RULES AND REGULATIONS

FOR LICENSING

OUTPATIENT REHABILITATION CENTERS
(R23-17-ORC)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health
March 1993

As amended:
December 1993
February 1998
January 2000
January 2002 (re-filing in accordance with the provisions of section 42-35-4.1 of the Rhode Island General Laws, as amended)
July 2002
INTRODUCTION

These Rules and Regulations For Licensing of Outpatient Rehabilitation Centers (R23-17-ORC) are promulgated pursuant to the authority conferred under section 23-17-10 of the General Laws of Rhode Island, as amended, and are established for the purpose of adopting minimum standards for outpatient rehabilitation centers.

Furthermore, pursuant to the provisions of section 42-35-3(c) of the General Laws of Rhode Island, the following issues have been given consideration in arriving at the regulations: (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations; and (3) significant economic impact which would be placed on small business as defined in Chapter 42-35 of the General Laws.

These amended regulations shall supersede all previous Rules and Regulations For Licensing of Outpatient Rehabilitation Centers (R23-17-ORC) promulgated by the Rhode Island Department of Health and filed with the Secretary of State.
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PART I  LICENSES PROCEDURES AND DEFINITIONS

Section 1.0 Definitions

Wherever used in these rules and regulations, the following terms shall be construed as follows:

1.1  "Change in operator" means a transfer by the governing body or operator of a center to any other person (excluding delegations of authority to the medical or administrative staff of the center) of the governing body's authority to:

(a)  Hire or fire the chief executive officer (administrator) of the center;

(b)  Maintain and control the books and records of the center;

(c)  Dispose of assets and incur liabilities on behalf of the center; or

(d)  Adopt and enforce policies regarding operation of the center.

This definition is not applicable to circumstances wherein the governing body of a center retains the immediate authority and jurisdiction over the activities enumerated in subsections (a) through (d) herein.

1.2  "Change in owner" means:

(1)  in the case of a center which is a partnership, the removal, addition or substitution of a partner which results in a new partner acquiring a controlling interest in such partnership;

(2)  in the case of a center which is an unincorporated sole proprietorship, the transfer of the title and property to another person;

(3)  in the case of a center which is a corporation;

(a)  A sale, lease, exchange or other disposition of all, or substantially all of the property and assets of the corporation; or

(b)  A merger of the corporation into another corporation; or

(c)  The consolidation of two or more corporations, resulting in the creation of a new corporation; or

(d)  In the case of a center which is a business corporation, any transfer of corporate stock which results in a new person acquiring a controlling interest in such corporation; or

(e)  In the case of a center which is a non-business corporation, any change in membership which results in a new person acquiring a controlling vote in such corporation.
1.3 "Director" means the Director of the Rhode Island Department of Health.

1.4 "Equity" means non-debt funds contributed towards the capital costs related to an initial licensure or change in owner or change in operator of an outpatient rehabilitation center which funds are free and clear of any repayment or liens against the assets of the proposed owner and/or licensee and that result in a like reduction in the portion of the capital cost that is required to be financed or mortgaged.

1.5 "Licensing agency" means the Rhode Island Department of Health.

1.6 "Outpatient rehabilitation center" (ORC or "center") means a nonresidential facility that is established and operated exclusively for the purpose of providing preventive, diagnostic, therapeutic and restorative services to outpatients for the rehabilitation of injured, disabled or sick persons, at a singly fixed location by or under the supervision of a physician.

1.7 "Person" shall mean any individual, trust or estate, partnership, corporation (including associations, joint stock companies) state, or political subdivision or instrumentality of a state.

1.8 "Physician" means an individual licensed to practice medicine or osteopathy in Rhode Island pursuant to the provisions of Chapter 5-37 of the General Laws of Rhode Island, as amended.

1.9 "Rehabilitation" refers to the process of providing through an interdisciplinary team, coordinated comprehensive services deemed appropriate to the needs of a person with a disability, in a program designed to achieve objectives of improved functional ability, health, welfare and the realization of one's maximum physical, social, psychological and vocational potential for useful and productive activity and to enhance independence and self-sufficiency.

1.10 "State agency" means the Rhode Island Department of Health.

Section 2.0 General Requirements for Licensure

2.1 No facility providing outpatient rehabilitation services as defined herein shall represent itself as an outpatient rehabilitation center unless licensed as such, pursuant to the provisions herein.

Section 3.0 Application for License, Initial License, or Change in Owner, Operator, or Lessee

3.1 Application for a license to conduct, maintain or operate an outpatient rehabilitation center (ORC) shall be made to the licensing agency upon forms provided by the Department shall contain such information as the licensing agency reasonably requires which may include affirmative evidence of ability to comply with the provisions of reference 1 and of the rules and regulations herein.

3.1.1 Each application shall be accompanied by an application fee of five hundred dollars ($500) made payable to the General Treasurer, state of Rhode Island.

