TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH

Final Rule
LSA Document #07-657(F)

DIGEST

Amends 410 IAC 16.2-1.1-11, 410 IAC 16.2-3.1-13, 410 IAC 16.2-3.1-19, and 410 IAC 16.2-5-1.3 to require automatic fire sprinkler systems in comprehensive care facilities and have a battery operated or hard-wired smoke detector in each resident's room as required by IC 16-28-11-5, to clarify license requirements for comprehensive and residential care administrators in accordance with IC 25-19-1-5 regarding comprehensive care facility administrator licenses and residential care facility administrator licenses, and to amend the definition of children. Repeals 410 IAC 16.2-1.1-5. Effective 30 days after filing with the Publisher.

410 IAC 16.2-1.1-5; 410 IAC 16.2-1.1-11; 410 IAC 16.2-3.1-13; 410 IAC 16.2-3.1-19; 410 IAC 16.2-5-1.3

SECTION 1. 410 IAC 16.2-1.1-11 IS AMENDED TO READ AS FOLLOWS:

410 IAC 16.2-1.1-11 "Children" defined

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28

Sec. 11. "Children" means individuals who **are:**
(1) ~~are~~ less than eighteen (18) years of age; ~~and not legally emancipated;~~ or
~~(2) if older:~~
~~(A) require by the reason of physical or mental handicap, care of the type usually accepted as pediatric; or~~
~~(B) are suffering from a handicap or ailment which, in the judgment of the attending physician, indicates that the child care facility is more appropriate to their needs than an adult care facility.~~
(2) at least eighteen (18) years of age who continue to be enrolled in a kindergarten through grade 12 school.

(Indiana State Department of Health; 410 IAC 16.2-1.1-11; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1903, eff Mar 1, 2003; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; filed Jul 31, 2008, 4:24 p.m.: 20080827-IR-410070657FRA)

SECTION 2. 410 IAC 16.2-3.1-13 IS AMENDED TO READ AS FOLLOWS:

410 IAC 16.2-3.1-13 Administration and management

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 12-10-5.5; IC 16-28-5-1; IC 25-19-1-5

Sec. 13. (a) The licensee:
(1) is responsible for compliance with all applicable laws and rules; ~~The licensee~~ **and**
(2) has full authority and responsibility for the:
(A) organization;
(B) management;
(C) operation; and
(D) control;
of the licensed facility.
The delegation of any authority by the licensee does not diminish the responsibilities of the licensee.

(b) The licensee shall provide the number of staff as required to carry out all the functions of the facility, including **the following:**
(1) Initial orientation of all employees.
(2) A continuing in-service education and training program for all employees. ~~and~~
(3) Provision of supervision for all employees.

(c) If a facility offers services in addition to those provided to its long-term care residents, the administrator is responsible for assuring that ~~such~~ **the** additional services do not adversely affect the care provided to its residents.

(d) The licensee shall notify the:
(1) department within three (3) working days of a vacancy in the administrator's position; ~~The licensee shall also notify the~~ **and**
(2) director of the name and license number of the replacement administrator.

(e) An administrator shall be employed to work in each licensed health facility. For purposes of this subsection, an individual can only be employed as an administrator in one (1):
(1) health facility; or ~~one (1)~~
(2) hospital-based long-term care unit;
at a time.

(f) In the administrator's absence, an individual shall be authorized, in writing, to act on the administrator's behalf.

(g) The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:
(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:
(A) epidemic outbreaks;
(B) poisonings;
(C) fires; or
(D) major accidents.
If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number ((317) 383-6144) of the division.
(2) Promptly arranging for:
(A) medical;
(B) dental;
(C) podiatry; or
(D) nursing;
care or other health care services as prescribed by the attending physician.
(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.
(4) Ensuring that the facility maintains, on the premises, time schedules and an accurate record of actual time worked that indicates the:
(A) employees' full names; and ~~the~~
(B) dates and hours worked during the past twelve (12) months.
This information shall be furnished to the division staff upon request.
(5) Maintaining a copy of this article and making it available to all personnel and the residents.
(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request.

(h) Each facility, except:
(1) a facility that cares for children; or
(2) an intermediate care facility for the mentally retarded;
shall encourage all employees serving residents or the public to wear name and title identification.

