A facility shall have available for each resident vaccines currently recommended by the U.S. Health Advisory Committee on Immunization Practices (ACIP) as appropriate for age, occupation, lifestyle, environmental situation, documented evidence of prior vaccine, if available, or immunity and current medical status.

3207.8 Each physician shall adhere to the written policies and regulations that govern the health services provided in the facility.

3207.9 The Medical Director shall make arrangements for the provision of medical care twenty-four (24) hours a day.

3207.10 Dated orders and dated progress notes in the resident's medical record shall be used to document medical supervision at the time of each visit and shall be signed and dated by the resident's physician or the resident's nurse practitioner or physician assistant, with countersignature by the resident's physician.

3207.11 Each resident shall have a comprehensive medical examination and evaluation of his or her health status at least every twelve (12) months, and documented in the resident's medical record.

3207.12 A schedule with the names and telephone numbers of each physician and days he or she is on call shall be kept at each nursing station.

3207.13 There shall be available at each nursing station written procedures on emergency care, including care of residents, persons to be notified and reports to be prepared.

3207.14 The facility shall make contact information of each resident's attending physician available to facility staff as well as to each resident and his or her family, including the family designee, or legal representative upon request.

3207.15 Each facility shall obtain a medical order from a resident's attending physician, the facility's medical director, an on-staff physician, or an advance practice registered nurse prior to calling 911 for emergency medical assistance, except that a prior medical order shall not be required if it is determined that there is a situation that requires an immediate transfer to a hospital.

3207.16 If a nursing facility does not obtain a required medical order prior to calling 911, the facility shall document in the resident's medical record why obtaining a medical order was not practicable.

3208. NURSING SERVICES

3208.1 A licensed registered nurse shall be employed full-time as Director of Nursing Services, except as provided in this section.

3208.2 If the Director of Nursing is temporarily absent, the responsibility for continuity and supervision of nursing services shall be delegated to a licensed registered nurse.

3208.3 Each Director of Nursing hired after the effective date of these regulations shall have, at a minimum, a District of Columbia license as a registered nurse and:

(a) A Bachelor's degree; or

(b) Three (3) years of clinical experience in appropriate nursing specialties that may include geriatric, rehabilitation or psychiatric care and/or other related clinical areas.

3208.4 Each Director of Nursing shall participate annually in a minimum of twelve (12) hours of continuing education programs relating to geriatric, administration, or related areas of care.

3208.5 The Director of Nursing shall provide for, at a minimum, the following:

(a) Delivery of nursing care services in accordance with these rules;

(b) Developing and maintaining nursing service objectives, standards of practice, policy and procedure manuals, and written job descriptions for each level of nursing personnel;

(c) Planning for and recommending to the Administrator the number and levels of nursing personnel to be employed;

(d) Coordinating nursing personnel, which includes the following:

(1) Recruitment;

(2) Selection;

(3) Position assignment;

(4) Orientation;

(5) In-service education;

(6) Supervision; and

(7) Termination;

(e) Developing a staffing plan that considers residents' needs for various types of nursing care;

(f) Working with the medical staff and the interdisciplinary team in developing and implementing policies for resident care;

(g) Working with other employees to ensure that the interdisciplinary care plan (ICP) is coordinated and maintained; and

(h) Working with the Administrator and the Medical staff or Medical Director in the allocation of funds for facility programs.

3209. NURSING SERVICES SUPERVISION

3209.1 A Nursing Services Supervisor shall be on duty at all times.

3209.2 Each Nursing Services Supervisor shall:

(a) Be qualified by education or experience in geriatric, rehabilitation or psychiatric nursing or other appropriate nursing discipline, with appropriate documentation; and

(b) Be currently licensed as a registered nurse in the District of Columbia.

3209.3 The Director of Nursing may serve as the Nursing Services Supervisor while on his or her regular tour of duty, if the facility has a licensed bed capacity of thirty (30) or less.

3209.4 A charge nurse may serve as the Nursing Services Supervisor when he or she is a registered nurse.

3210. LICENSED NURSING COVERAGE

3210.1 Each facility shall employ a charge nurse on each unit twenty-four (24) hours a day.

3210.2 Each charge nurse shall be a licensed registered nurse or licensed practical nurse in the District with experience in geriatric, rehabilitation, psychiatric, or other appropriate nursing discipline.

3210.3 When a licensed practical nurse serves as a charge nurse, he or she shall have ready access to consultation with a registered nurse.

3210.4 A charge nurse shall be responsible for the following:

(a) Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention;

(b) Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherence to stop-order policies;

(c) Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;

(d) Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;

(e) Supervising and evaluating each nursing employee on the unit; and

(f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents.

3211. NURSING PERSONNEL AND REQUIRED STAFFING LEVELS

3211.1 Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:

- (a) Treatments, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;
- (b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers;
- (c) Assistance in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;
- (d) Protection from accident, injury, and infection;
- (e) Encouragement, assistance, and training in self-care and group activities;
- (f) Encouragement and assistance to:
 - (1) Get out of bed and dress or be dressed in his or her own clothing, and shoes or slippers, which shall be clean and in good repair;
 - (2) Use the dining room if he or she is able; and
 - (3) Participate in meaningful social and recreational activities;
- (g) Prompt, unhurried assistance if he or she requires or requests help with eating;
- (h) Prescribed adaptive self-help devices to assist him or her in eating independently;
- (i) Assistance, if needed, with daily hygiene, including oral care; and
- (j) Prompt response to an activated call bell or call for help.

3211.2 Each facility shall have at least the following employees:

- (a) At least one (1) registered nurse on a twenty-four (24) hour basis, seven (7) days a week;
- (b) Twenty-four (24) hour licensed nursing staff sufficient to meet nursing needs of all residents;
- (c) At least one practical or registered nurse, serving as charge nurse, on each unit at all times; and
- (d) A minimum of two (2) nursing employees per nursing unit, per shift.

3211.3 Beginning no later than January 1, 2005, each facility shall employ sufficient nursing staff to provide a minimum daily average of three and half (3.5) nursing hours per resident per day. Nursing staff shall include registered nurses, licensed practical nurses, and certified nurse aides.

3211.4 Beginning January 1, 2011, each facility shall have either a physician, physician assistant, or an advanced practice registered nurse, excluding hours per week attributed to medical director duties, available on-site for a minimum of two tenths (0.2) hours per week for each resident at the facility.

3211.5 Beginning January 1, 2012, each facility shall provide a minimum daily average of four and one tenth (4.1) hours of direct nursing care per resident per day, of which at least six tenths (0.6) hours shall be provided by an advanced practice registered nurse or registered nurse, which shall be in addition to any coverage required by subsection 3211.4.

3211.6 The Director may adjust the staffing requirements and formulas set forth in subsections 3211.4 and 3211.5 based on the individual needs of a nursing facility; provided, that the staffing requirements of subsection 3211.5 shall not be reduced to less than three and half (3.5) hours of direct nursing care per resident per day.

3211.7 The Director may adjust the staffing requirements set out in subsections 3211.4 and 3211.5 to require more than the stated hours of care per resident if:

(a) Inadequate staffing or inadequate supervision of a resident is cited in four (4) consecutive on-site surveys. For the purposes of this paragraph, a survey shall be an on-site inspection, complaint investigation, or monitoring or compliance visit conducted by the federal government or the District of Columbia; or

(b) It is found that a resident has suffered demonstrable harm because of inadequate staffing or inadequate supervision.

3211.8 In accordance with subsection 3211.6, in order to have staffing requirements adjusted to require less than the stated hours of care per resident as set out in subsections 3211.4 and 3211.5, a nursing facility shall submit to the Director a written request based on the particular needs of the facility.

3211.9 In making a determination on the adjustment of staffing requirements in accordance with subsection 3211.8, the Director's determination shall be based on one (1) or more of the following:

(a) Whether the facility has undergone a system-wide culture change and the impact the facility asserts that such change has had on resident care;

(b) The acuity levels of residents and how stable those levels are based on the case mix of residents; and

(c) Any other justification related to the needs of the facility that warrants revising the staffing pattern or ratio because of:

(1) A change in program or organizational structure; or

(2) An environmental or systemic change.

3211.10 The Department shall publish each request for an adjustment of a staffing ratio in the D.C. Register no later than fifteen (15) days after the written request is received by the Director.

3211.11 The Department shall publish each determination responding to a request for an adjustment in staffing ratios in the D.C. Register no later than sixty (60) days after the written request is received by the Director.

3211.12 Each facility shall maintain an organized process that promotes continuity in assigning the same nursing staff to the same residents as often as practicable in accordance with subsection 3206.1(p). The facility shall demonstrate and allow the Director access to the process upon request.

3212. TEMPORARY NURSING PERSONNEL

3212.1 Each facility may hire temporary nurses, including contract nurses, who shall be licensed in the District of Columbia.

3212.2 The facility shall have policies and procedures for orienting qualified temporary nursing personnel to the facility and to residents.

3212.3 Each temporary employee who serves as a charge nurse on a nursing unit shall be supervised by a licensed registered nurse who is a permanent employee.

3212.4 A written agreement shall be executed between the facility and any contract agency employed to provide nursing personnel to the facility in compliance with the requirements of this chapter.

3213. RESTORATIVE NURSING CARE PROGRAM

3213.1 The facility shall have a restorative nursing care program to assist in maintaining the highest practicable level of physical, mental and psychosocial well-being of each resident.

3213.2 Each nursing employee shall provide restorative nursing in his or her daily care of residents, which shall include the following:

- (a) Maintaining good body alignment and proper positioning of bedridden residents;
- (b) Encouraging and assisting bedridden residents or those residents that are confined to a chair to change position at least every two (2) hours or more often as the resident's condition warrants, day and night, to stimulate circulation; prevent bed sores, pressure ulcers and deformities; and to promote the healing of pressure ulcers;
- (c) Encouraging residents to be active and out of bed for reasonable periods of time, except when contraindicated by physician's orders;
- (d) Encouraging residents to be independent in activities of daily living by teaching and explaining the importance of self-care, ensuring and assisting with transfer and ambulating activities, by allowing sufficient time for task completion by the residents, and by encouraging and honoring resident's choices;
- (e) Assisting residents to adjust to their condition and to their use of prosthetic devices;

(f) Achieving good body alignment and balance for residents who use mechanical supports, which are properly designed and applied under the supervision of a licensed nurse;

(g) Identifying residents who would benefit from a bowel and bladder training program and initiating such a program to decrease incontinence and unnecessary use of catheters; and

(h) Assessing the nature, causes and extent of behavioral disorientation difficulty and implementing appropriate strategies and practices to improve the same.

3213.3 Each nursing employee who provides restorative nursing services shall attend educational programs in restorative nursing that includes practical experience.

3214. IN-SERVICE EDUCATION FOR NURSING PERSONNEL

3214.1 A comprehensive on-going in-service education program shall be provided by the facility and shall include training on the provision of resident care.

3214.2 Each nursing employee shall be trained in emergency procedures, disaster plans and fire evacuation plans.

3214.3 Each area of in-service training shall be conducted by a registered nurse, qualified and experienced in the area of instruction.

3214.4 A facility shall designate an In-Service Education Director who shall maintain records of training and orientation activities, which include the agenda, instructions, and participants. Records of each in-service education program shall be kept on file and available for inspection.

3214.5 Each nursing employee shall be encouraged to attend education and training programs conducted in the community that relate to nursing practice.

3214.6 Each facility shall have space for conducting in-service programs.

3214.7 Each nursing employee shall be trained in areas that address the special health care needs of the elderly and the needs of specific populations, including the following:

(a) Emergency procedures;

(b) Emergency transport of residents;

(c) Emergency 911 services;

(d) Disaster plans and fire evacuation plans;

(e) Race;

(f) Ethnicity;

(g) Religious affiliation;

(h) Sexual orientation;

(i) Gender; and

(j) Gender identity.

3215. VENTILATOR CARE SERVICES

3215.1 The facility may care for ventilator patients in a ventilator care area upon compliance with Title III of the Nursing Home and Community Residence Facility Residents' Protections Act of 1985, effective April 18, 1986, D.C. Law 6-108, D.C. Code § 32-1431 et seq.