3.2 A notarized listing of names and addresses of direct and indirect owners whether individual, partnership or corporation with percentages of ownership designated shall be provided with the
Application for licensure and shall be updated annually. The list shall include each owner (in whole or in part) by the ORC or any of the property or assets of the ORC. The list shall also include all officers, directors and other persons or any subsidiary corporation owning stock, if the ORC is organized as a corporation, and all partners if the ORC is organized as a partnership.

3.3 Application for initial licensure or changes in the owner, operator, or lessee of an outpatient rehabilitation center shall be made on forms provided by the licensing agency and shall contain, but not be limited to, information pertinent to the statutory purpose expressed in section 23-17-3 of Chapter 23-17 or to the considerations enumerated in section 4.5 herein.

3.3.1 Each application filed pursuant the provisions of this section shall be accompanied by an application fee, made payable to the Rhode Island General Treasurer, as follows: applicants shall submit a fee equal to one tenth of one percent (0.1%) of the projected annual facility net operating revenue contained in the application; provided, however, that the minimum fee shall be five hundred dollars ($500) and the maximum fee shall not exceed ten thousand dollars ($10,000).

Section 4.0 Issuance and Renewal of License

4.1 Upon receipt of an application for a license, the licensing agency shall issue a license or renewal thereof for a period of no more than one (1) year if the applicant meets the requirements of reference 1 and the rules and regulations herein. Said license, unless sooner suspended or revoked, shall expire by limitation on the 31st day of December following its issuance and may be renewed from year to year after inspection and approval by the licensing agency.

4.2 A license shall be issued to a specific licensee for a specific location and shall not be transferable. The license shall be issued only for the premises and the individual owner, operator or lessee, or to the corporate entity responsible for its governance.

4.2.1 Any initial license or any change in owner, operator, or lessee of a licensed rehabilitation center shall require prior review and approval of the licensing agency as provided in section 4.5 herein, or for expedited reviews conducted pursuant to sections 4.7 and 4.8 herein, as a condition precedent to the transfer, assignment, or issuance of a new license.

4.3 A license issued hereunder shall be the property of the state and loaned to such licensee and it shall be kept posted in a conspicuous place on the licensed premises.

4.4 Except for expedited reviews conducted pursuant to sections 4.7 and 4.8 herein, reviews of applications for initial licensure or for changes in the owner, operator, or lessee of licensed rehabilitation centers shall be conducted according to the following procedures:

(a) Within ten (10) working days of receipt, in acceptable form, of an application for initial licensure or for a license in connection with a change in the owner, operator or lessee of an existing rehabilitation center, the licensing agency will notify and afford the public thirty (30) days to comment on such application.
(b) The decision of the licensing agency will be rendered within ninety (90) days from acceptance of the application.

(c) The decision of the licensing agency shall be based upon the findings of its review and recommendations of the Health Services Council unless the licensing agency shall afford written justification for the variance therefrom.

(d) All applicants reviewed by the licensing agency and all written materials pertinent to the licensing agency review, shall be accessible to the public upon request.

4.5 Except as otherwise provided in the Act (reference 1), an application for an initial license or for a license in the case of a proposed change in the owner, operator, or lessee of a licensed rehabilitation center may not be made subject to any criterion unless the criterion directly relates to the statutory purpose expressed in section 23-17-3 of reference 1. In conducting reviews of such applications the Health Services Council shall specifically consider and it shall be the applicant’s burden of proof to demonstrate:

4.5.1 the character, commitment, competence, and standing in the community of the proposed owners, operators or directors of the rehabilitation center as evidenced by:

(A) In cases where the proposed owners, operators, or directors of the health care facility currently own, operate, or direct a health care facility, or in the past five years owned, operated or directed a health care facility, whether within or outside Rhode Island, the demonstrated commitment and record of that (those) person(s):

(i) in providing safe and adequate treatment to the individuals receiving the health care facility's services;

(ii) in encouraging, promoting and effecting quality improvement in all aspects of health care facility services; and

(iii) in providing appropriate access to health care facility services;

(B) A complete disclosure of all individuals and entities comprising the applicant; and

(C) The applicant’s proposed and demonstrated financial commitment to the health care facility.