(i) Each facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include **the following:**
(1) The range of services offered.
(2) Residents' rights.
(3) Personnel administration. ~~and~~
(4) Facility operations.

(j) The licensee shall approve the policy manual, and subsequent revisions, in writing. The policy manual shall be reviewed and dated at least annually. The resident care policies shall be:
(1) developed by a group of professional personnel; and
(2) approved by the medical director.

(k) The policies shall be maintained in a manual or manuals accessible to employees and made available upon request to **the following:**
(1) Residents.
(2) The department.
(3) The sponsor or surrogate of a resident. ~~and~~
(4) The public.
Management/ownership confidential directives are not required to be included in the policy manual; however, the policy manual must include all of the facility's operational policies.

(l) To assure continuity of care of residents in cases of emergency, the facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, **and** missing residents and including situations that may require emergency relocation of residents. Facilities caring for children shall have a written plan outlining the staff procedures, including isolation and evacuation, in case of an outbreak of childhood diseases.

(m) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under a written agreement. Such agreements pertaining to services furnished by outside resources must specify, in writing, that the facility assumes responsibility for the following:
(1) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility.
(2) The timeliness of the services.
(3) Orientation to pertinent facility policies and residents to whom they are responsible.

(n) Each facility shall conspicuously post the license or a true copy thereof within the facility in a location accessible to public view.

(o) Each facility shall submit an annual statistical report to the department.

(p) The facility must have in effect a written transfer agreement with one (1) or more hospitals that reasonably assures the following:
(1) Residents will be transferred from the facility to the hospital and ensured of timely admission to the hospital when transfer is medically appropriate as determined by the attending physician.
(2) Medical and other information needed for care and treatment of residents and, when the transferring facility deems it appropriate, for determining whether ~~such~~ **the** residents can be adequately cared for in a less expensive setting than either the facility or the hospital will be exchanged between the institutions.
(3) Specification of the responsibilities assumed by both the discharging and receiving institutions for prompt notification of the impending transfer of the resident for **the following:**
(A) Agreement by the receiving institution to admit the resident.
(B) Arranging appropriate transportation and care of the resident during transfer. ~~and~~
(C) The transfer of personal effects, particularly money and valuables, and of information related to ~~such~~ **the** items.
(4) Specification of the restrictions with respect to the types of services available or the types of residents or health conditions that will not be accepted by the hospital or the facility, or both, including any other criteria relating to the transfer of residents.
The facility is considered to have a transfer agreement in effect if the facility has attempted in good faith to enter into an agreement with a hospital sufficiently close to the facility to make transfer feasible.

(q) A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(r) The facility must operate and provide services in compliance with:
(1) all applicable federal, state, and local laws, regulations, and codes; and ~~with~~
(2) accepted professional standards and principles that apply to professionals providing services in such a facility.

(s) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility.

(t) The governing body shall appoint the administrator who is:
(1) licensed ~~under IC 25-19-1;~~ **as a comprehensive care facility administrator as required by IC 25-19-1-5(c);** and
(2) responsible for the management of the facility.

(u) The facility must designate a physician to serve as medical director.

(v) The medical director shall be responsible for the following:
(1) Acting as a liaison between the administrator and the attending physicians to encourage physicians to:
(A) write orders promptly; and ~~to~~
(B) make resident visits in a timely manner.
(2) Reviewing, evaluating, and implementing resident care policies and procedures and to guide the director of nursing services in matters related to resident care policies and services.
(3) Reviewing **the following:**
(A) Incidents and accidents that occur on the premises to identify hazards to health and safety.
~~(4) Reviewing~~ **(B)** Employees preemployment physicals and health reports and monitoring employees health status.
~~(5)~~ **(4)** The coordination of medical care in the facility.

(w) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements. The director shall have a minimum of twelve (12) hours of dementia-specific training within three (3) months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to:
(1) meet the needs or preferences, or both, of cognitively impaired residents; and ~~to~~
(2) gain understanding of the current standards of care for residents with dementia.

(x) The director of the Alzheimer's and dementia special care unit shall do the following:
(1) Oversee the operation of the unit.
(2) Ensure that:
(A) personnel assigned to the unit receive required in-service training; **and**
~~(3) Ensure that~~ **(B)** care provided to Alzheimer's and dementia care unit residents is consistent with:
(i) in-service training;
(ii) current Alzheimer's and dementia care practices; and
(iii) regulatory standards.

