

## **TITLE 216 – DEPARTMENT OF HEALTH**

### **CHAPTER 40 – PROFESSIONAL LICENSING AND FACILITY REGULATION**

#### **SUBCHAPTER 10 – FACILITIES REGULATION**

##### **PART 16 – Rehabilitation Hospital Centers**

#### **16.1 Authority**

These regulations are promulgated pursuant to the authority conferred under R.I. Gen. Laws § 23-17-10 and are established for the purpose of adopting minimum standards for rehabilitation hospital centers in Rhode Island.

#### **16.2 Incorporated Materials**

- A. These regulations hereby adopt and incorporate the Commission on Accreditation of Rehabilitation Facilities' "Standards for Facilities Serving People with Disabilities" (2017) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.
- B. These regulations hereby adopt and incorporate NFPA 232: Standard for the Protection of Records. National Fire Protection Association (2017) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.
- C. These regulations hereby adopt and incorporate NFPA 99: Health Care Facilities Code, National Fire Protection Association, (2015) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.
- D. These regulations hereby adopt and incorporate the American National Standards "Specifications for Making Buildings and Facilities Accessible and Usable by the Physically Handicapped" (1980), by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.
- E. These regulations hereby adopt and incorporate the Facility Guidelines Institute's "Guidelines for Design and Construction of Hospital and Outpatient Facilities" (2014) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

## 16.3 Definitions

A. Wherever used in this Part the following terms shall be construed as follows:

1. "Bed complement" of a rehabilitation hospital center means the number of beds a center has in actual use, equal to or less than the licensed capacity.
2. "Capacity" of a rehabilitation hospital center means the maximum potential number of beds which may be accommodated within the center.
3. "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.
  - (1) 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 §§ 16.3(A)(3)(a) through (d) of this Part.
4. "Change in owner" means:
  - a. 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;
  - b. In the case of a center which is an unincorporated sole proprietorship, the transfer of the title and property to another person;
  - c. In the case of a center which is a corporation;
    - (1) A sale, lease, exchange or other disposition of all, or substantially all of the property and assets of the corporation; or
    - (2) A merger of the corporation into another corporation; or

- (3) The consolidation of two or more corporations, resulting in the creation of a new corporation; or
  - (4) 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
  - (5) 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.
- 5. "Director" means the Director of the Rhode Island Department of Health.
- 6. "Discharge" means a patient's exit or release from a Center to the patient's residence following an inpatient admission.
- 7. "Equity" means non-debt funds contributed towards the capital costs related to a change in owner or change in operator of a rehabilitation hospital 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.
- 8. "Health Services Council" means the advisory body to the Rhode Island Department of Health established in accordance with R.I. Gen. Laws § 23-17-13.1 appointed and empowered in accordance with R.I. Gen. Laws § 23-15-7 to serve as the advisory body to the state agency in its review functions.
- 9. "Licensed capacity" of a rehabilitation hospital center means the number of beds a center is licensed to operate.
- 10. "Lift team" means Rehabilitation hospital center employees specifically trained to perform patient lifts, transfers, and repositioning in accordance with safe patient handling policy.
- 11. "Musculoskeletal disorders" means conditions that involve the nerves, tendons, muscles, and supporting structures of the body.
- 12. "Person" means any individual, trust or estate, partnership, corporation (including associations, joint stock companies), limited liability company, state, or political subdivision or instrumentality of a state.
- 13. "Physician" means an individual licensed to practice medicine or osteopathy in Rhode Island pursuant to the provisions of R.I. Gen. Laws Chapter 5-37.