4.5.2 the extent to which the center will provide or will continue, without material effect on its viability at the time of change of owner, operator or lessee, to provide safe and adequate treatment for individuals receiving the rehabilitation center's services as evidenced by:

(A) The immediate and long term financial feasibility of the proposed financing plan;
(i) The proposed amount and sources of owner's equity to be provided by the applicant;

(ii) The proposed financial plan for operating and capital expenses and income for the period immediately prior to, during and after the implementation of the change in owner, operator or lessee of the health care facility;

(iii) The relative availability of funds for capital and operating needs;

(iv) The applicant's demonstrated financial capability;

(v) Such other financial indicators as may be requested by the state agency;

4.5.3 the extent to which the center will provide or will continue to provide safe and adequate treatment for individuals receiving the rehabilitation center's services and the extent to which the facility will encourage quality improvement in all aspects of the operation of the health care facility as evidenced by:

(A) the credibility and demonstrated or potential effectiveness of the applicant's proposed quality assurance programs;

4.5.4 the extent to which the center will provide or will continue to provide appropriate access with respect to traditionally underserved populations as evidenced by:

(A) In cases where the proposed owners, operators, or directors of the health care facility currently own, operate, or direct a health care facility, or in the past five years owned, operated or directed a health care facility, both within and outside of Rhode Island, the demonstrated record of that person(s) with respect to access of traditionally underserved populations to its health care facilities; and

(B) The proposed immediate and long term plans of the applicant to ensure adequate and appropriate access to the programs and health care services to be provided by the health care facility.

4.5.5 in consideration of the proposed continuation or termination of emergency, primary care and/or other core health care services by the outpatient rehabilitation center:

(A) The effect(s) of such continuation or termination on the provision of access to safe and adequate treatment of individuals, including but not limited to traditionally underserved populations.

4.5.6 And in cases where the application involves a merger, consolidation or otherwise legal affiliation of two or more health care facilities, the proposed immediate and long term plans of such health care facilities with respect to the health care programs to be offered and health care services to be provided by such health care facilities as a result of the merger, consolidation or otherwise legal affiliation.
4.6 Subsequent to reviews conducted under sections 4.5, 4.6, 4.7, and 4.8 of these regulations, the issuance of a license by the licensing agency may be made subject to any condition, provided that no condition may be made unless it directly relates to the statutory purpose expressed in section 23-17-3 of reference 1, or to the review criteria set forth in section 4.5 herein. This shall not limit the authority of the licensing agency to require correction of conditions or defects which existed prior to the proposed change of owner, operator, or lessee and of which notice had been given to the facility by the licensing agency.

4.7 Applicants for initial licensure may, at the sole discretion of the licensing agency, be reviewed under expedited review procedures established in section 4.8 if the licensing agency determines (a) that the legal entity seeking licensure is the licensee for one or more health care facilities licensed in Rhode Island pursuant to the provisions of Chapter 23-17 whose records of compliance with licensure standards and requirements are deemed by the licensing agency to demonstrate the legal entity’s ability and commitment to provide quality health services; and (b) that the licensure application demonstrates complete and satisfactory compliance with the review criteria set forth in section 4.5 herein.

4.8 Expedited reviews of applications for initial licensure of outpatient rehabilitation centers shall be conducted according to the following procedures:

a) Within ten (10) working days of receipt, in acceptable form, of an application for initial licensure the licensing agency will determine if such application will be granted expedited review and the licensing agency will notify the public of the licensing agency’s initial assessment of the application materials with respect to the review criteria in section 4.5 as well as the licensing agency’s intent to afford the application expedited review. At the same time the licensing agency will afford the public a twenty (20) day period during which the public may review and comment on the application and the licensing agency’s initial assessment of the application materials and the proposal to afford the application expedited review.

b) Written objections from affected parties directed to the processing under the expedited procedures and/or the satisfaction of the review criteria shall be accepted during the twenty (20) day comment period. Objections must provide clear, substantial and unequivocal rationale as to why the application does not satisfy the review criteria and/or why the application ought not to be processed under the expedited review mechanism. The licensing agency may propose a preliminary report on such application provided such proposed report incorporates findings relative to the review criteria set forth in section 4.5. The Health Services Council may consider such proposed report and may provide its advisory to the Director of Health by adopting such report in amended or unamended form. The Health Services Council, however, is not bound to recommend to the Director that the application be processed under the provisions for expedited review as delineated in sections 4.7 and 4.8. The Health Services Council shall take under advisement all objections both to the merits of the application and to the proposed expedited processing of the proposed application and shall make a recommendation to the Director regarding each. Should the Health Services Council not recommend to the Director that the application be processed under expedited review procedures as initially proposed, such application may continue to be processed consistent with the time frames and procedures for applications not recommended for
expedited review. If expedited review is not granted, then the comment period may be forthwith extended consistent with the time frames in section 4.4 for applications not proposed for expedited review. The Director, with the advice of the Health Services Council, shall make the final decision either to grant or to deny expedited review and shall make the final decision to grant or to deny the application on the merits within the expedited review mechanism and time frames.

Section 5.0  **Inspections**

5.1 The licensing agency shall make, or cause to be made, such inspections and investigations as it deems necessary in accordance with section 23-17-19 of reference 1 and the regulations herein.

5.2 Every center shall be given prompt notice by the licensing agency of all deficiencies reported as a result of an inspection or investigation.