(y) For purposes of IC 16-28-5-1, a breach of:
(1) subsection (a), (c), (g), (r), (t), (u), (v), or (x) is a deficiency;
(2) subsection (b), (d), (e), (f), (i), (l), (p), (q), (s), or (w) is a noncompliance; and
(3) subsection (h), (j), (k), (m), (n), or (o) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-13; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1535, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3990; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; filed Jul 31, 2008, 4:24 p.m.: 20080827-IR-410070657FRA)

SECTION 3. 410 IAC 16.2-3.1-19 IS AMENDED TO READ AS FOLLOWS:

410 IAC 16.2-3.1-19 Environment and physical standards

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 16-28-5-1

Sec. 19. (a) The facility must be:
(1) designed;
(2) constructed;
(3) equipped; and
(4) maintained;
to protect the health and safety of residents, personnel, and the public.

(b) The facility must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association, which is incorporated by reference. This section applies to all facilities initially licensed on or after the effective date of this rule.

(c) Each facility shall comply with fire and safety standards, including the applicable rules of the state fire prevention and building safety commission (675 IAC) where applicable to health facilities.

(d) An emergency electrical power system must supply power adequate at least for lighting all entrances and exits, equipment to maintain the fire detection, alarm, and extinguishing systems, and life support systems in the event the normal electrical supply is interrupted.

(e) When life support systems are used, the facility must provide emergency electrical power with an emergency generator that is located on the premises.

(f) The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. The facility must do the following:
(1) Establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply.
(2) Have adequate outside ventilation by means of windows or mechanical ventilation, or a combination of the two (2).
(3) Equip corridors with firmly secured handrails.
(4) Maintain an effective pest control program so that the facility is free of pests and rodents.
(5) Provide a home-like environment for residents.

(g) Personnel shall handle, store, process, and transport linen in a manner that prevents the spread of infection as follows:
(1) Soiled linens shall be securely contained at the source where it is generated and handled in a manner that protects workers and precludes contamination of clean linen.
(2) Clean linen from a commercial laundry shall be delivered to a designated clean area in a manner that prevents contamination.
(3) When laundry chutes are used to transport soiled linens, the chutes shall be maintained in a clean and sanitary state.
(4) Linens shall be maintained in good repair.
(5) The supply of clean linens, washcloths, and towels shall be sufficient to meet the needs of each resident. The use of common towels, washcloths, or toilet articles is prohibited.

(h) The facility must provide comfortable and safe temperature levels.

(i) Each facility shall have an adequate heating and air conditioning system.

(j) The heating and air conditioning systems shall be maintained in normal operating condition and utilized as

necessary to provide comfortable temperatures in all resident and public areas.

(k) Resident rooms must be designed and equipped for adequate nursing care, comfort, and full visual privacy of residents.

(l) Requirements for bedrooms must be as follows:
(1) Accommodate ~~no~~ **not** more than four (4) residents.
(2) Measure at least:
(A) eighty (80) square feet per resident in multiple resident bedrooms; and ~~at least~~
(B) one hundred (100) square feet in single resident rooms.
(3) A facility initially licensed prior to January 1, 1964, must provide not less than sixty (60) square feet per bed in multiple occupancy rooms. A facility initially licensed after January 1, 1964, must have at least seventy (70) square feet of usable floor area for each bed. Any facility that provides an increase in bed capacity with plans approved after December 19, 1977, must provide eighty (80) square feet of usable floor area per bed.
(4) Any room utilized for single occupancy must be at least eight (8) feet by ten (10) feet in size with a minimum ceiling height of eight (8) feet. A new facility, plans for which were approved after December 19, 1977, must contain a minimum of one hundred (100) square feet of usable floor space per room for single occupancy.
(5) Have direct access to an exit corridor.
(6) Be designed or equipped to assure full visual privacy for each resident in that they have the means of completely withdrawing from public view while occupying their beds.
(7) Except in private rooms, each bed must have ceiling suspended cubicle curtains or screens of flameproof or flame-retardant material, which extend around the bed to provide total visual privacy, in combination with adjacent walls and curtains.
(8) Have at least one (1) window to the outside with an area equal to one-tenth (1/10) of the total floor area of such rooms, up to eighty (80) square feet per bed for rooms occupied by more than one (1) person and one hundred (100) square feet for single occupancy.
(9) Have a floor at or above grade level. A facility whose plans were approved before the effective date of this rule may use rooms below ground level for resident occupancy if the floors are not more than three (3) feet below ground level.