3215.2 Ventilator care shall be supervised by a physician who has special training and experience in diagnosing, treating and assessing problems related to ventilator patients.

3215.3 The facility shall ensure that ventilator care services are provided by a sufficient number of qualified staff and that personnel provide ventilator care services commensurate with their documented training, experience, and competence.

3215.4 As appropriate, ventilator care personnel shall be competent in the following:

- (a) The fundamentals of cardiopulmonary physiology and of fluids and electrolytes;
- (b) The recognition, interpretation and recording of signs and symptoms of respiratory dysfunction and medication side effects, particularly those that require notification of a physician;
- (c) The initiation and maintenance of cardiopulmonary resuscitation and other related life-support procedures;
- (d) The mechanics of ventilation and ventilator function;
- (e) The principles of airway maintenance, including endotracheal and tracheotomy care;
- (f) The effective and safe use of equipment for administering oxygen and other therapeutic gases and providing humidification, nebulization, and medication;
- (g) Pulmonary function testing and blood gas analysis when these procedures are performed within the ventilator care unit;
- (h) Methods that assist in the removal of secretions from the bronchial tree, such as hydration, breathing and coughing exercises, postural drainage, therapeutic percussion and vibration, and mechanical clearing of the airway through proper suctioning technique;
- (i) Procedures and observations to be followed during and after extubation; and

(j) Recognition of and attention to the psychosocial needs of residents and their families.

3215.5 The facility shall ensure that each ventilator is equipped with an alarm, designed to alert the nursing station, on both the pressure valve and the volume valve.

3215.6 In order to operate a ventilator unit, a facility shall develop and the Department of Health shall approve, a plan of operation which shall include:

(a) A description of the services to be provided;

(b) A description of the staffing pattern;

(c) A description of the qualification, duties and responsibilities of personnel;

(d) A quality assurance plan which shall include:

(1) Assignment of responsibility for monitoring and evaluation activities;

(2) Identification of indicators and appropriate clinical critical criteria for monitoring the most important aspects; and

(3) Establishment of thresholds (levels or trends) for the indicators that will trigger evaluation of care;

(e) Policies and procedures on the following:

(1) The transfer or referral of residents who require services that are not provided by the nursing facility;

(2) The administration of medicines unique to the needs of the special care residents;

(3) Infection control measures to minimize the transfer of infection in the ventilator unit;

(4) Pertinent safety practices, including the control of fire and medical hazards; and

(5) Protocols for emergency situations.

3215.7 When the ventilator care services are provided by an outside contractor, the facility shall:

(a) Approve the contractor based on the contractor's credentials, qualifications and experience; and

(b) Ensure that all contractors:

(1) Provide services twenty-four hours a day;

(2) Meet all safety requirements;

(3) Abide by all pertinent policies and procedures of the facility;

(4) Provide services in accordance with the law governing the facility;

(5) Participate in the monitoring and evaluation of the appropriateness of services provided as required by the facility's quality assurance program; and

(6) Ensure that all contractual services are under the supervision of the facility's medical director or the physician employed by the facility to coordinate ventilator care services.

3216. FREEDOM FROM RESTRAINTS

3216.1 Each resident has the right to be free from unnecessary physical and chemical restraints.

3216.2 Each facility shall have written policies which define its approach to the use of physical and chemical restraints.

3216.3 If the facility employs a chemical or physical restraint, the facility shall include in the resident's interdisciplinary care plan a program to reduce or eliminate the use of the restraint.

3216.4 Physical restraints shall only be applied if:

(a) The facility has explored or tried less restrictive alternatives to meet the resident's needs and such trials have been documented in the resident's medical record as unsuccessful;

(b) The restraint has been ordered by a physician, to treat a medical symptom, for a specified period of time;

(c) The resident is released, exercised and toileted at least every two (2) hours, except when a resident's rest would be unnecessarily disturbed;

(d) The use of the restraint does not result in a decline in the resident's physical, mental, psychosocial or functional status; and

(e) The use of the restraint is assessed and re-evaluated when there is a significant change in the resident's condition, and on an ongoing basis until the need for the restraint no longer exists.

3216.5 In an emergency and when alternative actions are not successful, the placement of an appropriate physical restraint may be authorized by a registered nurse only to protect the resident from immediate injury to himself or herself or to protect others, in which case a written order of a physician or nurse practitioner shall be obtained by a licensed nurse within four hours.

3216.6 Chemical restraints shall not be administered unless:

(a) Ordered by a physician or nurse practitioner after thorough interdisciplinary assessment and care planning, including an evaluation of alternatives to the use of chemical restraints and behavioral interventions to manage and improve behavioral symptoms, which must be carried out and documented in the resident's medical record;

(b) The use of the chemical restraint does not result in a decline in the resident's physical, mental, psychosocial or functional status; and

(c) The use of the restraint is re-evaluated periodically until the need for the restraint no longer exists.

3217. INFECTION CONTROL

3217.1 The facility shall have an Infection Control Committee composed of the Administrator or designee and members of the medical, nursing, dietary, pharmacy, housekeeping, maintenance, and other services.

3217.2 The Chairperson of the Infection Control Committee shall be knowledgeable about or have experience in infection control.

3217.3 The Infection Control Committee shall establish written infection control policies and procedures for at least the following:

(a) Investigating, controlling, and preventing infections in the facility;

(b) Handling food;

(c) Processing laundry;

(d) Disposing of environmental and human wastes;

(e) Controlling pests and vermin;

(f) The prevention or spread of infection;

(g) Recording incidents and corrective actions related to infections; and

(h) Nondiscrimination in admission, retention, and treatment of persons who are infected with the HIV virus or who have a diagnosis of AIDS.

3217.4 The Infection Control Committee shall hold quarterly meetings, maintain minutes and submit written quarterly reports to the Administrator.

3217.5 The Infection Control Committee shall review infection control policies and procedures annually and revise them as needed.

3217.6 The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter.

3217.7 The Infection Control Committee shall ensure that in-service training on infection control policies and procedures is provided at least annually to each employee of each service represented on the Committee.

3217.8 Each occurrence of a communicable disease, as defined by District of Columbia law shall be reported immediately by the examining physician or chairperson of the Infection Control Committee to the Administrator, Director of Nursing Services, and the Department of Health.

3217.9 The Infection Control Committee shall use the latest edition of "Guidelines for Infection Control in Long Term Care Facilities" published by the Centers for Disease Control (CDC) or any additional guidelines published by the CDC for the purpose of developing policies and procedures.

3218. DIETARY SUPERVISION

3218.1 Nursing employees shall ensure that each resident receives the diet prescribed and shall note any dietary problem in the resident's medical record.

3218.2 Each resident who needs assistance to eat shall receive it promptly upon the serving of his or her meals.

3218.3 Special eating equipment and utensils shall be provided for each resident who needs them.

3218.4 The facility shall ensure that residents are fed in accordance with the comprehensive assessment and in accordance with section 3207.6 of this chapter.

3219. DIETARY SERVICES

3219.1 Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D.C. Municipal Regulations (DCMR), Chapters 24 through 40.

3219.2 Each facility shall employ sufficient food service employees who are competent and qualified to carry out the functions of the dietary services.

3219.3 A regularly scheduled program of in-service education shall be conducted for all food service employees hired after the effective date of these regulations. Records should be maintained on in-service programs and shall be available for review.

3219.4 The curriculum for regularly scheduled in-service education programs for food service employees may include, but not be limited to, the following:

- (a) Disaster and emergency procedures;
- (b) Infection control;
- (c) Safety and accident prevention;
- (d) Therapeutic diets;
- (e) Food handling;

(f) Personal hygiene;

(g) Residents' rights; and

(h) Psychological aspects of aging.

3219.5 Each food service employee shall wear clean, washable garments while working, and shall keep his or her hands clean at all times.

3219.6 Each food service employee shall wear either a hair net or other head covering.

3219.7 No smoking or tobacco products shall be permitted in the food preparation area.

3219.8 Food waste shall be disposed of in a garbage disposal system or garbage grinder which is conveniently located near each activity and which has adequate capacity to dispose of all readily grindable food waste (garbage) produced.

3220. GENERAL DIETARY REQUIREMENTS

3220.1 Meals shall be adjusted to include fresh fruits and vegetables in season.

3220.2 The temperature for cold foods shall not exceed forty-five degrees (45 [degrees]) Fahrenheit, and for hot foods shall be above one hundred and forty degrees (140 [degrees]) Fahrenheit at the point of delivery to the resident.

3220.3 If a resident refuses food, appropriate substitutions of comparable nutritive value shall be offered at the same mealtime.

3220.4 Each therapeutic diet shall be prescribed by the attending physician and prepared under the guidance of a dietitian.

3220.5 Each therapeutic diet prescription shall be a part of the resident's medical record.

3220.6 Each change in a therapeutic diet order shall be authorized by the attending physician and shall be forwarded in writing to the Dietary Service.

3220.7 The dietitian preparing the therapeutic diet shall have access to the resident's medical record and shall document each observation, consultation and instruction regarding the resident's acceptance and tolerance of his or her prescribed diet.

3220.8 The supervisor or manager of food services shall make weekly rounds at mealtime to observe the preparation and serving of food to residents in order to determine general acceptance of the food by residents.

3220.9 An adequate supply of fresh water shall be available to residents at all times.

3221. DIETARY MANAGEMENT AND RECORDS

3221.1 Each menu, as planned and served, shall be filed and retained for one year.

3221.2 Documentation of the food purchased shall be retained for ninety (90) days.

3221.3 A three (3) day supply of non-perishable staples shall be maintained on the premises.

3221.4 A file of each tested recipe, adjusted to appropriate yield, shall be maintained and used by each employee who prepares food.

3221.5 A two (2) day supply of perishable foods shall be maintained on the premises.

3222. IMMUNIZATIONS

3222.1 As described further in this Section, each facility shall ensure that each resident and each employee has either received immunization against influenza virus or has refused such vaccination, and that each resident and each employee indicated in subsection 3222.6 has either received immunization against pneumococcal disease or has refused such vaccination. The facility shall be required to maintain written evidence of each such immunization or refusal.

3222.2 Influenza and pneumococcal immunizations shall be provided and updated in accordance with the latest recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention. To the extent that the ACIP recommendations may differ from the terms of this Section, the ACIP recommendations shall control.

3222.3 Except as provided in subsection 3222.9, each resident and each employee shall, no later than November 30th of each calendar year or six (6) weeks after the vaccination becomes readily available in the District of Columbia, whichever is later, undergo immunization for influenza virus as required pursuant to subsection 3222.2. The facility shall provide the immunization to each resident, except as described in subsection 3222.4, and shall document the immunization.

3222.4 Pursuant to subsection 3222.3, each resident or employee may obtain the required immunization from a medical provider of his or her choice. If the resident or employee obtains such immunization from a provider other than the facility, the resident or employee shall provide the facility, no later than November 30th or six (6) weeks after the vaccination becomes readily available in the District of Columbia, whichever is later, with documentation of the immunization. The facility shall record such documentation within twenty-four (24) hours of its receipt.

3222.5 The facility shall, for each resident admitted between December 1st and March 31st, and for each employee hired between December 1st and March 31st, determine, within seventy-two (72) hours of admission or the start of employment, whether the resident or employee has received immunization against influenza virus as required pursuant to subsections 3222.2, 3222.3, and 3222.4. If the facility determines that a resident has not received such immunization, the facility shall provide it within seventy-two (72) hours of the determination, except as provided in subsections 3222.4 and 3222.9. If the facility determines that an employee has not received such immunization, the facility shall instruct

the employee to obtain the immunization and to provide documentation thereof, or of refusal, to the facility within seven (7) days of the determination.

3222.6 Except as provided in subsection 3222.9, each resident and each employee in the categories described below shall, no later than one hundred eighty (180) days after the effective date of this Section or thirty (30) days after admission to the facility or the start of employment, whichever is later, undergo immunization for pneumococcal disease as required pursuant to subsection 3222.2. The facility shall provide the immunization to each resident, except as described in subsection 3222.7, and shall document the immunization. The following persons shall undergo immunization for pneumococcal disease:

- (a) Residents and employees sixty-five (65) years of age or older;
- (b) Residents and employees under the age of sixty-five (65) years with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, cerebrospinal fluid leaks, or functional or anatomic asplenia; and
- (c) Residents and employees under the age of sixty-five (65) years who are immunocompromised, receiving immunosuppressive therapy, or who have received an organ or bone marrow transplant.