5.3 Written reports and recommendations of inspections shall be maintained on file in each center for a period of no less than three (3) years.

Section 6.0  **Denial, Suspension, Revocation of License or Curtailment of Activities**

6.1 The licensing agency is authorized to deny, suspend or revoke the license or curtail activities of any center which: (1) has failed to comply with the rules and regulations pertaining to licensing of outpatient rehabilitation centers; and (2) has failed to comply with the provisions of reference 1.

6.1.1 Reports of deficiencies noted in inspections conducted in accordance with section 6.0 herein shall be maintained on file in the licensing agency, and shall be considered by the licensing agency in rendering determinations to deny, suspend or revoke the license or curtail activities of a center.

6.2 Where the licensing agency deems that operation of a center results in undue hardship to patients as a result of deficiencies, the licensing agency is authorized to deny licensure to centers not previously licensed, or to suspend for a stipulated period of time or revoke the license of a center already licensed or curtail activities of the center.

6.3 Whenever an action shall be proposed to deny, suspend or revoke a center's license, or curtail its activities, the licensing agency shall notify the center by certified mail, setting forth reasons for the proposed action, and the applicant or licensee shall be given an opportunity for a prompt and fair hearing in accordance with section 23-17-8 of reference 1 and section 42-35-9 of reference 3.

6.3.1 However, if the licensing agency finds that public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, the licensing agency may order summary suspension of license or curtailment of activities pending proceedings for revocation or other action in accordance with section 23-1-21 of the General Laws of Rhode Island as amended, and in accordance with section 42-35-14(c) of reference 3.
6.4 The appropriate state and federal placement and reimbursement agencies shall be notified of any action taken by the licensing agency pertaining to either denial, suspension, or revocation of license or curtailment of activities.
PART II   ORGANIZATION AND MANAGEMENT

Section 7.0  Governing Body

7.1 There shall be an organized governing body or equivalent legal authority ultimately responsible for: (1) the management, fiscal affairs, and operation of the rehabilitation center; (2) the assurance of quality care and services; and (3) compliance with all federal, state and local laws and regulations pertaining to rehabilitation, fire, safety, sanitation, communicable and reportable diseases, and other relevant health and safety requirements and with all rules and regulations herein.

7.2 The governing body or other legal authority shall furthermore be responsible to define the population and communities to be served and the scope of services to be provided.

7.3 The governing body or other legal authority shall also be responsible to:

(a) Provide physical resources and equipment to facilitate the delivery of prescribed services and to ensure that the entire center is accessible to the disabled;

(b) To provide a sufficient number of trained, experienced and competent personnel to provide appropriate care and supervision for all patients and to ensure that patients needs are met; and

(c) To determine that qualifications of personnel, including consultants, as may be required herein, and to consider such qualifications as education, training, experience, board certification, and evidence of current professional practice and licensure as may be required by law or regulation, and such other relevant factors.

7.4 The governing body or other legal authority shall designate: (a) an administrator who shall be responsible for the management and operation of the center; and (b) a medical director who assumes overall responsibility for the health and rehabilitation care and to ensure achievement and maintenance of quality standards of professional practice.

7.5 The governing body shall adopt and maintain written by-laws and rules and regulations or acceptable equivalent which defines responsibilities for the operation and performance of the organization, identified purposes, and means of fulfilling such. Such by-laws, rules and regulations shall include:

(a) A statement of purpose;

(b) A statement of qualifications for membership and method of selecting members of the governing body;

(c) A statement of the authority and responsibility delegated to the administrator and the medical director.

(d) Provision for the selection and appointment of medical director.
(e) Provision of guidelines for the relationships among the governing body, the administrator, and the medical director;

(f) A policy statement concerning the development and implementation of short and long range plans in accordance with reference 1;

(g) A policy statement concerning the publication of an annual report, including a certified financial statement; and

(h) Provision that contracts with outside providers of services be restricted to those which comply with federal, state and local laws and regulations and in accordance with section 15.0 herein.

7.6 In addition, the governing body or other legal authority shall establish administrative policies pertaining to no less than the following:

(a) Responsibilities of the administrator and the medical director;

(b) Conflict of interest on the part of the governing body, professional staff and employees;

(c) The services to be provided;

(d) Linkages and referrals with community and other health care facilities or agencies to assure continuity of patient care and to support services of the center; and

(e) Such other matters as may be relevant.

Section 8.0 Administrator

8.1 The administrator shall be directly responsible to the governing body for the management and operation of the center, who implements the facility’s policies and procedures; designates in writing an individual who, in the absence of the administrator, acts on behalf of the administrator; and who retains professional and administrative responsibility for all personnel providing facility services.