(m) The facility must provide each resident with the following:
(1) A separate bed of proper size and height for the convenience of the resident.
(2) A clean, comfortable mattress.
(3) Bedding appropriate to the weather, climate, and comfort of the resident.
(4) Functional furniture and individual closet space in the resident's room with clothes racks and shelves accessible to the resident and appropriate to the resident's needs, including the following:
(A) A bedside cabinet or table with hard surface, washable top.
(B) A clothing storage closet (which may be shared), including a closet rod and a shelf for:
(i) clothing;
(ii) toilet articles; and
(iii) other personal belongings.
(C) A cushioned comfortable chair.
(D) A reading or bed lamp.
(E) If the resident is bedfast, an adjustable over-the-bed table or other suitable device.
(5) Each resident room shall have clothing storage, which includes a closet at least two (2) feet wide and two (2) feet deep, equipped with an easily opened door and a closet rod at least eighteen (18) inches long of adjustable height to provide access by residents in wheelchairs. The closet should be tall enough that clothing does not drag on the floor and to provide air circulation. A dresser, or its equivalent in shelf and drawer space equal to a dresser with an area of at least four hundred thirty-two (432) square inches, equipped with at least two (2) drawers six (6) inches deep to provide for:
(A) clothing;
(B) toilet articles; and
(C) other personal belongings;
shall also be provided.

(n) Each resident room must be equipped with or located near toilet or bathing facilities such that residents who are independent in toileting, including chair-bound residents, can routinely have access to a toilet on the unit. As used in this subsection, "toilet facilities" means a space that contains a lavatory with **a** mirror and a toilet.

Bathing and toilet facilities shall be partitioned or completely curtained for privacy and mechanically ventilated. Toilets, bath, and shower compartments shall be separated from rooms by solid walls or partitions that extend from the floor to the ceiling.

(o) Bathing facilities for residents not served by bathing facilities in their rooms shall be provided as follows:

Residents	Bathtubs or Showers
3 to 22	1
23 to 37	2
38 to 52	3
53 to 67	4
68 to 82	5
83 to 97	6

Portable bathing units may be substituted for one (1) or more of the permanent fixtures with prior approval of the division.

(p) Toilet facilities shall be provided as set out in the building code at the time the facility was constructed. This section applies to facilities and additions to facilities for which construction plans are submitted for approval after July 1, 1984. At least one (1) toilet and lavatory shall be provided for each eight (8) residents. At least one (1) toilet and one (1) lavatory of the appropriate height for a resident seated in a wheelchair shall be available for each sex on each floor utilized by residents.

(q) Toilet rooms adjacent to resident bedrooms shall serve ~~no~~ **not** more than:
(1) two (2) resident rooms; or ~~more than~~
(2) eight (8) beds.

(r) **The** hot water temperature for all bathing and hand washing facilities shall be controlled by automatic control valves. **The** water temperature at **the** point of use must be maintained between:
(1) one hundred (100) degrees Fahrenheit; and
(2) one hundred twenty (120) degrees Fahrenheit.

(s) Individual towel bars shall be provided for each resident.

(t) All bathing and shower rooms shall have mechanical ventilation.

(u) The nurses' station must be equipped to receive resident calls through a communication system from the following:
(1) Resident rooms.
(2) Toilet and bathing facilities.
(3) Activity, dining, and therapy areas.

(v) The facility must provide sufficient space and equipment in:
(1) dining;
(2) health services;
(3) recreation; and
(4) program;
areas to enable staff to provide residents with needed services as required by this rule and as identified in each resident's care plan.

(w) Each facility shall have living areas with sufficient space to accommodate the dining, activity, and lounge needs of the residents and to prevent the interference of one (1) function with another as follows:
(1) In a facility licensed prior to June 1970, the lounge area, which may also be used for dining, shall be a minimum of ten (10) square feet per bed.
(2) In a facility licensed since June 1970, **the** total dining, activity, and lounge area shall be at least twenty (20) square feet per bed.
(3) **For** facilities for which construction plans are submitted for approval after 1984, the total area for resident dining, activity, and lounge purposes shall not be less than thirty (30) square feet per bed.