3222.7 Pursuant to subsection 3222.6, each affected resident or employee may obtain the required immunization from a medical provider of his or her choice. If the resident or employee obtains such immunization from a provider other than the facility, the resident or employee shall provide the facility, no later than one hundred eighty (180) days after the effective date of this Section or thirty (30) days after admission to the facility or the start of employment, whichever is later, with documentation of the immunization. The facility shall record such documentation within twenty-four (24) hours of its receipt.

3222.8 Each resident and each employee affected by subsection 3222.6 shall be revaccinated against pneumococcal disease according to the schedule below. The facility shall provide the revaccination or shall obtain documentation of the revaccination provided elsewhere, as required by subsections 3222.6 and 3222.7, and shall document the revaccination, according to the schedule below. The following persons shall be revaccinated as indicated:

- (a) Residents and employees sixty-five (65) years of age and older: a single revaccination at or after age sixty-five (65) if the person has been previously vaccinated and five (5) or more years have elapsed since the previous vaccination;
- (b) Residents and employees under the age of sixty-five (65) years with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, or cerebrospinal fluid leaks: a single revaccination at or after age sixty-five (65) if the person has been previously vaccinated and five (5) or more years have elapsed since the previous vaccination; and
- (c) Residents and employees under the age of sixty-five (65) years with functional or anatomic asplenia, or who are immunocompromised, receiving immunosuppressive therapy, or have received an organ or bone marrow transplant: a single revaccination if five (5) or more years have elapsed since the previous vaccination.

3222.9 No resident or employee shall be required to receive either an influenza virus immunization or a pneumococcal disease immunization if such immunization is medically contraindicated for that individual, or if such immunization is against the resident or employee's religious beliefs, or if the resident, the resident's representative or legal guardian, or the employee knowingly refuses such immunization.

3223. REHABILITATIVE SERVICES

3223.1 Each rehabilitative service aide shall be under the supervision of a licensed therapist.

3223.2 There shall be a regularly scheduled program of in-service education programs for the rehabilitative services staff.

3223.3 Rehabilitative services shall be provided under a written plan of care which includes modality, frequency, duration, and goals of care.

3223.4 Each therapist's treatment plan and progress notes for each resident shall be signed, dated, and placed in the resident's medical record, and shall provide sufficient information so that the resident's activity can be maintained and supported by nursing employees.

3223.5 Each resident who receives therapy shall be reevaluated by his or her therapist at least every thirty (30) days and each such evaluation shall be signed by the resident's physician.

3224. SUPERVISION OF PHARMACEUTICAL SERVICES

3224.1 Each facility shall establish methods and written procedures for dispensing and administering drugs and biologicals.

3224.2 The pharmaceutical services shall be under the supervision of a licensed pharmacist for developing, coordinating and supervising pharmaceutical services.

3224.3 The supervising pharmacist shall do the following:

(a) Review the drug regimen of each resident at least monthly and report any irregularities to the Medical Director, Administrator, and Director of Nursing Services;

(b) Submit a written report to the Administrator on the status of the pharmaceutical services and staff performance, at least quarterly;

(c) Provide a minimum of two (2) in-service sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications;

(d) Establish a system of records of receipt and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation; and

(e) Determine that drug records are in order and that an account of all controlled substances is maintained and periodically reconciled.

3224.4 If the facility has an on-site pharmacy, it shall be administered by the supervising licensed pharmacist.

3224.5 If the facility does not have a pharmacy, it shall arrange for prompt and convenient methods to obtain prescribed medications and biologicals twenty-four (24) hours a day from a provider pharmacy and shall contract with a consultant pharmacist who shall supervise pharmaceutical services.

3224.6 Any arrangement by a facility to obtain prescribed medications and biologicals from a provider pharmacy shall be pursuant to a written agreement between the facility and the provider pharmacist; any arrangement by the facility to employ a consultant pharmacist shall be pursuant to a written agreement between the facility and the consultant pharmacist.

3224.7 If the facility does not have a pharmacy but maintains a supply of medications, the consulting or supervisory pharmacist shall do the following:

- (a) Control all bulk medications and maintain records of receipt and disposition;
- (b) Dispense medication, properly label them, and make them available to appropriate licensed nursing employees;
- (c) Provide for emergency withdrawal of medications from the medication supply; and
- (d) Be a member of the Infection Control Committee and be available for resident care meetings.

3224.8 Controlled substances shall be handled and managed in accordance with the District of Columbia Uniform Controlled Substances Act of 1981, effective August 5, 1981, D.C. Law 4-29, D.C. Code 33-501 et seq.

3225. PHYSICIAN ORDERS FOR MEDICATIONS

3225.1 A medication may only be administered to a resident if it has been ordered in writing by a physician, except as provided by subsection 3225.2.

3225.2 Medication may be ordered by telephone if:

- (a) The order is given by a physician or licensed advanced registered nurse;
- (b) The order is reduced to writing immediately in the resident's medical record by the person taking the order; and
- (c) The order is taken by a licensed registered or practical nurse and countersigned by the physician within ten (10) days.

3225.3 Physician orders may be transmitted by facsimile if the facility establishes adequate safeguards to ensure secure transmittal.

3225.4 Each medication order shall state:

- (a) The name and strength of the medication;
- (b) The dosage;
- (c) The duration;
- (d) The form of the drug;
- (e) The frequency and time of administration; and
- (f) The route of administration.

3225.5 The attending physician shall record on the resident's medical record each condition for which the medication has been ordered.

3225.6 Each allergy shall be documented in the resident's medical record.

3225.7 Each resident's attending physician shall be notified of any stop order policies and contacted promptly by the licensed nurse for renewal of each medication order to provide continuity of the resident's therapeutic regimen.

3226. ADMINISTRATION OF MEDICATION

3226.1 Unless administered under a self-administer order, all medication shall be prepared and administered only by a licensed physician or by a licensed nurse.

3226.2 Each dose of medication shall be properly and promptly recorded and initialed in the resident's medical record by the person who administers it.

3226.3 Each item necessary for the proper preparation and administration of medication shall be available at each nursing station.

3226.4 All medication shall be prepared immediately preceding administration and each person who prepares the medication shall administer the medication.

3226.5 The medication for self-administration shall be securely stored and accessible only to the appropriate resident and staff.

3226.6 Medication shall be released to a resident upon discharge only on the authorization of his or her physician.

3226.7 Current medication reference text and sources of information such as text on pharmacology, dosages, the "Physician's Desk Reference" or the "American Society of Hospital Pharmacists Formally" shall be available at each nursing station.

3226.8 No medication shall be administered to a resident more than sixty (60) minutes before or after the time stated in the prescription order by his or her physician.

3226.9 The facility shall document medication errors and error rates, and shall maintain the documentation for a period of three years from the date of the error.

3227. LABELING AND STORAGE OF MEDICATION

3227.1 Medication shall be stored in accordance with this section.

3227.2 Each medication area, including each cabinet or cart shall be well lighted and large enough to permit storage without crowding and shall be clean and orderly.

3227.3 Proper storage temperature shall be maintained for each medication according to the manufacturer's direction.

3227.4 Medication that is dispensed by a pharmacy within the facility for use within the facility shall be labeled to identify the generic chemical or brand name, strength, lot number and expiration date.

3227.5 Each label shall be securely affixed to the outside of each medication container.

3227.6 Each medication of each resident shall be kept in its original container.

3227.7 Each medication that requires refrigeration shall be kept in a pharmaceutical refrigerator or in a separate locked compartment within a refrigerator at each nursing station.

3227.8 Each refrigerator that is used for storage of medications shall operate at a temperature between thirty-six degrees (34 [degrees]) and forty-six degrees (48 [degrees]) Fahrenheit; each refrigerator shall be equipped with a thermometer that is easily readable, accurate and in proper working condition.

3227.9 Each medication that is labeled poisonous shall be kept separate from other medications in a locked cabinet.

3227.10 Each medication container that has a soiled, damaged, illegible or otherwise incomplete label on it shall be returned to the pharmacy for relabeling or shall be destroyed.

3227.11 No employee other than a pharmacist shall package, repackage, return to a container or label in whole or in part any medication, or alter in any way a medication label.

3227.12 Each expired medication shall be removed from usage.

3227.13 Each medication that is no longer in use shall be destroyed or returned to the in-house pharmacy.

3227.14 Destruction of controlled substances shall be witnessed by two (2) licensed nurses and a signed and dated notation shall be made in the resident's medical record.

3227.15 Each unopened, sealed medication may be returned to the issuing pharmacy.

3227.16 No medication container shall be reused.

3227.17 A separate double locked cabinet, permanently affixed compartment box or drawer within a locked cabinet shall provide for the storage of each substance that is controlled by the D.C. Uniform Controlled Substance Act, effective August 5, 1981, D.C. Law 4-29, D.C. Code § 33-501 et seq., and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and missing doses can be readily detected.

3227.18 Each facility shall comply with all applicable District and federal laws, regulations, standards, administrative guidelines, and rules that regulate the procurement, handling, storage, administering, and recording of medication.

3227.19 The facility shall label drugs and biologicals in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and their expiration date.

3228. PODIATRY SERVICES PROGRAM

3228.1 Each facility shall have a written agreement for obtaining regular podiatry services with a podiatrist licensed in the District of Columbia.

3228.2 Podiatry services shall include direct services to residents, as well as consultation and in-service training for nursing employees.

3228.3 Each facility shall make available podiatry services upon need or request by a resident.

3228.4 If podiatry services are established and staffed by the facility, appropriate space and proper maintenance of equipment shall be provided at all times.

3228.5 Each medication or treatment that is prescribed by the podiatrist shall be in writing and included as part of the resident's medical record.

3228.6 Each resident's attending physician shall be notified prior to implementation of the podiatrist's order.

3228.7 Nursing employees shall assist a resident in carrying out the podiatrist's orders.

3228.8 Each treatment by the podiatrist shall be documented at the time of each visit and included in the medical record of each resident and the resident's attending physician shall be contacted if there are abnormal findings.

3228.9 Each resident shall have the right to select his or her podiatrist.

3228.10 Each facility shall develop policies and procedures which describe the objectives and scope of podiatry services.

3229. SOCIAL SERVICES

3229.1 The facility shall provide social services to attain and maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

3229.2 A nursing facility with more than 120 beds shall employ a full-time social worker who is licensed in the District of Columbia pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Code § 2-3301 et seq.

3229.3 The facility shall meet the social services needs of its residents by either obtaining social services from an outside source or by furnishing the service directly.

3229.4 In conjunction with the resident's admission, stay, and discharge, the functions of the social services program shall include the following:

(a) Direct service, including therapeutic interventions, casework and group work services to residents, families and other persons considered necessary by the social worker;

(b) Advocacy on behalf of residents;

(c) Discharge planning;

(d) Community liaison and services;

(e) Consultation with other members of the facility's Interdisciplinary Care Team;

(f) Safeguarding the confidentiality of social service records; and

(g) Annual in-service training to other staff of the facility on subjects including, but not limited to, resident's rights, psychosocial aspects of aging and confidentiality.

3229.5 The social assessment and evaluation, plan of care and progress notes, including changes in the resident's social condition, shall be incorporated in each resident's medical record, reviewed quarterly, and revised as necessary.

3229.6 Each facility shall provide space which ensures visual and auditory privacy for social service interviews with residents.

3230. RESIDENT ACTIVITIES

3230.1 In facilities of sixty (60) or more licensed beds, the activities program shall be directed by a recreational therapist or activities staff certified or recognized by an accredited body.

3230.2 Each resident shall be encouraged, but not required, to participate in the resident activities program.

3230.3 A resident activities program shall include, but not be limited to, the following:

- (a) Active, passive, individual and group activities; and
- (b) Activities for residents who are unable to leave their rooms, which shall be directed toward maintaining and promoting the well-being of each resident.