Section 9.0 Medical Director

9.1 The overall responsibility for the rehabilitation and health care needs and services of patients shall be under the direction of a physician who has specific education and experience in rehabilitation and who shall be responsible for:

(a) The coordination and supervision of holistic health care and rehabilitation programs and services:

(b) The achievement and maintenance of quality assurance of professional practices through a mechanism for the assessment of patient care outcomes;
(c) Participation in the interdisciplinary team and in the development, implementation and assessment of patient plans of care;

(d) Establishment and maintenance of a quality assurance program in accordance with the provisions of section 20.0 herein; and

(e) Such other responsibilities as may be deemed appropriate.

Section 10.0 Organization

10.1 The internal organization of the center shall be structured to include appropriate clinical programs and services consonant with the health and rehabilitative needs of its defined population.

10.2 Each center shall maintain clearly written definitions of its organization authority, responsibilities and relationships.

10.3 Each clinical program and service shall maintain:

(a) Clearly written definitions of its organization, authority, responsibilities and relationships;

(b) Written patient care policies and procedures; and

(c) Written provision for systematic evaluation of programs and services.

10.4 Every licensed center shall establish an internal risk management program.

Section 11.0 Personnel

11.1 The center shall be staffed with appropriate professional and ancillary personnel who shall be assigned duties and responsibilities which are consistent with their training and experience, and services rendered.

11.2 Each center shall have at least one appropriately qualified health professional staff person on duty at all times during the hours of operation when services are provided. Said person, who may serve as administrator, must hold a current certificate or license as may be statutorily required in this state. The center shall have a physician licensed in Rhode Island, who is accessible during hours of operation.

11.3 There shall be a job description for each position which delineates the qualifications, duties, authority and responsibilities inherent in each position.

11.4 Personnel Health Requirements:

Upon hire and prior to delivering services, a pre-employment health screening shall be required for each individual who has or may have direct contact with a patient in the outpatient rehabilitation center. Such health screening shall be conducted in accordance with the Rules
11.5 Personnel records shall be maintained for each employee, shall be available at all times for inspection and shall include:

(a) Current and background information covering qualifications for employment;
(b) Records of completion of required training and educational programs;
(c) Records of all required health examinations which shall be kept confidential; and
(d) Evidence of current registration, certification or licensure for all personnel subject to statutory requirements.

11.6 A health care facility shall require all persons, including students, who examine, observe, or treat a patient or resident of such facility to wear a photo identification badge which states, in a reasonably legible manner, the first name, licensure/registration status, if any, and staff position of such person.

Section 12.0 Interdisciplinary Team

12.1 The governing body or other legal authority shall designate an interdisciplinary team, as applicable, composed of staff personnel which includes:

(a) Physician(s); (to include physician(s) who are experts in the treatment of specific conditions and also in the rehabilitation of the patient as a whole)
(b) Social worker(s);
(c) Physical, occupational, speech and hearing, psychologists; and
(d) Such other staff and non-staff personnel as may be deemed necessary.

12.2 The interdisciplinary team shall be responsible for periodic review of policies to govern the services provided by the facility, patient education, the development, implementation and assessment of patient/family plans of care, and in addition:

(a) The supervision health and rehabilitation services provided;
(b) The provision of direct patient services as may be required and appropriate;
(c) The review on an ongoing regularly scheduled basis of patient/family plans of care, and the revision of such plans of care as may be required;
(d) The development of policies and procedures governing patient/family care and services; and
(e) Such other duties as may be deemed appropriate.
Section 13.0  **Contracts or Agreements**

13.1 There shall be written contract(s) or agreement(s) for the provisions of those services which are not provided directly by the center. The contract(s) or agreement(s) shall clearly delineate the responsibilities of the parties involved and shall include no less than the following provisions:

(a) The responsibilities, functions, objectives, terms of agreement, financial arrangements, charges and other pertinent requirements shall be clearly delineated in the terms of the contract or agreement negotiated between the parties involved;

(b) Assurance that the services to be provided are in accordance with the plan of care;

(c) The manner in which the contracted services are coordinated, supervised and evaluated;

(d) Establish the frequency of patient care assessment; and

(e) Such other provision as may be deemed appropriate.

Section 14.0  **Clinical Records**

14.1 A clinical record shall be established and maintained for every patient, and shall include:

(a) Patient identification (name, address, age and sex);

(b) Pertinent medical history and physical findings;

(c) Diagnostic and therapeutic orders;

(d) Diagnostic impressions

(e) Such other pertinent data as may be necessary to insure continuity of patient care.

14.2 Written policies and procedures shall be established regarding content and completion of clinical records.

14.3 Entries in the clinical record shall be made by the responsible person providing care or services in accordance with the center's policies and procedures, and accepted standards of practice.

14.4 The clinical record shall contain sufficient information to identify the patient and the problem and to describe the rehabilitation treatment modalities of care and the patient's response to the rehabilitation care and services.