(4) Dining, lounge, and activity areas shall be:
(A) readily accessible to wheelchair and ambulatory residents; and
(B) sufficient in size to:
(i) accommodate necessary equipment; and ~~to~~
(ii) permit unobstructed movement of wheelchairs, residents, and personnel responsible for assisting, instructing, or supervising residents.
(5) Dining tables of the appropriate height shall be provided to assure access to meals and comfort for residents seated in:
(A) wheelchairs;
(B) geriatric chairs; and
(C) regular dining chairs.

(x) Room-bound residents shall be provided suitable and sturdy tables or adjustable over-bed tables or other suitable devices and chairs of proper height to facilitate independent eating.

(y) Facilities having continuing deficiencies in the service of resident meals directly attributable to inadequacies in the size of the dining room or dining areas shall submit a special plan of correction detailing how meal service will be changed to meet the resident's needs.

(z) A comfortably furnished resident living and lounge area shall be provided on each resident occupied floor of a multistory building. This lounge may be furnished and maintained to accommodate activity and dining functions.

(aa) The provision of an activity area shall be based on the level of care of the residents housed in the facility. The facility shall provide the following:
(1) Equipment and supplies for:
(A) independent and group activities; and ~~for~~
(B) residents having special needs.
(2) Space to store recreational equipment and supplies for the activities program within or convenient to the area.
(3) Locked storage for potentially dangerous items, such as:
(A) scissors;
(B) knives;
(C) razor blades; or
(D) toxic materials.
(4) In a facility for which plans were approved after December 19, 1977, a restroom:
(A) large enough to accommodate a wheelchair; and
(B) equipped with grab bars;
located near the activity area.

(bb) Maintain all essential mechanical, electrical, and resident care equipment in safe operating condition. Each facility shall establish and maintain a written program for maintenance to ensure the continued upkeep of the facility.

(cc) The facility must provide one (1) or more rooms designated for resident dining and activities. These rooms must:
(1) be well-lighted with artificial and natural lighting;
(2) be well-ventilated with nonsmoking areas identified;
(3) be adequately furnished with structurally sound furniture that accommodates residents' needs, including those in wheelchairs; and
(4) have sufficient space to accommodate all activities.

(dd) Each facility shall have natural lighting augmented by artificial illumination, when necessary, to provide light intensity and to avoid glare and reflective surfaces that produce discomfort and as indicated in the following table:

Minimum Average Area	Foot-Candles
Corridors and interior ramp	15

Stairways and landing	20
Recreation area	40
Dining area	20
Resident care room	20
Nurses' station	40
Nurses' desk for charts and records	60
Medicine cabinet	75
Utility room	15
Janitor's closet	15
Reading and bed lamps	20
Toilet and bathing facilities	20
Food preparation surfaces and utensil washing facilities	70

(ee) Each facility shall have a policy concerning pets. Pets may be permitted in a facility but shall not be allowed to create a nuisance or safety hazard. Any pet housed in a facility shall have periodic veterinary examinations and required immunizations in accordance with state and local health regulations.

(ff) A health facility licensed under IC 16-28 and this rule must do the following:
(1) Have an automatic fire sprinkler system installed throughout the facility before July 1, 2012.
(2) If an automatic fire sprinkler system is not installed throughout the health facility before July 1, 2010, submit before July 1, 2010, a plan to the department for completing the installation of the automatic fire sprinkler system before July 1, 2012.
(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.

(gg) Any sprinkler system installed after the effective date of this rule must comply with 675 IAC 13-1-8.