3230.4 Each facility shall provide the following:

- (a) A diversity of physical, social, intellectual, spiritual, cultural, and recreational activities;
- (b) Activities for bedridden residents, including, but not limited to:
 - (1) Large print books, current magazines and periodicals;
 - (2) A record or tape player;
 - (3) A television;
 - (4) A radio;
 - (5) Craft supplies; and
 - (6) Puzzles, games and playing cards;
- (c) Locked storage for recreational equipment and supplies;
- (d) Opportunity for interested family members and friends of residents to participate in facility activities that are specifically designed to include interested family members and friends;
- (e) Opportunity to participate in community activities;
- (f) Indoor and outdoor activities; and
- (g) The opportunity to implement a pet program and, if adopted, development of policies and procedures for the care and maintenance of the animals.

3230.5 The responsibilities of the director of the activities program or his or her designee shall include, but not be limited to, the following:

- (a) To provide direction and quality guidelines of the program;
- (b) To develop and maintain a plan for the program and procedures for implementing the plan;

- (c) To plan and budget for the program, including the number and levels of employees to be hired and the equipment and supplies to be purchased;
- (d) To coordinate and integrate the program with other resident care services provided in the facility and in the community;
- (e) To assist in the development of and participate in staff orientation and annual education programs for all staff in the facility;
- (f) To develop a written monthly activities schedule in a large print calendar that includes date, time and location of each scheduled activity;
- (g) To post the activities schedule on the first working day of each month at each nursing unit, at a height that can be clearly seen by residents in wheelchairs;
- (h) To assure that visually, hearing and cognitively impaired residents know about posted activities;
- (i) To assess the therapeutic activity needs and interests of each resident within fourteen (14) days of admission; and
- (j) To participate in the development of an interdisciplinary care plan and reassess each resident's responses to activities at least quarterly after reviewing with each resident his or her participation in the activities program.

3230.6 Based on a resident's right to participate in resident and family groups, each facility shall make available to any resident or family group the following:

- (a) Promotional and advertising assistance so that residents and residents' family members are aware of their right to convene groups;**
- (b) Adequate meeting space and logistical assistance;**
- (c) Information regarding policies and procedures for nursing home care, resident rights and responsibilities, and laws and rules that apply to the facility and its residents;**
- (d) Staff for the operation of each meeting, upon request from the group; and**
- (e) Written feedback and responses to recommendations and grievances.**

3231. MEDICAL RECORDS

3231.1 The facility Administrator or designee shall be responsible for implementing and maintaining the medical records service.

3231.2 A designated employee of the facility shall be assigned the responsibility for ensuring that each medical record is maintained, completed and preserved.

3231.3 The training for the designated employee shall include the following areas:

- (a) Medical terminology;
- (b) Disease index coding systems;
- (c) Confidentiality;
- (d) Filing;
- (e) Storage; and
- (f) Analysis of records.

3231.4 The facility shall provide in-service training on medical records policies and procedures on reporting, recording, and legal aspects of documentation annually to each employee who writes in the medical records.

3231.5 The medical records shall be completed within thirty (30) days from the date of discharge.

3231.6 Each medical record shall be indexed according to the name of the resident and final diagnosis to facilitate acquisition of statistical medical information and retrieval of records for research or administrative action.

3231.7 Basic information to be indexed by each diagnosis shall include at least the following:

- (a) Medical record number;
- (b) Age;
- (c) Sex;
- (d) Physician; and
- (e) Length of stay in days.

3231.8 Each facility shall maintain an area for processing medical records with adequate space, equipment, supplies, and lighting for staff.

3231.9 Each medical record shall serve as a basis for planning resident care and shall provide a means of communication between the physician and other employees involved in the resident's care.

3231.10 Each medical record shall document the course of the resident's condition and treatment and serve as a basis for review, and evaluation of the care given to the resident.

3231.11 Each entry into a medical record shall be legible, current, in black ink, dated and signed with full signature and discipline identification.

3231.12 Each facility shall ensure that each medical record shall include the following information:

(a) The resident's name, age, height, weight, sex, date of birth, race, marital status, home address, telephone number, and religion;

(b) Full names, addresses, and telephone numbers of the personal physician, dentist, and interested family member, including the designated family representative, or sponsor;

(c) Medicaid, Medicare, and health insurance numbers;

(d) Social security and other entitlement numbers;

(e) Date of admission, results of pre-admission screening, admitting diagnoses, and final diagnoses;

(f) Date of discharge and condition on discharge;

(g) Hospital discharge summaries or a transfer form from the attending physician;

(h) Medical history and allergies;

(i) Descriptions of physical examinations, diagnoses, and prognoses;

(j) Rehabilitation potential;

(k) Vaccine history, if available, and other pertinent information about immune status in relation to vaccine-preventable disease;

(l) The current status of the resident's physical and mental condition;

(m) Physician progress notes which shall be written at the time of observation to describe significant changes in the resident's condition, when medication or treatment orders are changed or renewed or when the resident's condition remains stable;

(n) The resident's medical experiences upon discharge, which shall be summarized by the attending physician and shall include final diagnoses, course of treatment in the facility, essential information of illness, medications on discharge and location to which the resident was discharged;

(o) Nurse's notes which shall be kept in accordance with the resident's medical assessment and the policies of the nursing service;

(p) A record of the resident's assessment and ongoing reports of physical therapy, occupational therapy, speech therapy, podiatry, dental, therapeutic recreation, dietary, and social services;

(q) The plan of care;

(r) Consent forms and advance directives; and

(s) A quarterly inventory of the resident's personal clothing, belongings, and valuables.

3231.13 The facility shall permit each resident to inspect his or her medical records on request.

3232. INCIDENT REPORTING

3232.1 Each facility shall maintain and keep for three (3) years, from the date of the incident, summaries and analyses of unusual incidents within the facility or on the premises with regard to a resident, visitor or employee, including but not limited to accidents, injuries, drug errors, abuse, neglect and misappropriation of resident funds.

3232.2 A summary and analysis of each incident shall be completed immediately and reviewed within forty-eight (48) hours of the incident by the Medical Director or the Director of Nursing and shall include the following:

- (a) The date, time and description of the incident;
- (b) The name of the witnesses;
- (c) The statement of the victim;
- (d) A statement indicating whether there is a pattern of occurrence; and
- (e) A description of the corrective action taken.

3232.3 Summaries and analyses of incidents shall be reviewed at least monthly by the Administrator or designee in order to identify and correct health and safety hazards and patterns of occurrence.

3232.4 Each incident shall be documented in the resident's record and reported to the licensing agency within forty-eight (48) hours of occurrence, except that incidents and accidents that result in harm to a resident shall be reported to the licensing agency within eight (8) hours of occurrence.

3232.5 Incidents of abuse or neglect resulting in injury to a resident, or incidents of misappropriation of a resident's funds, shall be reported immediately to the appropriate agencies, including the Department of Health, the Metropolitan Police Department, the Long-Term Care Ombudsman and Adult Protective Services.

3233. GRIEVANCES

3233.1 Each facility shall provide each resident, or Resident's Representative, an opportunity to file a grievance with the Administrator, either orally or in writing, concerning any aspect of the resident's care, treatment or living conditions at the facility.

3233.2 Each facility shall provide each resident a written form on which a grievance may be filed, and an opportunity to file a copy of the grievance with the Director.

3233.3 If a grievance is filed orally, the Administrator shall ensure that the grievance is immediately reduced to writing and sets forth the name of the resident, date and time of the grievance, and the

specific details of the grievance. The facility shall ensure that the resident has an opportunity to review the grievance as recorded and to file a copy thereof with the Director.

3233.4 The Administrator or designee of each facility shall review each grievance filed within seventy-two (72) hours of its filing and shall respond in writing to the resident or the Resident's Representative within five (5) business days.

3233.5 Each facility shall use its best efforts to resolve each grievance as soon as practicable, and shall report to the resident and the Resident's Representative on the status of the resolution of the grievance at least every thirty (30) days.

3233.6 Facility records on grievances shall be maintained by the facility for at least three (3) years after the date of filing and shall be available to the Director.

3234. ENVIRONMENTAL REQUIREMENTS

3234.1 Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public.

3234.2 Each facility shall comply with applicable provisions of the BOCA National Building Code; the BOCA International Plumbing Code; the BOCA International Mechanical Code; the NFPA National Elevator Code and other applicable federal and District of Columbia laws, as provided in this chapter. Any other provision of this chapter related to environmental requirements shall not apply to a facility that is licensed on the effective date of these rules and provides evidence that compliance would require major renovation.

3234.3 The physical plant shall provide maximum environmental support for the goals of each service that is offered and shall be responsive to the needs of each resident, employee, and the visiting public.

3234.4 The provision of space and the way in which the facility is equipped, furnished, and maintained shall provide a home-like setting for each resident while providing the staff a pleasant and functional working environment.

3234.5 Utilization of decoration, color, and furnishings shall be designed in order to minimize the institutional character of the facility.

3234.6 The limited mobility of each resident shall be considered in designating uses and proximity relationships for various rooms in the facility.

3234.7 The facility shall provide one (1) or more rooms designated for resident social, recreational, and dining activities which shall be:

- (a) Easily accessible from each resident's bedroom;
- (b) Well ventilated with designated smoking areas identified;

(c) Adequately furnished; and

(d) Have sufficient space to accommodate all activities.

3234.8 The facility and its lighting system shall be designed, equipped and maintained to avoid high brightness, highly reflective surfaces and glare.

3234.9 Lighting levels throughout the facility shall conform to the minimum lighting level, as set forth in 3234.9, provided that the facility shall provide any additional lighting level as may be needed by residents with visual impairments and as may be needed for special tasks.

3234.10 The following minimum lighting levels shall be used throughout the facility:

MINIMUM LIGHTING LEVELS (FOOT-CANDLES ON THE TASK)

(AREA/ACTIVITY) (FOOT CANDLES)

Barber/Beauty area 50

Corridors: 20

Nursing areas - day 10

Nursing areas - night 50

Dietary 15

Elevators 50

Examination room 50

Employee Lounge 20

Employee Locker Room 30

Linens: 30

Sorting soiled linens 10

Central (clean) linen supply 15

Linens rooms/closets 20

Janitor closet 30

Lobby: 50

General 50

Receptionist 50

Administrative spaces: 30

General office 30

Medical records 50

Conference/interview area/room 50

Mechanical/electrical room/space 50

Nursing station: 20

General 10

Desk 30

Medication area 50

Nourishment center 15

Corridors - day 30

Corridors - night 30

Occupational therapy 30

Work area, general 15

Work benches/tables 30

Resident room: 30

General 30

Reading/bed 15

Toilet 20

Physical Therapy 30

Resident Lounge:

General 15

Reading 30

Resident dining 30

Speech therapy 30

Stairways 15

Storage, general 20

Toilet/shower/bath 30

3234.10 Every habitable room shall contain windows of size, area, and specifications in accordance with the 1996 BOCA National Building Code.

3234.11 In habitable rooms, windows shall be of openable type, with sills no higher than three (3) feet above the floor.

3235. ELECTRICAL SYSTEMS

3235.1 Each electrical system shall be designed, constructed, maintained, and inspected in accordance with the 1996 NFPA National Electrical Code, and all other applicable District rules and regulations.

3235.2 Each electrical cord, appliance, and equipment shall be maintained in a safe operating condition, and each frayed wire and cracked or damaged switch and plug shall be replaced.

3235.3 Each facility shall have available, and in working order, an emergency electrical system.

3235.4 Each emergency electrical system shall provide lighting and power for night lights and for lights at each entrance, exit, stairway, corridor, boiler room, each piece of life support equipment, and each fire detection, alarm and extinguishing system in the event that the normal electrical supply is interrupted.

3235.5 When life support systems are used, the facility shall provide emergency electrical power with an emergency generator (as defined in the 1996 NFPA National Electrical Code, Health Care Facilities) that is located on the premises.

3235.6 Emergency power shall be provided for at least one (1) elevator which is accessible to each resident area.

3236. WATER SUPPLY AND DISTRIBUTION

3236.1 Each water supply and distribution system shall conform with the 1995 BOCA International Plumbing Code, District of Columbia Construction Code Supplement, Title 12 DCMR, and all other applicable District laws and regulations.