14. "Progressive levels" means inpatient, day patient and outpatient or other levels of rehabilitation programs and services through which a patient progresses based on established criteria for each level of care and on the individual patient's plan of care.
15. "Rehabilitation" means 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 independent and self-sufficiency.
16. "Rehabilitation hospital center", or "Center" means a facility which has a distinct organizational entity, an organized medical staff, nursing service and a range of rehabilitation services, which provides progressive levels of functional rehabilitation services to persons who require diagnosis and treatment for non-acute chronic injury, illness or other disabilities, excluding substance mental and/or rehabilitation facilities licensed by other state agencies. Such rehabilitation hospital centers however, shall not be construed to have the same meaning as the term "hospital" as defined in the rules and regulations for Licensing of Hospitals (Part 4 of this Subchapter), nor to imply the provisions of a range of acute care as could be provided under the aforementioned regulations.
17. "State Fire Marshal" means the Division of the State Fire Marshal, Department of Public Safety, State of Rhode Island.
18. "Safe patient handling" means the use of engineering controls, transfer aids, or assistive devices whenever feasible and appropriate instead of manual lifting to perform the acts of lifting, transferring, and/or repositioning health care patients and residents.
19. "Safe patient handling policy" means protocols established to implement safe patient handling.
20. "State agency" means the Rhode Island Department of Health.

#### **16.4 General Requirements for Licensure**

- A. No person acting severally or jointly with any other person, shall establish, conduct or maintain a rehabilitation hospital center in this state without a license in accordance with the requirements of R.I. Gen. Laws § 23-17-4.
- B. A certificate of need is required as a precondition to the establishment of a new rehabilitation hospital center in accordance with R.I. Gen. Laws Chapter 23-15.

## **16.5 Application for License or Changes in Owner, Operator, or Lessee**

- A. Application for a license to conduct, maintain or operate a rehabilitation hospital center shall be made to the state agency upon forms provided by it one month prior to expiration date of license and shall contain such information as the state agency reasonably requires which may include affirmative evidence of ability to comply with the provisions of R.I. Gen. Laws Chapter 23-17 and this Part.
  - 1. Each application shall be accompanied by an application fee as set forth in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title) per facility plus an additional fee per licensed bed as set forth in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title).
- B. Application for changes in the owner, operator, or lessee of a rehabilitation hospital center shall be made on forms provided by the state agency and shall contain, but not be limited to, information pertinent to the statutory purpose expressed in R.I. Gen. Laws § 23-17-3 or to the considerations enumerated in § 16.6(E) of this Part. Three (3) copies of such applications are required to be provided.
  - 1. Each application filed pursuant the provisions of this section shall be accompanied by a non-refundable, non-returnable application fee, as set forth in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title).

## **16.6 Issuance and Renewal of License**

- A. Upon receipt of an application for a license, the state agency issue a license or renewal thereof for a period of no more than one (1) year if the applicant meets the requirements of R.I. Gen. Laws Chapter 23-17 and this Part. 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 state agency.
  - 1. All renewal applications shall be accompanied by an annual inspection fee as set forth in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title) per facility plus an additional fee per licensed bed as set forth in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title).
- B. 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, as identified in the application.

1. Any change in owner, operator, or lessee of a licensed rehabilitation hospital center shall require prior review by the Health Services Council and approval of the state agency as provided in § 16.6(E) of this Part as a condition precedent to the transfer, assignment or issuance of a new license.
- C. 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.
- D. Reviews of applications for changes in the owner, operator, or lessee of licensed rehabilitation hospital centers shall be conducted according to the following procedures:
1. Within ten (10) working days of receipt, in acceptable form, of an application for a license in connection with a change in the owner, operator or lessee of an existing rehabilitation hospital center, the state agency will notify and afford the public thirty (30) days to comment on such application.
  2. The decision of the state agency will be rendered within ninety (90) days from acceptance of the application.
  3. The Health Services Council shall transmit its advisory to the state agency in writing. The decision of the licensing agency shall be based upon the findings and recommendations of the Health Services Council unless the state agency shall afford written justification for variance therefrom.
  4. All applicants reviewed by the state agency and all written materials pertinent to the state review, including minutes of all Health Services Council meetings, shall be accessible to the public upon request.
- E. Except as otherwise provided in the Act (R.I. Gen. Laws Chapter 23-17), a review by the Health Services Council of an application for a license, in the case of a proposed change in the owner, operator, or lessee of a licensed rehabilitation hospital center may not be made subject to any criterion unless the criterion directly relates to the statutory purpose expressed in R.I. Gen. Laws § 23-17-3 . 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:
1. The character, commitment, competence, and standing in the community of the proposed owners, operators or directors of the rehabilitation hospital 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):
    - (1) In providing safe and adequate treatment to the individuals receiving the health care facility's services;
    - (2) In encouraging, promoting and effecting quality improvement in all aspects of health care facility services; and
    - (3) 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.
2. The extent to which the center 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 hospital center's services as evidenced by:
- a. The immediate and long term financial feasibility of the proposed financing plan;
    - (1) The proposed amount and sources of owner's equity to be provided by the applicant;
    - (2) 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;
    - (3) The relative availability of funds for capital and operating needs;
    - (4) The applicant's demonstrated financial capability;
    - (5) Such other financial indicators as may be requested by the state agency.
3. The extent to which the center will continue to provide safe and adequate treatment for individuals receiving the rehabilitation hospital 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 applicant's demonstrated record in providing safe and adequate treatment to individuals receiving services at facilities owned, operated, or directed by the applicant; and
  - b. The credibility and demonstrated or potential effectiveness of the applicant's proposed quality assurance programs.
4. The extent to which the center 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 under served 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.
5. In consideration of the proposed continuation or termination of health care services by the rehabilitation hospital center:
  - a. The effect(s) of such continuation or termination on access to safe and adequate treatment of individuals, including but not limited traditionally underserved populations.
  - b. 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.
- F. Subsequent to reviews conducted under §§ 16.6(D) and (E) of this Part, 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 R.I. Gen. Laws § 23-17-3, or to the review criteria set forth in § 16.6(E) of this Part. This shall not limit the authority of the state 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.