14.5 The content of the clinical records shall conform with applicable standards of reference 16.

14.6 Provisions shall be made for the safe storage of clinical records of reproduction in accordance with reference 17.
14.7 All clinical records either original or accurate reproductions shall be preserved for a minimum of five (5) years following discharge of the patient in accordance with section 23-3-26 of reference 18.

14.7.1 Records of minors shall be kept for at least five (5) years after such minor shall have reached the age of 18 years.

Section 15.0 Rights of Patients

15.1 Every center shall observe the standards as enumerated in reference 1 with respect to each patient.

15.2 A copy of the Rights of Patients shall be posted in a conspicuous place on the premises.

Section 16.0 Uniform Reporting System

16.1 Each center shall establish and maintain records and data in such a manner as to make uniform the system of periodic reporting. The manner in which the requirements of this regulation may be met shall be prescribed from time to time in directives promulgated by the Director with the advice of the Health Services Council.

16.2 Each center shall report to the licensing agency detailed financial and statistical data pertaining to its operations, services, and facilities. Such reports shall be made at such intervals and by such dates as determined by the Director and shall include but not be limited to the following:

(a) Utilization of the center and its services;

(b) Unit cost of center services;

(c) Financial condition of the center; and

(d) Quality of rehabilitative care.

16.3 The licensing agency is authorized to make the reported data available to any state agency concerned with or exercising jurisdiction over the reimbursement or utilization of the center.

16.4 The directives promulgated by the Director pursuant to these regulations shall be sent to each center to which they apply. Such directives shall prescribe the form and manner in which the financial and statistical data required shall be furnished to the licensing agency.
PART III  PATIENT CARE SERVICES

Section 17.0  Management Responsibility

17.1 The outpatient rehabilitation center, through its Medical Director shall be responsible to ensure that all rehabilitation services and programs, including services provided per contract or arrangement are rendered in a safe, efficient and effective manner consistent with acceptable standards of practice, policies of the center and the requirements herein. All patients shall be treated and released within a reasonable and appropriate length of time. No patients shall be held overnight.

17.2 The center shall assure the continuity of patient care through written policies, procedures and criteria pertaining to no less than the following:

(a) The responsibility of the physician for the provision of health care services;

(b) Signed informed consent;

(c) Standards of practice for each health care service provided;

(d) Development and review of the plan of care by the interdisciplinary team;

(e) Disclosure of patient information in accordance with federal and state law;

(g) Community or other resources, including consultation services, to insure continuity of care to meet patient care needs;

(h) Constraints imposed by limitations of services, patient and home conditions, or other;

(i) Such other criteria as may be deemed appropriate.

Section 18.0  Rehabilitation Services

18.1 Physician Services: shall be provided by physician(s) who shall be responsible for the diagnosis and treatment of disabled patients, and who shall participate with members of the interdisciplinary team in the development, implementation and assessment of patient care plans.

18.2 Social Services: shall be provided by a person with at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education. Such services shall be provided as prescribed in the plan of care and in accordance with acceptable standards of practice and center policies.

18.3 Therapeutic Services: All therapeutic services shall be provided as prescribed by the interdisciplinary team in the plan of care. Such therapeutic services shall be provided by appropriate staff or consultants in accordance with the center's policies and procedures and consistent with prevailing standards of practice. Furthermore, therapists staff or consultants shall participate in the development, implementation and assessment of patient care plans.
18.3.1 All staff shall hold current licensure, certification or registration as may be required under the General Laws of Rhode Island, see references 7, 8 and 9.

Section 19.0  **Infection Control**

19.1 The center shall make provisions through patient care and personnel policies for the control of infection and for the protection of patients and personnel. Policies shall pertain to no less than the following:

(a) Sanitation and medical asepsis;

(b) The monitoring of staff personnel to insure the implementation of policies and procedures for the control of infection control.

19.2 Medical waste as defined in the *Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management & Disposal of Regulated Medical Waste in Rhode Island (DEM-DAH-MW-01-92)*, of the Rhode Island Department of Environmental Management (June 1994), shall be managed in accordance with the provisions of said regulations.

Section 20.0  **Quality Assurance Program**

20.1 Each center shall establish and maintain on an ongoing basis a Quality Assurance Program which involves assessment of all quality assurance activities conducted in the provision of its health care and rehabilitation program and services at all levels which shall include no less than:

(a) Establishment of standards and criteria for the assessment of the quality of health and rehabilitation program and services provided and the appropriateness of the resources utilized;

(b) Assessment of rehabilitation outcomes;

(c) Ongoing review of rehabilitation programs and services by physicians and other health professionals;

(d) A mechanism to assure the utilization of systematic data collection based on valid samples of the total patient population to measure performance and patient results, and to make recommendations to physicians and centers of needed changes;

(e) Provisions for combining utilization data and financial data into management reports which shall be available to the Director of Health;

(f) Arrangements of routine reporting of results of quality assurance program activities to the governing body, administration, providers, and the Director of Health; and
Written procedures for taking appropriate remedial action whenever, as determined under the quality assurance program, inappropriate or substandard services have been provided or services which should have been furnished have not been provided.