3236.2 There shall be no cross-connection between the potable safe water supply and each water supply that is non-potable, or any source of pollution through which a safe supply might become contaminated.

3236.3 Each sink, bathroom, bathtub, and shower shall have a continuous supply of hot and cold running water.

3236.4 The temperature of hot water of each fixture that is used by each resident shall be automatically controlled and shall not exceed one-hundred and ten degrees Fahrenheit (110 [degrees] F) nor be less than ninety-five degrees Fahrenheit (95 [degrees] F).

3236.5 Each water system shall also include a separate or booster supply at higher temperatures for kitchen, dish washing, and laundry uses.

3236.6 Water pressure shall be at least fifteen (15) pounds per square inch (p.s.i.) on each floor during each period of peak demand.

3236.7 Each drinking fountain that is accessible to a resident shall be installed in an area that is available for general resident use.

3236.8 The facility shall establish procedures for the provision of a safe and functional supply of water for emergency use when the normal supply of water is lost.

3237. SEWAGE AND SOLID WASTE DISPOSAL

3237.1 Each system for the disposal of water-carried sewerage shall be constructed, operated, and maintained in accordance with the 1995 BOCA International National Plumbing Code, District of Columbia Construction Code Supplement, Title 12 DCMR and all other applicable District laws and regulations.

3237.2 Solid waste management, including each disposal and incineration facility, shall comply with the provisions of the Environmental Regulations (Title 20 DCMR), the Alcoholic Beverages and Food regulations (Title 23 DCMR), the 1996 BOCA National Building Code, and all other applicable District laws and regulations.

3237.3 The frequency of trash and garbage pick-ups shall be adequate to prevent storage periods longer than four (4) days.

3237.4 Adequate facilities shall be provided for the collection and storage of trash and all other refuse accumulations.

3237.5 Trash and waste shall be handled and stored in a manner pursuant to the requirements set forth in Titles 20 and 23 of the DCMR.

3238. HEATING AND COOLING

3238.1 Each piece of heating and air conditioning equipment and its installation shall comply with the 1996 BOCA International Mechanical Code (Heating, Air Conditioning and Refrigeration), and all other applicable District laws and regulations.

3238.2 Each heating system shall be of a size and capacity to maintain a minimum temperature of seventy-one degrees Fahrenheit (71 [degrees] F).

3238.3 Each room that is used by a resident shall be maintained at a minimum temperature of seventy-one degrees Fahrenheit (71 [degrees] F) and a maximum of seventy eight degrees Fahrenheit (81 [degrees] F) at all times when the room is occupied.

3238.4 Each heating and cooling system shall be thermostatically controlled from one (1) or more areas, and shall be accessible to appropriate facility staff.

3238.5 Each heating fixture shall be properly shielded for the safety of each resident.

3238.6 Each heating source shall be equipped with hand controls.

3238.7 No portable room heater or space heater shall be permitted in any room.

3238.8 A fireplace may be utilized for decorative, social, and recreational purposes only.

3238.9 Only authorized persons shall have access to the boiler and the mechanical equipment room.

3239. VENTILATION AND EXHAUST

3239.1 Each facility shall be well ventilated through the use of windows, forced air, or both.

3239.2 Both natural and mechanical ventilation and exhaust shall comply with the provisions of the 1996 BOCA International Mechanical Code (Heating, Air Conditioning and Refrigeration), and all other applicable District laws and regulations.

3239.3 If only a natural ventilation is relied upon, the total open area shall equal at least 4% of the floor area served.

3239.4 When an open area other than windows is included in the required area, at least fifty percent (50%) of the required area shall be furnished by a window or windows.

3239.5 Ventilating skylights may be permitted to furnish not more than fifty percent (50%) of the required open area.

3239.6 Mechanical ventilation shall be provided in accordance with the latest edition of "Pressure Relationships and Ventilation of Certain Areas of Long Term Care Facilities" from the American Institute of Architects Committee on Architecture for Health, with assistance from the U.S. Dept. of Health and Human Services.

3239.7 In each area in which food or drink is served, a minimum of two (2) cubic feet per minute air changes of outside air per hour shall be provided.

3239.8 Each respiratory isolation room and connected bathroom shall be ventilated with negative pressure that shall prevent contamination of other areas.

3239.9 Each cooking unit that creates smoke, steam, gases, fumes, odors, vapors, or excessive heat shall be hooded and vented or locally vented to the outside air by forced draft in accordance with Title 23 of the DCMR.

3239.10 Each small burner that is used intermittently for short periods of time such as warming equipment, a bread toaster, coffee urn, and radiant cooking units shall not be vented unless it or a combination of the units create a nuisance.

3239.11 Each cooking unit ventilation hood shall be provided with an automatic fire extinguishing system.

3239.12 Each ventilation and exhaust system shall be maintained in good operating order.

3239.13 Air filters shall be provided and shall be properly cleaned, regularly replaced, and maintained in each circulating air system, including each individual air conditioning unit in each resident's room.

3240. ACOUSTICAL INSULATION AND NOISE REDUCTION

3240.1 No resident room or area shall have a general noise level from external sources in excess of forty-five (45) decibels.

3240.2 In addition to meeting the requirement of subsection 3240.1 every effort shall be made in the facility to reduce noise levels, airborne sound transmission, and their impact.

3240.3 Air space around each duct, other openings into rooms, and air space under and around each door and partition shall be properly sealed in order to maintain sound isolation.

3240.4 In each duct and fan installation, noise generation shall not exceed by more than ten (10) decibels the permissible noise level attributable to the external source in the area served.

3240.5 Wall-to-wall carpeting suitable for use under wheelchairs and rolling equipment shall be used in each resident area where the general noise level would otherwise exceed forty-five (45) decibels at any time.

3240.6 Window curtains of a soft fabric, fabric wall hangings, and other materials that absorb sound shall be used in each area of high noise generation.

3241. ELEVATORS

3241.1 Each elevator shall be designed, constructed, maintained, and inspected in accordance with the 1996 NFPA National Elevator Code, and all other applicable District laws and regulations.

3241.2 An electric or electrohydraulic elevator shall be installed in the facility if either a resident's bedroom or other resident area is located on a floor above the street level.

3241.3 The facility shall have at a minimum one elevator large enough to accommodate a wheeled stretcher.

3241.4 Each car door or non-hospital type elevator shall have a minimum clear opening of thirty-two (32") inches.

3241.5 Each elevator car floor shall stop automatically flush with each floor level.

3241.6 Each elevator shall be equipped with a by-pass switch in order to enable emergency express use.

3241.7 The number of elevators in the facility shall be determined by an elevator needs study submitted by the owner of a nursing facility to be approved by the Director, and shall be provided in accordance with the latest edition of the "Guidelines for Construction and Equipment of Hospitals and Medical Facilities," published by the American Institute of Architects.

3241.8 Each elevator shall be timed to allow safe entrance and exit of residents.

3242. WALLS, CEILINGS, FLOORS, AND FINISHES

3242.1 Walls and floors shall be designed and maintained to minimize the incidence of accidents.

3242.2 Walls shall be made of materials that will permit frequent washing.

3242.3 The finish in areas exposed to water, high humidity, or grease shall be moisture-proof or grease-proof, or both.

3242.4 Floors shall be easily cleaned, and either carpeted or of non-slip surface.

3242.5 Floor materials shall be mounted flush with adjacent materials to provide unbroken surfaces facilitating wheelchair use.

3242.6 Door threshold and expansion joint covers shall be flush with the floor.

3242.7 The ceiling of each unheated room or of each room where there is high heat generation, such as boiler or laundry room, kitchen, and similar room, shall be insulated to prevent heat loss or transfer when the floor directly above is used by residents.

3242.8 Floors on grade or above air spaces shall be insulated to prevent heat loss.

3242.9 Each facility shall use lead-free paint inside the facility and shall remove or cover old paint or plaster containing lead so that it shall not be accessible to residents.

3243. RAMPS, STAIRS, AND CORRIDORS

3243.1 Doorway, passageway, and stairwell designs shall meet the requirements of the 1996 BOCA National Building Code and applicable District laws and regulations, NFPA Standard No. 101, Section 10-1 and 10-2, and the Uniform Federal Accessibility Standards (published pursuant to the Architectural Barriers Act, 42 U.S.C. §§ 4151 - 4157).

3243.2 Each circulation route shall be kept free from any obstruction at all times.

3243.3 Each ramp, stairway, and corridor that is used by a resident shall be equipped with firmly secured handrails or banisters on each side.

3243.4 Each handrail or banister end shall return to the wall.

3244. OUTDOOR SPACE

3244.1 Each facility shall provide in its design and on its property some outdoor area for use by residents, staff, and the visiting public for quiet recreation.

3244.2 No set of steps shall be included in the design of the outdoor space, and the space shall be accessible from the ground floor level of the facility without the use of ramps or steps.

3244.3 Outdoor space shall be well-planted and maintained, and it shall be of sufficient size and shape to permit sitting areas that are reasonably private.

3245. NURSING UNIT DESIGN

3245.1 A nursing station space shall be provided on each unit for the supervision and care of each resident.

3245.2 No resident's bedroom shall be located more than one-hundred and twenty (120) feet from the nursing station.

3245.3 Adequate space and facility for the proper and easy maintenance of medical records shall be provided at each nursing station, and shall include an ample writing surface, be well-lighted, and be within easy reach of file cabinets and other record storage equipment.

3245.4 Each nursing station shall be well-ventilated, reasonably insulated from sound, and equipped with a telephone.

3245.5 At least one (1) toilet room with a sink shall be provided for the nursing staff.

3245.6 Where unit-dose or a similar medication system is not used, a medication preparation and storage room adjacent to the nurses station shall be provided.

3245.7 Each nurses station shall be well-lighted, equipped with hot and cold water fixtures, a locked refrigerator, and other locked cabinets used only for storage of medications and drug supplies, including controlled substances. Access to these areas shall be limited to authorized nursing, medical or pharmacy staff.

3245.8 A clean workroom shall be provided for nursing procedures and shall include a work area and counter space for medication preparation separate from those for nursing procedures. A single sink unit may be used for both activities.

3245.9 A telephone shall be provided for use by employees.

3245.10 A call system that meets the following requirements shall be provided:

(a) Be accessible to each resident, indicating signals from each bed location, toilet room, and bath or shower room and other rooms used by residents;

(b) In new facilities or when major renovations are made to existing facilities, be of a type in which the call can be terminated only in the resident's room;

(c) Be of a quality which is, at the time of installation, consistent with current technology; and

(d) Be in good working order at all times.

3245.11 Adequate storage space shall be provided in each nursing unit for the storage of equipment, clean linens, and other non-pharmaceutical supply items.

3245.12 Adequate utility room space shall be provided in each nursing unit for the separate handling of various soiled functions.

3245.13 Separate rooms shall be provided when various soiled functions should not be mixed. Each nursing unit room for various soiled functions shall contain the following:

(a) Clinical sink;

(b) Adequate work counters;

(c) Adequate cabinet space;

(d) Waste receptacles; and

(e) Soiled linen receptacles.

3246. RESIDENT BEDROOMS

3246.1 Each resident bedroom shall be designed and equipped for providing adequate nursing care, comfort, and privacy of residents.

3246.2 Each bedroom shall provide a personal, home-like atmosphere which includes the use of an eye-level mirror, and other personal belongings.

3246.3 Each bedroom shall have direct access to a corridor and at least one (1) window to the outside.

3246.4 No resident bedroom shall be located on a floor that is below grade level.

3246.5 If the room is not for single occupancy, each bed shall have flameproof ceiling suspended curtains which extend around each bed in order to provide the resident total visual privacy, in combination with adjacent walls and curtains.

3246.6 Each bedroom shall be equipped for each resident with the following minimum items:

(a) A separate bed of proper size and height for the convenience of the resident and appropriate to the resident's physical condition;

(b) A clean, comfortable mattress;

(c) Bedding appropriate to the weather and climate;

(d) Functional furniture appropriate to the resident's needs and individual closet space with clothes racks and shelves accessible to the resident;

(e) A call system meeting the requirements of section 3245.10;

(f) A bedside table or cabinet with some lockable storage space; and

(g) One (1) chair.