~~(ff)~~ **(hh)** For purposes of IC 16-28-5-1, a breach of:
(1) subsection (a) **or (ff)** is an offense;
(2) subsection (b), (c), (d), (e), (f), (g), (h), (i), (j), (r), (u), ~~or~~ (bb), **or (gg)** is a deficiency; and
(3) subsection (k), (l), (m), (n), (o), (p), (q), (s), (t), (v), (w), (x), (z), (aa), (cc), (dd), or (ee) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-19; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1543, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Apr 16, 2004, 10:30 a.m.: 27 IR 2715; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; filed Jul 31, 2008, 4:24 p.m.: 20080827-IR-410070657FRA)

SECTION 4. 410 IAC 16.2-5-1.3 IS AMENDED TO READ AS FOLLOWS:

410 IAC 16.2-5-1.3 Administration and management

Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 12-10-5.5; IC 16-28-5-1; IC 25-19-1-5

Sec. 1.3. (a) The licensee:
(1) is responsible for compliance with all applicable laws; ~~The licensee~~ **and**
(2) has full authority and responsibility for the:
(A) organization;
(B) management;
(C) operation; and
(D) control;
of the licensed facility.
The delegation of any authority by the licensee does not diminish the responsibilities of the licensee.

(b) The licensee shall provide the number of staff as required to carry out all the functions of the facility,

including the following:
(1) Initial orientation of all employees.
(2) A continuing in-service education and training program for all employees.
(3) Provision of supervision for all employees.

(c) The licensee shall:
(1) appoint an administrator ~~licensed under IC 25-19-1~~ **with either a:**
(A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or
(B) residential care facility administrator license as required by IC 25-19-1-5(d); and
(2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility.
~~The licensee, if a licensed administrator, may act as the administrator of the facility.~~

(d) The licensee shall notify the director:
(1) within three (3) working days of a vacancy in the administrator's position; ~~The licensee shall also notify the director~~ **and**
(2) of the name and license number of the replacement administrator.

(e) An administrator shall be employed to work in each licensed health facility. For purposes of this subsection, an individual can only be employed as an administrator in one (1):
(1) health facility; or ~~one (1)~~
(2) hospital-based long-term care unit;
at a time.

(f) In the administrator's absence, an individual shall be authorized, in writing, to act on the administrator's behalf.

(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:
(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:
(A) epidemic outbreaks;
(B) poisonings;
(C) fires; or
(D) major accidents.
If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.
(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.
(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.
(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:
(A) employee's full name; and ~~the~~
(B) dates and hours worked during the past twelve (12) months.
(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.
(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request.

(h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include **the following:**
(1) The range of services offered.
(2) Residents' rights.
(3) Personnel administration. ~~and~~

(4) Facility operations.

~~Such~~ **The** policies shall be made available to residents upon request.

(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:

(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.

(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.

(j) If professional or diagnostic services are to be provided to the facility by an outside resource, either individual or institutional, an arrangement shall be developed between the licensee and the outside resource for the provision of the services. If a written agreement is used, it shall specify **the following:**

(1) The responsibilities of both the facility and the outside resource.

(2) The qualifications of the outside resource staff.

(3) A description of the type of services to be provided, including action taken and reports of findings. ~~and~~

(4) The duration of the agreement.

(k) The facility shall conspicuously post the license or a true copy thereof within the facility in a location accessible to public view.

(l) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements. The director shall have a minimum of twelve (12) hours of dementia-specific training within three (3) months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to:

(1) meet the needs or preferences, or both, of cognitively impaired residents; and ~~to~~

(2) gain understanding of the current standards of care for residents with dementia.

(m) The director of the Alzheimer's and dementia special care unit shall do the following:

(1) Oversee the operation of the unit.

(2) Ensure that:

(A) personnel assigned to the unit receive required in-service training; **and**

~~(3) Ensure that~~ **(B)** care provided to Alzheimer's and dementia care unit residents is consistent with:

(i) in-service training;

(ii) current Alzheimer's and dementia care practices; and

(iii) regulatory standards.

(n) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (g), or (m) is a deficiency;

(2) subsection (b), (c), (d), (e), (f), (h), (i), (j), or (l) is a noncompliance; and

(3) subsection (k) is a nonconformance.

(Indiana State Department of Health; 410 IAC 16.2-5-1.3; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1565, eff Apr 1, 1997; errata filed Jan 10, 1997, 4:00 p.m.: 20 IR 1593; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2415; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jan 21, 2003, 8:34 a.m.: 26 IR 1919, eff Mar 1, 2003; filed Jul 22, 2004, 10:05 a.m.: 27 IR 4002; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA; filed Jul 31, 2008, 4:24 p.m.: 20080827-IR-410070657FRA)

SECTION 5. 410 IAC 16.2-1.1-5 IS REPEALED.

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