Section 21.0  **Equipment**

21.1 Medical equipment and supplies for the reception, appraisal, examination, treatment and observation of patients shall be determined by the amount, type and extensiveness of services provided.
PART IV  
ENVIRONMENTAL AND MAINTENANCE SERVICES

Section 22.0  
Disaster Preparedness

22.1 Each center shall develop and maintain a written disaster preparedness plan which shall include plans and procedures to be followed in case of fire or other emergencies.

22.2 The plan and procedures shall be developed with the assistance of qualified safety and other appropriate experts.

22.3 The plan shall include procedures to be followed pertaining to no less than the following:

(a) Fire, explosion, hurricane, loss of power and/or water, flooding and other calamities;

(b) Transfer of casualties;

(c) Location and use of alarm systems, signals and fire fighting equipment;

(d) Containment of fire;

(e) Notification of appropriate persons;

(f) Relocation of patients and evacuation routes;

(g) Handling of drugs and biologicals; and

(h) Any other essentials as may be warranted.

22.4 A copy of the plan shall be available to all personnel.

22.5 Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the center.

22.6 Simulated drills testing the effectiveness of the plan shall be conducted for all shifts at least twice a year. Written reports and evaluation of all drills shall be maintained by the facility.

22.7 All personnel shall receive training in disaster preparedness as part of their employment orientation.

Section 23.0  
Housekeeping

23.1 Sufficient housekeeping and maintenance personnel shall be employed to maintain a comfortable, safe, clean, sanitary and orderly environment in the center.

23.2 All parts of the center and its premises shall be kept clean, neat and free of litter and rubbish and offensive odors.

23.3 Equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition and shall be properly stored.
23.4 Hazardous cleaning solutions, compounds, and substances shall be labeled, stored in a safe place, and kept in an enclosed section separate from other cleaning materials.

23.5 Cleaning shall be performed in a manner which will minimize the development and spread of pathogenic organisms in the environment.

23.6 Centers contracting with outside resources for housekeeping services shall require conformance with existing regulations

Section 24.0 Laundry Service

24.1 Each center shall make provisions for the cleaning of all linens and other washable goods.
PART V  

**PHYSICAL PLANT**

Section 25.0  
**New Construction, Addition or Modification**

25.1 All construction, as defined in rules and regulations pursuant to reference 2 shall be subject to the following provisions:

1. Reference 5 (Department of Health)
2. Reference 12 (State Fire Code)
3. Reference 13 (State Building Code)
4. Reference 18 (ANSI Code)
5. Reference 15 (CARF standards)

In addition, any other applicable state and local law, codes and regulations shall apply. Where there is a difference between codes, the code having the higher standard shall apply.

Section 26.0  
**General Provisions - Physical Environment**

26.1 Each center shall be constructed, equipped and maintained to protect health and safety of disabled patients, personnel and the public. All equipment and furnishings shall be maintained in good condition, properly functioning and replaced when necessary.

26.2 The entire physical plan, including functional units of the center, service areas, shall be accessible to, and functional for disabled patients, personnel and the public. All necessary accommodations shall be made to meet the needs of persons with mobility disabilities or sight, hearing and coordination or perception disabilities in accordance with reference 19.

Furthermore, the center must meet one of the following as defined in the NFPA:

(a) Is of fire resistive construction, one (1) hour protected non-combustible construction; or
(b) Is fully sprinklered one (1) hour protected ordinary construction; or
(c) Is fully sprinklered one (1) hour protected wood frame construction.

Section 27.0  
**Therapeutic Pools**

27.1 Centers providing therapeutic pool services shall be subject to the applicable rules and regulations of reference 21.

Section 28.0  
**Fire and Safety**

28.1 Each center shall meet the requirements of reference 12 pertaining to fire and safety.

28.2 A monitoring program for the internal enforcement of all applicable fire and safety laws and regulations shall be established. Such program shall include written procedures for the implementation of policies, regulations and statutes. A logo of such monitoring shall be maintained.
Section 29.0  **Lighting and Electrical Services/Emergency Power**

29.1 All electrical and other equipment used in the center shall be maintained free of defects which could be a potential hazard to patients or personnel. Periodic calibration and/or preventive maintenance of equipment shall be provided and documentation of all testing shall be maintained.

29.2 All electrical appliances used by centers shall have the Underwriters Laboratories label or be approved by local electrical inspection authorities.

29.3 Each center shall be equipped with an alternate emergency power source. The emergency electrical power system shall have a sufficient capacity to supply power to maintain the operation of any life-support systems, lighting egress, fire detection equipment, alarm and extinguishing system.