3246.7 One (1) or more bedrooms shall be designated, when needed, as isolation facilities for any resident who has an infectious or contagious disease.

3246.8 Each resident room shall be ventilated and shall have separate, adjacent toilet and bathing facilities.

3246.9 Each new facility and each facility proposing renovation that involves reconfiguration of resident rooms shall be designed so that each resident bedroom shall have no more than two (2) occupants.

3246.10 At least three (3) feet of space shall be maintained between a resident's bed and the next bed, between a resident's bed and the door and between the foot of a resident's bed and the wall.

3246.11 Each multiple-occupancy room shall provide no less than eighty (80) square feet per resident, exclusive of closets, toilet rooms, wardrobes, and vestibules.

3246.12 Each single-occupancy room shall provide no less than one-hundred (100) square feet per resident, exclusive of closets, wardrobes, toilet rooms, and vestibules.

3246.13 Each resident bedroom shall be designated by distinct letters or numbers on the door or the wall beside the door.

3246.14 In each new facility telephone jacks shall be installed in each resident room.

3247. RESIDENT TOILETS AND BATHROOM

3247.1 A toilet room shall be directly accessible from each resident's room and from each central bathing area without going through the general corridor.

3247.2 One (1) toilet room may serve two (2) resident rooms, but not more than four (4) beds.

3247.3 The sink may be omitted from the toilet room if a sink is provided in the room of the resident served by the toilet room.

3247.4 Each sink shall be installed with a proper trap in order to prevent its drain from clogging.

3247.5 Grab bars shall be installed in each toilet and bathing compartment.

3247.6 Each toilet and bathroom shall be equipped with sturdily mounted handrails in order to provide adequate assistance to each resident.

3247.7 Each bathtub shall be safe for use by residents.

3247.8 Door hardware on each toilet stall shall be of the type that shall operate both from the inside and outside.

3247.9 Connection to the nurses call system shall be provided in each toilet, tub, and shower stall and in each toilet room or wash room that is used by a resident.

3247.10 Each shower in newly constructed facilities shall be no less than four (4) feet square in size, including curbs, to prevent the flow of water from inside the shower.

3247.11 Each toilet, shower, or tub shall be installed in a separate stall or room.

3247.12 No less than one (1) one bath tub or shower shall be provided for every twenty (20) residents not otherwise served by bathing facilities in resident rooms.

3247.13 When multiple toilets are installed in the same room, sinks shall be provided in the ratio of at least one (1) for every three (3) toilets or urinals.

3247.14 In multiple installations, urinals may be substituted for toilets in male bathrooms in compliance with the 1995 BOCA International Plumbing Code.

3247.15 No resident toilet or bathing unit shall be used by staff.

3247.16 There shall be adequate clearance space at the front and each of the sides of the toilet, as well as adequate room for other fixtures and equipment, as needed.

3247.17 In common living or dining areas on floors where no residents live, at least one (1) toilet and one (1) sink shall be provided for each sex, for every fifty (50) residents. These toilets shall be located adjacent to the common areas.

3247.18 Rooms shall not be arranged in the facility so that the sole entrance or exit from any bedroom or bathroom is by way of any other bedroom, bathroom, or food-handling area.

3248. REFRESHMENT STATIONS

3248.1 Each nursing unit shall have a refreshment station area for use by the staff for the storage and serving of between-meal snacks to residents.

3248.2 The refreshment station area shall contain a refrigerator for food stuffs only, a sink, and equipment for heating foods and drinks.

3249. RESIDENT RECREATION AND SOCIAL AREAS

3249.1 Each nursing unit shall have, on the same floor as the unit, social recreation spaces in the amount of twenty (20) square feet per the average number of residents in the unit.

3249.2 Sound-insulated flexible partitions may be used to divide larger spaces.

3249.3 Each social area may also be used for small group dining, if there exists other social space sufficient to accommodate the average number of residents who may wish to occupy it at any one time.

3249.4 Each social area shall contain at least one (1) window providing natural light.

3249.5 Whenever possible, each social area shall be located along walls that receive at least two (2) hours of direct sunlight a day.

3249.6 Each social area shall be attractively furnished and attractively decorated.

3249.7 Each social area may contain plants and pets of suitable temperament.

3249.8 Furniture shall be arranged to facilitate small group conversation.

3249.9 A refreshment station shall be located near or adjacent to each social area.

3249.10 At least one (1) social area on each nursing unit shall be designated for quiet privacy and may be utilized by each resident and his or her visitor.

3249.11 Each facility shall provide at least one (1) room large enough to accommodate residents and staff for special events.

3249.12 The dining area may be used for social purposes when it can be shown that use of the room can be accommodated without interference with the facility's food services.

3249.13 For each newly constructed facility and those where there has been a change in the configuration of facility space, the social area shall be large enough for more than ten (10) residents.

3249.14 The facility shall make accessible to residents a semiprivate space where a telephone can be used.

3249.15 At least one (1) telephone equipped with an amplifier shall be available to residents.

3250. FOOD SERVICE AREAS

3250.1 Each food service area shall be planned, equipped, and operated in accordance with Title 23 DCMR, Chapters 22, 23 and 24, and with all other applicable District laws and regulations.

3250.2 Each facility shall have a kitchen area adequate to meet its food service needs.

3250.3 Each kitchen area shall be well ventilated and maintained at a comfortable temperature to protect the health and safety of employees.

3250.4 When food is prepared on the premises, each kitchen area shall be arranged and equipped for the refrigeration, storage, preparation and serving of food, as well as for dish washing, utensil washing, and refuse storage and removal.

3250.5 Each food preparation area shall be arranged for the separation of each function and shall be located to permit efficient service to the residents.

3250.6 A hand washing facility with single service towels shall be provided for kitchen employees in the areas where food is handled and in each separate area of the food operation.

3250.7 No food preparation area shall be used for non-dietary functions.

3250.8 A well-lighted, well-ventilated area shall be provided in the facility for any resident who is able to eat outside his or her room.

3250.9 At least twelve (12) square feet of floor area shall be provided for each resident who uses the dining room.

3250.10 Provisions shall be made for group dining.

3250.11 When residents are unable to go to the central dining room, a convenient area close to their living quarters shall be designed for group dining.

3250.12 Each dining area shall have windows and shall be pleasantly furnished and decorated in a home-like style.

3250.13 Special tables and extra square footage shall be provided in the dining area for wheelchair seating as needed.

3250.14 The facility shall furnish separate locker room or similar space for male and female food service employees in an area near the food service department.

3251. THERAPY SERVICE AREAS

3251.1 Each facility shall have therapy areas of sufficient size to accommodate and store all necessary equipment and supply items, and to facilitate the movement of the residents and staff.

3251.2 Appropriate equipment for each function performed in the therapy service areas shall be provided and properly installed, with utilities properly safeguarded.

3251.3 Space shall be provided for examinations, treatment, and other therapeutic activities and shall include:

(a) A treatment table or special treatment chair;

(b) A sink with accessible controls;

- (c) An instrument sterilizer approved by the D.C. Fire Department;
- (d) An instrument table;
- (e) Necessary equipment for the therapy provided, instruments and supplies; and
- (f) Handicapped bathrooms accessible for residents' use equipped with handrails and grab bars.

3252. OTHER RESIDENT SERVICE AREAS

3252.1 Each facility shall provide a gift shop or resident store for a minimum of two (2) hours a day, five (5) days per week, or a gift shop cart must be accessible two (2) hours per day, five (5) days per week.

3252.2 Various services provided shall afford each resident an opportunity to purchase items such as magazines, candies, small gifts, postage stamps, stationery, writing implements, and other supplies.

3252.3 Vending machines alone are not sufficient to meet with the requirements of this section.

3252.4 Each facility shall have personal grooming services for both male and female residents.

3252.5 The services of a licensed barber or licensed beautician shall be available to residents.

3253. PUBLIC AND STAFF FACILITIES

3253.1 Toilet and washroom facilities shall be provided for the public.

3253.2 Toilets and sinks shall be provided for the staff.

3253.3 In existing facilities, a locker shall be provided for each employee and provision shall be made for the use of a conveniently located change area for each sex.

3253.4 In newly constructed facilities, separate locker rooms shall be provided for employees of each sex who do not live on the premises, with separate lockers for each employee.

3254. LAUNDRY AREAS

3254.1 An employee of the facility shall be responsible for ensuring that linens are in good condition.

3254.2 There shall be a separate area provided for the reception of all resident laundry, and it shall not be in any area where residents sleep, eat or otherwise frequent.

3254.3 Suitable bags shall be provided for resident linen and laundry.

3254.4 No resident linen shall be sorted, laundered, rinsed, or stored in any bathroom, resident room, kitchen, or food storage area.

3254.5 The linen supply shall be at least three (3) times the amount that is needed for the licensed occupancy.

3254.6 There shall be enough sheets to allow for one (1) bed change per shift for incontinent residents.

3254.7 There shall be enough towels and wash cloths to provide for at least one (1) set each day for each resident with additional sets available to allow for two (2) sets per shift for each incontinent resident.

3254.8 Clean linen and clothing shall be stored in clean, dry, dust-free areas that are easily accessible to each nurse's station.

3254.9 Each laundry facility shall be located in an area that is separate from the resident units and shall be provided with the necessary washing, drying, and ironing equipment.

3254.10 No laundry area shall be used as a passageway.

3254.11 Each dryer shall be vented to the outside and equipped with a removable lint trap.

3254.12 Each piece of electrical equipment shall be grounded in accordance with the 1996 NFPA National Electrical Code.

3254.13 Each piece of laundry shall be handled, processed, stored, and transported in a manner designed to prevent transmission of infection.

3254.14 Soiled linen shall be stored in a separate well-ventilated area and shall not be permitted to accumulate in the facility.

3254.15 Contaminated laundry shall be placed in double, specially colored bags and processed separately.

3254.16 Each laundered article shall be free of dirt, irritating chemical residue, and pathogenic organisms.

3254.17 Laundered articles shall be transported in enclosed, linen hampers with removable liners, in enclosed carts or dollies, or securely wrapped.

3254.18 If a facility launders a resident's personal clothing, the personal clothing shall be returned to them in an appropriate manner and condition.

3254.19 Each facility shall develop written policies and procedures relating to the operation of the laundry and linen management, and they shall be available in each laundry area.

3254.20 To effectively disinfect soiled linens, hot water temperature shall be one hundred and fifty degrees (150 [degrees]) to one hundred sixty degrees Fahrenheit (160 [degrees] F) during the wash cycle.

3255. HOUSEKEEPING AND MAINTENANCE

3255.1 Adequate provision shall be made for the storage of each housekeeping supply item and each piece of equipment in a janitorial closet that is separate from any toilet or utility room.

3255.2 Each janitorial closet shall be well-lighted and ventilated and shall be equipped with a janitorial sink.

3255.3 Janitorial closets shall be locked when not in use.

3255.4 Each poison and toxic substance, including those used for pest control, shall be stored in the non-resident and non-food preparation areas of the facility.

3255.5 Each storage area containing a poison shall be locked and shall have limited access.

3256. HOUSEKEEPING AND MAINTENANCE SERVICES

3256.1 Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner.

3256.2 Each housekeeping employee shall have as his or her primary responsibility the sanitary maintenance of the facility.

3256.3 No nursing or dietary employee shall perform housekeeping duties on a routine basis.

3256.4 Each housekeeping employee shall keep the facility free from offensive odors, accumulations of dirt, rubbish, dust, and hazards.

3256.5 Each storage area, attic, and basement shall be kept safe and free from any accumulation of extraneous materials such as refuse, discarded furniture, and other waste materials.

3256.6 Each combustible, such as cleaning rags and compounds, shall be kept in a closed container when not in use.

3256.7 The housekeeping staff shall thoroughly clean any bedroom that has been used by a resident before it is used by any other resident.

3256.8 Each resident room shall be cleaned and arranged in an orderly fashion and shall be well-ventilated.

3256.9 Odor control shall be achieved by cleanliness and proper ventilation.

3256.10 The facility shall develop policies and procedures relating to the operation of housekeeping and maintenance services.