## **16.7 Capacity**

Each license shall be issued for the specified licensed bed capacity of the rehabilitation hospital center. No center shall have more inpatients than the number of beds for which it is licensed.

## **16.8 Inspections**

- A. The state agency shall make, or cause to be made, such inspections and investigations as it deems necessary in accordance with R.I. Gen. Laws § 23-17-10 and this Part.
- B. Every center shall be given prompt notice by the state agency of all deficiencies reported as a result of an inspection or investigation.
- C. Written reports and recommendations of inspections shall be maintained on file in each center for a period of no less than three (3) years.

## **16.9 Denial, Suspension, Revocation of License, Curtailment of Activities or Closure**

- A. The state 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 rehabilitation hospital centers; and
  - 2. Has failed to comply with the provisions of R.I. Gen. Laws Chapter 23-17.
  - 3. Lists of deficiencies noted in inspections conducted in accordance with § 16.8 of this Part shall be maintained on file in the state agency, and shall be considered by the state agency in rendering determinations to deny, suspend or revoke the license or curtail activities of a center.
- B. Where the state agency deems that operation of a center results in undue hardship to patients as a result of deficiencies, the state 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.
- C. Whenever an action shall be proposed to deny, suspend or revoke a center's license, or curtail its activities, the state 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 R.I. Gen. Laws §§ 23-17-8 and 42-35-9.

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 state agency may order summary suspension of license or curtailment of activities pending proceedings for revocation or other action in accordance with R.I. Gen. Laws §§ 23-1-21 and 42-35-14(c).
- D. The appropriate state and federal placement and reimbursement agencies shall be notified of any action taken by the state agency pertaining to either denial, suspension, or revocation of license or curtailment of activities.
- E. The state agency shall be notified immediately when a licensee/owner determines to cease operations and close a center.
- F. At least (30) days prior to voluntary cessation of any facility license, the Department of Health shall be provided with an acceptable plan for orderly closure which shall include, but is not limited to the following; notification and transfer of patients, transfer, storage, or proper disposal of medical records; and notification of the public.
- G. A license shall immediately become void and shall be returned to the state agency whenever the center ceases delivering patient care.

## **16.10 Organization and Management**

### **16.10.1 Governing Body**

- A. There shall be an organized governing body or equivalent legal authority ultimately responsible for:
  1. The management, fiscal affairs, and operation of the rehabilitation hospital 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 of this Part.
- B. 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.
- C. The governing body or other legal authority shall also be responsible to:

1. Provide physical resources and equipment to facilitate the delivery of prescribed services and to ensure that the entire center is accessible to the disabled;
2. 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
3. Determine that qualifications of personnel, including consultants, as may be required in this Part, 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.