29.3.1 Monthly testing of emergency power shall be documented and reports retained for at least three (3) years.

Section 30.0  **Incinerators**

30.1 Incinerators within the center shall meet the requirements of reference 22.

Section 31.0  **Plumbing**

31.1 All plumbing material and plumbing systems or parts thereof installed shall meet the minimum requirements of section 27.3.3 of reference 13. The local codes will supersede the aforementioned only if they are more stringent.

31.2 All plumbing shall be installed in such a manner as to prevent back siphonage or cross connections between potable and non-potable water supplies.

Section 32.0  **Waste Water Disposal**

32.1 Any new center shall be connected to a public sanitary sewer, other centers must be connected to a public sanitary system, or a DEM approved ISDS system.

Section 33.0  **Waste Disposal**

33.1 All medical waste shall be managed and handled according to the provisions of *Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management & Disposal of Regulated Medical Waste in Rhode Island* (DEM-DAH-MW-01-92) as found in reference 25.

33.2 Centers utilizing dumpsters or load packers shall maintain the following precautions:

(a) The recommendations of the United States Consumer Product Safety Commission, subchapter B-Consumer Product Safety Commission Regulations, should serve as
guidelines in establishing protective measures against hazardous dumpsters and load packers.

(b) Dumpsters should be tightly covered, leak proof and placed on concrete slabs preferably graded to a drain. Water supply should be available within easy accessibility for washing down the area. In addition, the pick-up schedule should be maintained with more frequent pick-ups when required. The dumping site of waste materials must be in sanitary landfills approved by the Department of Environmental Management.

(c) Load packers must conform to the same restrictions required from dumpsters and in addition, load packers shall be: high enough off the ground to facilitate the cleaning of the underneath area of the stationary equipment; and the loading section should be constructed and maintained to prevent rubbish from blowing from said area site.
PART VI  PRACTICES AND PROCEDURES, CONFIDENTIALITY AND SEVERABILITY

Section 34.0  Variance Procedure

34.1  The licensing agency may grant a variance either upon its own motion or upon request of the applicant from the provisions of any rule or regulation in a specific case if it finds that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such variance will not be contrary to the public interest, public health and/or health and safety of patients.

34.2  A request for a variance shall be filed by an applicant in writing setting forth in detail the basis upon which the request is made.

34.2.1  Upon the filing of each request for variance with the licensing agency and within thirty (30) days thereafter, the licensing agency shall notify the applicant by certified mail of its approval or in the case of a denial, a hearing date, time and place may be scheduled if the center appeals the denial.

Section 35.0  Deficiencies and Plans of Correction

35.1  The licensing agency shall notify the governing body or other legal authority of a facility of violations of individual standards through a notice of deficiencies which shall be forwarded to the facility within fifteen (15) days of inspection of the facility unless the director determines that immediate action is necessary to protect the health, welfare, or safety of the public or any member thereof through the issuance of an immediate compliance order in accordance with Section 23-1-21 of the General Laws of Rhode Island, as amended.

35.2  A facility which received a notice of deficiencies must submit a plan of correction to the licensing agency within fifteen (15) days of the date of the notice of deficiencies. The plan of correction shall detail any requests for variances as well as document the reasons therefore.

35.3  The licensing agency will be required to approve or reject the plan of correction submitted by a facility within fifteen (15) days of receipt of the plan of correction.

35.4  If the licensing agency rejects the plan of correction, or if the facility does not provide a plan of correction within the fifteen (15) day period or if a facility whose plan of correction has been approved by the licensing agency fails to execute its plan within a reasonable time, the licensing agency may invoke the sanctions enumerated in Section 6.0 herein. If the facility is aggrieved by the sanctions of the licensing agency, the facility may appeal the decision and request a hearing in accordance with The Administrator's Procedures Act, Chapter 42-35.

Section 36.0  Rules Governing Practices and Procedures

36.1  All hearings and reviews required under the provisions of Chapter 23-17 of the General Laws of Rhode Island, as amended, shall be held in accordance with the provisions of the rules and regulations promulgated by the Rhode Island Department of Health entitled, Rules and Regulations of the Rhode Island Department of Health Regarding Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health.
Section 37.0  Confidentiality

37.1 Disclosure of any health care information relating to individuals shall be subject to the provisions of the "Confidentiality of Health Care Information" of reference 24 and other relevant statutory and federal requirements.

Section 38.0  Severability

38.1 If any provision of these regulations or the application thereof to any center or circumstances shall be held invalid, such invalidity shall not affect the provisions or application of the regulations which can be given effect, and to this end the provisions of the regulations are declared to be severable.
REFERENCES


11. Regulations Pertaining to the Reporting of Communicable, Occupational and Environmental Diseases, Rhode Island Department of Health, April 1996 and subsequent amendments thereto.


27. *Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers (R23-17-HCW)*, Rhode Island Department of Health.