3256.11 Maintenance services shall include the responsibility for the provision of light, heat, power, and

3256.12 Each building, each piece of equipment, and the grounds shall be regularly maintained and attended.

3256.13 Each building shall be maintained in good repair and shall be free of any hazard, such as cracks, warped or loose boards, loose tiles, loose or broken windowpanes.

3256.14 A regularly scheduled in-service training program shall be provided for housekeeping and maintenance staff.

3257. PEST CONTROL

3257.1 The facility shall have a pest control program that includes integrated pest management (IPM) principles to minimize the use of pesticides and encourage the use of the least toxic and least flammable effective insecticides and rodenticides.

3257.2 Pest control services shall be provided either by maintenance staff or by contract with a pest-control company.

3257.3 Each facility shall be constructed and maintained so that the premises are free from insects and rodents, and shall be kept clean and free from debris that might provide harborage for insects and rodents.

3257.4 Each openable window shall be screened.

3257.5 Each opening to the outside shall minimize the influx of insects.

3257.6 The facility shall use the least toxic and the least flammable effective insecticides and rodenticides.

3258. GENERAL SAFETY AND INSPECTION

3258.1 The facility shall have detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing residents.

3258.2 First aid supplies shall be readily available on each unit to each employee.

3258.3 The Administrator or his or her designee shall regularly inspect each building and grounds to ensure they are free from hazards of any kind and that sanitary standards and infection control standards are met.

3258.4 A written report of inspections shall be filed and maintained by the Administrator.

3258.5 Investigations into the causes of accidents shall be instituted immediately upon an accident occurring; and after a thorough investigation, corrective measures deemed necessary shall be adopted within a reasonable time.

3258.6 Each facility shall provide for safe storage and handling of flammable and non-flammable gases.

3258.7 No storage room for flammable compressed gases shall contain an oxidizing material.

3258.8 Each storage room for flammable and non-flammable gases shall be deemed a hazardous location.

3258.9 Each container or cylinder of flammable and non-flammable gas shall be securely racked and fastened at all times.

3258.10 Each cap of each cylinder of flammable and non-flammable gas shall be maintained in place at all times when the cylinder is not in use.

3258.11 No carpeting shall be used in any wet work area, kitchen, and treatment room.

3258.12 No throw or scatter rug shall be used, except for a non-slip entrance mat that is mounted flush with the floor surface.

3258.13 The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.

3259. FIRE AND EMERGENCY PREPAREDNESS

3259.1 The facility shall have a manual of action to be taken in the event of a fire, approved by the D.C. Fire Department.

3259.2 The fire instructions manual shall specify the following:

- (a) The plan to be followed in case of fire, explosion, or other emergency;
- (b) The persons to be notified;
- (c) The locations of alarm signals and fire extinguishers;
- (d) The evacuation routes;
- (e) The procedures for evacuating the residents;
- (f) The frequency of fire drills; and
- (g) The assignment of specific tasks and responsibilities to the employees on each shift in the event of fire, explosion or other emergency.

3259.3 A fire plan shall be developed with the assistance of qualified fire and safety experts. Each employee shall be trained to perform specific tasks according to the fire plan.

3259.4 Simulated drills testing the effectiveness of the fire plan shall be conducted for each shift at least four (4) times a year.

3259.5 Fire and emergency evacuation plans shall be posted conspicuously on each floor and throughout the facility.

3259.6 The most recent fire inspection report with the date of the latest inspection of the alarm system shall be available in the Administrator's office.

3259.7 Curtains and other fabrics that are hung on walls shall be of flame-proof material and shall be maintained flame-resistant.

3259.8 Carpeting used in each nursing facility shall have a flame spread rating of not over seventy-five (75), or in fully sprinkler buildings, a rating of not over two hundred (200), and shall otherwise comply with the National Fire Prevention Association (NFPA) requirements.

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3264. PHYSICAL STRUCTURE AND CONSTRUCTION

3264.1 Each physical plant of a facility shall conform to all applicable District and Federal rules and regulations pertaining to construction requirements.

3264.2 Each new construction of a facility, and each addition to or repair, and remodeling of an existing building that is used for the facility, shall conform to the 1996 BOCA National Building Code, to all other applicable District rules and regulations pertaining to building construction and all applicable NFPA standards.

3264.3 Each addition to an existing facility shall comply with the minimum requirements in the latest edition of the Guidelines for Construction and Equipment of Hospitals and Medical Facilities developed by the American Institute of Architects Committee on Architecture for Health with assistance from the U.S. Department of Health and Human Services.

3264.4 For the purpose of this chapter, each conversion of an existing building to a nursing facility shall be considered a new facility.

3264.5 Each existing nursing facility shall comply with all applicable provisions of the current edition of the NFPA National Electrical Code.

3264.6 A facility shall be considered to be in compliance with NFPA requirements as long as the facility:

(a) On November 26, 1982, complied, with or without waivers, with the requirements of the 1967 or 1973 editions of the Life Safety Code and continues to remain in compliance with those editions of the code; or

(b) On May 9, 1988, complied, with or without waivers, with the 1981 edition of the Life Safety Code and continues to remain in compliance with that edition of the code.

3264.7 When District of Columbia Code requirements conflict with those of the federal or national agencies incorporated by reference above, the more stringent requirements shall apply unless specifically superseded by federal law.

3265. WHEELCHAIR ACCESS AND HANDICAPPED ACCESS

3265.1 Ramps shall be generally designed for wheelchair use, with the maximum gradient of one (1) to twelve (12), or eight and thirty-three one hundredths percent (8.33%).

3265.2 At least one (1) toilet room and stall that is large enough to accommodate a resident in a wheelchair and an attendant shall be provided on each floor.

3265.3 Doors to each toilet room and stall shall have a minimum width of two (2) feet and ten (10) inches to admit a wheelchair.

3265.4 A sink and toilet that is designed for residents with disabilities, particularly those who use wheelchairs with staff attendants, shall be available directly adjacent to each therapy area.

3265.5 Wheelchair use shall be considered in the design and equipping of personal grooming services rooms.

3265.6 Wheelchair seating in the central dining room shall be available as needed.

3265.7 The primary entrance to the facility shall be accessible to and usable by each handicapped person, and each exterior walk leading to the primary entrance shall be graded to the entrance level.

3265.8 A properly designed parking area shall be reserved close to the building to allow room for each handicapped person to get in and out of an automobile on a surface useable by each person who is in a wheelchair.

3265.9 Each floor shall have a non-slip finish and, where used by a handicapped person, shall be on a common level or connected by a negotiable ramp.

3265.10 Each door that is used by a handicapped person shall be capable of being opened with a single effort by a person who uses a wheelchair.

3265.11 Each water fountain, public telephone, and bath and toilet room shall be easily accessible to and useable by handicapped persons.

3265.12 Each new construction of a facility and each addition to and remodeling of an existing building that is used for a facility shall conform to the requirements set forth in the Uniform Federal Accessibility Standards.

3266. ENFORCEMENT

3266.1 Enforcement of the provisions of this chapter shall be in accordance with and pursuant to 22 DCMR Chapter 31.

3267. MRSA INFECTION PREVENTION

3267.1 Each nursing facility shall have written infection prevention and control policies and procedures.

3267.2 Each nursing facility shall identify MRSA colonized patients in an intensive care unit or other at-risk unit.

3267.3 Each patient colonized or infected with MRSA shall be isolated in an appropriate manner consistent with guidelines for best practices. A patient who is infected or colonized shall be permitted to participate in group activities provided that any draining wounds are covered, bodily fluids are contained, and the patient is observed to have proper hygiene practices.

3267.4 Each nursing facility shall adhere to hand hygiene best practices to ensure, through education and monitoring, that healthcare personnel properly cleanse hands between patient care activities.

3267.5 Each nursing facility shall monitor trends in the incidence of MRSA in the nursing facility over time and enhance infection control interventions if rates do not decrease.

3267.6 Each nursing facility shall maintain a mechanism for identifying a MRSA patient who is readmitted to the nursing facility (i.e. flagging).

3267.7 Each nursing facility shall have a worker education requirement regarding modes of transmission, use of personal protective equipment, disinfection policies and procedures, and other preventive measures in accordance with current CDC guidelines on the use of "Standard Precautions" and "Transmission-Based Precautions".

3268. TEMPORARY MANAGERS AND MONITORS

3268.1 If a facility is issued a restricted or provisional license, the Director may, if he or she determines it is appropriate, appoint a temporary manager or monitor in accordance with a mutually agreed upon timetable or until the facility is found to be in substantial compliance with licensing and applicable federal participation standards.

3268.2 Except as provided in subsection 3266.4, the tenure of the temporary manager or monitor shall be concurrent with the provisional or restricted license, except that the temporary manager or monitor may be terminated when:

- (a) A court determines the temporary manager or monitor is no longer necessary because the grounds on which the appointment was made no longer exist; or**
- (b) The facility is closing and all of its residents have been transferred or discharged.**

3268.3 The temporary manager or monitor may be extended beyond the date of expiration of the provisional or restricted license if the Director determines that the temporary manager or monitor is needed until the facility closes or until the Director takes additional enforcement action on behalf of the welfare of residents.

3268.4 The Director shall not appoint as a temporary manager or monitor:

- (a) An employee of a District government agency that licenses, operates, or provides a financial payment to any nursing facility licensed in the District of Columbia;**

(b) A former employee of the facility unless agreed to by the facility;

(c) The owner, licensee, or administrator of the facility, or an affiliate of the owner, licensee, or administrator; or

(d) A parent, child, grandchild, spouse, domestic partner, sibling, first cousin, aunt, or uncle of one of the facility's residents, whether the relationship arises by blood, marriage, domestic partnership, or adoption. For the purposes of this subparagraph, the term "domestic partner" shall have the same meaning as provided in D.C. Official Code § 32-701(3)(2010 Repl.), and the term "domestic partnership" shall have the same meaning as provided in D.C. Official Code § 32-701(4).

3268.5 A temporary manager shall:

(a) Take charge of or oversee the operation and management of the facility;

(b) Give notice of the temporary management to the facility's residents and employees, each resident's representative, the Long-Term Care Ombudsman, and any other person whom the Director orders must receive notice;

(c) Exercise his or her powers to correct the conditions that prompted the need for temporary management;

(d) Unless the facility is closing, take all steps necessary to achieve, maintain, or restore District licensure and federal Medicare/Medicaid certification;

(e) Preserve all property and records with which he or she is entrusted;

(f) Report to the Director at intervals to be determined by the Director as to the progress of the facility in reaching substantial compliance with licensing and federal certification standards; and

(g) Carry out any other duties established by the Director.

3268.6 A monitor shall:

(a) Observe the operation of the facility;

(b) Advise the facility on how to comply with licensing and federal participation standards;

(c) Give notice of the monitor to the facility's residents and employees, each resident's representative, the Long-Term Care Ombudsman, and any other person whom the Director orders must receive notice; and

(d) Report to the Director and the owner of the facility at intervals to be determined by the Director as to the progress of the facility in reaching substantial compliance with licensing and federal participation standards.

3268.7 The temporary manager or monitor shall operate at the expense of the facility.

3268.8 Appointment of a temporary manager or monitor shall commence by notice from the Director to the facility. The notice shall include:

(a) A statement of the grounds for the action; and

(b) Notification that the facility may, within seven (7) business days after the day written notice is received, file with the Office of Administrative Hearings a written request for an expedited hearing. An expedited hearing shall be conducted within three (3) business days of a timely request.

3268.9 A request for a hearing shall not serve to stay the appointment of the temporary manager or monitor.

3269. RESIDENTS' RIGHTS

3269.1 Each resident in a nursing facility shall have the right to the following:

(a) Freedom from discrimination in treatment or access to services based on reasons prohibited by the Human Rights Act of 1977, effective December 13, 1977 (D.C. Law 2-38; D.C. Official Code §§ 2-1401.01, et seq. (2007 Repl. & 2011 Supp.));

(b) To be fully informed by the nursing facility of all resident rights and all facility rules governing resident conduct and responsibilities upon admission and annually thereafter;

(c) To either manage his or her own personal finances, or be given a quarterly report of the his or her finances if this responsibility has been delegated in writing to the nursing facility;

(d) To be treated with respect and dignity and assured privacy during treatment and when receiving personal care;

(e) To not be required to perform services for the nursing facility that are not for therapeutic purposes, as identified in the plan of care for the resident;

(f) To associate and communicate privately with persons of the resident's choice, unless medically contraindicated;

(g) To send and receive personal mail, unopened by personnel at the nursing facility;

(h) To participate in activities of social, family, resident, religious, and community groups at the discretion of the resident, unless medically contraindicated;

(i) To keep and use personal clothing and possessions, as space permits, unless to do so would infringe on other residents' rights or is medically contraindicated;

(j) To maintain, at the nursing facility, a private locker, chest, or chest drawer that is large enough to accommodate jewelry and small personal property and that can be locked by the resident;

(k) To be provided with privacy for visits by the resident's spouse or domestic partner, or, if spouses or domestic partners are both residents in the nursing facility, be permitted to share a room, unless medically or psychosocially contraindicated;

(l) To be free from mental or physical abuse;

(m) To be free from chemical and physical restraints except as authorized pursuant to federal or District law and regulation;

(n) To be discharged from the nursing facility after receiving a consultation from a physician of the medical consequences of discharge; and

(o) Providing the administrator, physician, or a nurse of the nursing facility with written notice of the desire to be discharged; provided, that if the resident is a minor or a guardian has been appointed for a resident, the written request for discharge shall be signed by the resident's guardian, unless there is a court order to the contrary.

3270. DISCHARGE PLANNING

3270.1 A transfer or discharge of a resident from a nursing facility shall be done in accordance with the Nursing Home and Community Residence Facility Residents' Protection Act of 1985, effective April 18, 1986 (D.C. Law 6-108; D.C. Official Code §§ 44-1003.01, et seq. (2005 Repl. & 2011 Supp.)).

3270.2 The facility shall conduct a discharge assessment of each resident within fourteen (14) days after admission and twice annually thereafter. The discharge assessment shall include:

(a) A timeframe for discharging the resident to return home or to another facility; and

(b) If the resident is likely to be discharged within six (6) months after the discharge assessment, a discharge plan.

3270.3 Upon oral and written notification of discharge, the nursing facility shall provide to the resident and his or her representative:

(a) A current assessment of the resident's care needs and the kind of services and supports the resident will need upon discharge;

(b) Information about the resident's right to receive counseling that explains the resident's options of community-based care and care in the home, including the right to request that the facility arrange a visit to at least one (1) alternative community-based care facility; and

(c) A discharge plan that:

(1) Links the resident with community resources, including the District of Columbia Aging and Disability Resource Center;

(2) Explains the resident's options of community-based care and care in the home, including the right to request that the facility arrange a visit to at least one (1) alternative community-based care facility; and

(3) Sets forth an arrangement for the resident and an immediate family member or legal representative, if any, to visit at least one (1) alternative community-based care facility, at the resident's request.

3271. PROVISION OF ON-SITE SERVICES

3271.1 For the purpose of reducing the need to transport residents off-site for routine health services, each facility shall provide needed services on-site if the Department has determined that the provision of such on-site services is appropriate. On-site services that may be required by the Department include:

(a) Podiatry;

(b) Rehabilitative services, such as physical therapy, speech therapy and occupational therapy;

(c) Wound care;

(d) Mental health; and

(e) Substance-abuse treatment.

3271.2 Each facility shall provide dialysis services on-site if the Department has determined that the provision of such services on-site is appropriate and the facility has been issued a Certificate of Need authorizing the provision of on-site dialysis services.

3271.3 In order to operate a substance-abuse treatment program wherein the facility administers a narcotic, such as methadone, to manage addiction, the facility would have to be registered with the Department of Justice, Drug Enforcement Administration as a Narcotic Treatment Program. If the facility is not registered with the Drug Enforcement Administration, any resident who is treated for addiction with the administration of a narcotic, must be so treated as a patient of a certified Narcotic Treatment Program.

3271.4 In any substance-abuse treatment program that does not use the administration of a narcotic to manage addiction, as referred to in subsection 3271.3, the resident's participation shall be kept private and any and all records related to a resident's participation shall be confidential. The facility shall include in its operating policies and procedures, protocols on maintaining privacy and confidentiality.

3271.5 Persons who provide counseling to participants in substance abuse treatment programs shall qualify and be certified to do so by and in accordance with standards of the D.C. Board of Professional Counseling.

3299. DEFINITIONS

For purposes of this Chapter, the following terms shall have the meanings ascribed:

Act - Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984, D.C. Law 5-48, D.C. Official Code § 44-501 et seq.

Administrator - a person who is licensed as a nursing facility administrator by the District of Columbia and who is responsible for the day-to-day operation of a nursing facility.

BOCA - Building Officials and Code Administrators.

Certified Nurse Aide - an individual who, as a result of training and demonstrated competencies, provides nursing-related services to residents in a nursing facility, and who has obtained certification or credentials from the District of Columbia as being qualified to perform such services, pursuant to Chapter 32 of Title 29 of the District of Columbia Municipal Regulations.

Chemical restraint - any drug prescribed to control mood, mental status or behavior.

Colonized - having a bacterial organism present on or in the body that is not causing illness.

Communicable disease - any disease denominated a communicable disease under Title 22 of the District of Columbia Municipal Regulations, Section 201, including without limitation, any illness due to an infectious agent or its toxic product, which is transmitted directly or indirectly to a well person from an infected person, animal, or ectoparasite; or any illness due to an infectious agent or its toxic product which is transmitted through the agency of an intermediate host, vector or by exposure within the immediate environment. Communicable disease also shall mean any disease occurring as an outbreak of illness or toxic conditions, regardless of etiology in an institution or other identifiable group of people.

DCMR - District of Columbia Municipal Regulations.

Dentist - an individual licensed to practice dentistry in the District of Columbia pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Official Code § 3-1201.01 et seq.

Dietary service - an organized service applying principles of nutrition and management to menu planning, food preparation and service provided to residents and personnel in a facility.

Dietitian - a person who is qualified, based upon either registration by the Commission on Dietetic Registration of the American Dietetic Association or on the basis of education, training or experience, to identify dietary needs and to plan and implement dietary programs.

Director - the Director of the Department of Health.

District - the District of Columbia.

Emergency - an unexpected serious occurrence which usually requires immediate attention.

Facility - the overall organization, program, and services of a nursing facility, including staff personnel, the building or buildings, equipment, and supplies necessary for implementation of health and nursing services.

Food Service Manager - a qualified Dietitian; or a person who has successfully completed a two (2) year course in food service management, eligible for technician membership in the American Dietetic Association and has had supervised work experience in all phases of food services.

Interdisciplinary care plan - a comprehensive plan of care and treatment designed for an individual resident that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and physical needs.

Interdisciplinary care team - all facility personnel involved in the care of a resident, including medical, nursing, social services, dietary, therapeutic activities, rehabilitation services and others involved as necessary.

Licensed practical nurse - a person who has graduated from a school of practical nursing approved by the National Association of Practical Nurse Education and who is currently licensed to practice in the District of Columbia in accordance with the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Official Code § 3-1201.01 et seq.

Licensee - the person or entity to whom a license to operate a nursing facility is issued, and who is legally responsible for operating a facility.

Medicaid - medical assistance provided under a State plan approved under the Social Security Act, approved August 4, 1935, P.L. 74-271, 49 Stat. 620, 42 U.S.C. §§ 1396-1396v, subchapter XIX, chapter 7.

Medical Director - a physician, appointed by a nursing facility, who is currently licensed to practice medicine in the District of Columbia, who has experience in adult medicine and has knowledge of geriatric medicine.

Medically contraindicated - should not be administered to an individual because of a condition that the individual has, such that administration of the treatment, service, medication, or immunization at issue will be detrimental to the individual's health.

Medicare - the federal health insurance program for the aged and disabled under the Social Security Act, approved August 4, 1935, P.L. 74-271, 49 Stat. 620, 42 U.S.C. §§ 1395-1395ccc, subchapter XVIII, chapter 7.

Methicillin-resistant staphylococcus aureus (MRSA) - a bacterium that is resistant to antibiotics known as beta-lactams. These antibiotics include methicillin, amoxicillin, oxacillin, and penicillin.

New facility - a nursing facility for which construction is begun after the effective date of these rules or a building for which conversion to a nursing facility is begun after the effective date of these rules.

NFPA - National Fire Prevention Association.

Nurse aide - an individual who, as a result of training and demonstrated competencies, provides nursing-related services to residents in a nursing facility. This definition includes certified nurse aides, as defined above. This definition does not include individuals who volunteer to provide such services without pay, but does include individuals who are hired by residents and their families to provide care to residents in a nursing facility, and includes nurse aides supplied by an agency as well as those actually employed by the facility.

Nurse practitioner - a person licensed as an advanced registered nurse under the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Official Code § 3-1201.01 et seq. to perform medical diagnosis, treatment, prescription and other functions authorized by the Act and in collaboration with a physician, osteopath or dentist who shall be responsible for the overall medical direction of the health-care team. A nurse practitioner may also be known as an Advanced Registered Nurse.

Nursing facility - a 24-hour institution or distinct part of a 24-hour institution that: (1) is primarily engaged in providing nursing care and related services to residents who require medical or nursing care, or rehabilitation services for the rehabilitation of persons who are injured, disabled, or sick; (2) is not primarily for the care and treatment of mental diseases; and (3) has in effect a transfer agreement that meets the requirements of 42 U.S.C. § 1395 with one (1) or more hospitals that have a provider agreement in effect that meets the requirements of 42 U.S.C. § 1395.

Nursing services - health-care related work performed by licensed nurses, licensed practical nurses and certified nurse aides for the benefit of nursing facility residents.

Nursing unit - a group of resident rooms, staff work areas, service areas and resident support areas, the size and configuration of which is based on the organizational patterns of staffing, functional operations and communications for the facility.

Person - an individual, partnership, corporation, association, organization, executor, administrator, guardian, trustee or agent.

Physical restraint - any physical device intended to confine or substantially restrict the movement of a resident, such as, but not limited to, a restrictive vest, a protective or safety device, such as a side rail, seat belt, padded mitts or geriatric chairs.

Physician - an individual licensed to practice medicine in the District of Columbia pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Official Code § 3-1201.01 et seq.

Physician assistant - an individual licensed or certified in the District of Columbia as a physician assistant pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Official Code § 3-1201.01 et seq.

Podiatrist - an individual licensed in the District of Columbia to practice podiatry pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Official Code § 3-1201.01 et seq.

Registered nurse - a person who is licensed and currently registered as a registered nurse in the District of Columbia pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Official Code § 3-1201.01 et seq.

Relocation - movement of a resident from a bed in the facility to another bed within the facility or to a distinct part of the facility.

Resident - an individual who, because of physical, mental, familial or social circumstances or mental retardation, is residing in a nursing facility.

Resident's Representative - (1) any person who is knowledgeable about a resident's circumstances and has been designated by that resident to represent him or her; or (2) any person who has been appointed by a court or government agency either to administer a resident's financial or personal affairs or to protect and advocate for a resident's rights. If no person has been designated or appointed in accordance with (1) or (2) above, a representative of the D.C. Office of the Long Term Care Ombudsman or a representative acting in accordance with the Health-Care Decisions Act of 1988, effective March 16, 1989, D.C. Law 7-189, D.C. Official Code § 21-2210, shall be the resident's Representative.

State Plan - the comprehensive written commitment by the District of Columbia to administer or supervise the administration of the Medicaid program in accordance with Federal requirements.

State Plan Administrator - the chief manager of the District of Columbia's State Plan.

Therapeutic diet - a dietary regime including the modification or control of calories, increase or decrease of nutrients, changes in textures of food, or restrictions of specific ingredients prescribed by a physician (1) for maintenance and repair of body tissues, and for proper function of body processes, or (2) for the treatment of a resident with a specific illness.

Uniform Federal Accessibility Standards - federal guidelines, published pursuant to the Architectural Barriers Act, 42 U.S.C. §§ 4151-4157, for the design, construction and alteration of buildings to facilitate access by physically handicapped persons.

Unit dose - an individually packaged measure of medication.