D. The governing body or other legal authority shall designate:

1. an administrator who shall be responsible for the management and operation of the center; and
2. 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.

E. 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:

1. A statement of purpose;
2. A statement of qualifications for membership and method of selecting members of the governing body;
3. A statement of the authority and responsibility delegated to the administrator, the medical director and to the medical staff;
4. Provision for the selection and appointment of medical director and medical staff;
5. Provision for the approval of the medical staff by-laws and/or rules and regulations;
6. Provision of guidelines for the relationships among the governing body, the administrator, the medical director and medical staff;
7. A policy statement concerning the development and implementation of short and long range plans in accordance with R.I. Gen. Laws Chapter 23-17;

8. A policy statement concerning the publication of an annual report, including a certified financial statement; and
  9. 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 § 16.10.8 of this Part.
- F. In addition, the governing body or other legal authority shall establish administrative policies pertaining to no less than the following:
1. Responsibilities of the administrator and the medical director;
  2. Conflict of interest on the part of the governing body, professional staff and employees;
  3. The services to be provided;
  4. Criteria for the selection, admission, discharge and transfer of patients from one level of care to another (inpatient - day patient - outpatient) or transfer to another facility; (see § 16.11.1(B) of this Part)
  5. Patient/family consent and involvement in the development of patient care plan;
  6. Developing support network as may be deemed appropriate;
  7. 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
  8. Such other matters as may be relevant.

#### **16.10.2 Administrator**

The administrator shall be directly responsible to the governing body for the management and operation of the center and shall provide liaison between the governing body and the medical staff.

#### **16.10.3 Medical Director**

- A. The overall responsibility for the rehabilitation and health care needs and services of patients shall be under the direction of a physician who is licensed in the State of RI and certified by the American Board of Physical Medicine and Rehabilitation, or who has specific education and experience in rehabilitation and who shall be responsible for:
1. The coordination and supervision of holistic health care and rehabilitation programs and services:

2. The achievement and maintenance of quality assurance of professional practices through a mechanism for the assessment of patient care outcomes;
3. Participation in the interdisciplinary team and in the development, implementation and assessment of patient of care;
4. Establishment and maintenance of a quality assurance program in accordance with the provisions of § 16.11.9 of this Part; and such other responsibilities as may be deemed appropriate.

#### **16.10.4 Medical Staff**

- A. Each center shall have an organized medical staff responsible to the governing body who shall be responsible to maintain standards of professional performance through staff appointment criteria, continuing peer review and other appropriate evaluation mechanisms.
- B. The medical staff, subject to the approval of the governing body, shall adopt by-laws and/or rules and regulations incorporating details of its general powers, duties and responsibilities including the types of committees, delineation and clinical privileges of non-physician practitioners and designation of personnel qualified to prescribe or administer drugs.
- C. A copy of approved medical staff by-laws and/or rules and regulations and revisions thereto, shall be submitted to the state agency.

#### **16.10.5 Organization**

- A. 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.
- B. Each center shall maintain clearly written definitions of its organization authority, responsibilities and relationships.
- C. Each clinical program and service shall maintain:
  1. Clearly written definitions of its organization, authority, responsibilities and relationships;
  2. Written patient care policies and procedures; and
  3. Written provision for systematic evaluation of programs and services.
- D. Every licensed center and its insurance carrier shall cooperatively, as a part of their administrative function, establish an internal risk management program in accordance with the requirements of R.I. Gen. Laws § 23-17-24.

#### **16.10.6 Personnel and Safe Patient Handling**

- A. The center shall maintain a sufficient number of qualified personnel to provide effective patient care and all other related services.
  - 1. Various categories of personnel working in patient care areas shall be clearly identifiable to patients and the public.
- B. There shall be written personnel policies and procedures which shall be made available to personnel.
- C. There shall be a job description for each position which delineates the qualifications, duties, authority and responsibilities inherent in each position.
  - 1. For those selected non-licensed personnel authorized to administer drugs in accordance with § 16.11.4(B)(3) of this Part, a job description delineating qualifications, duties and responsibilities shall be provided.
- D. Provisions shall be made for orientation and continuing in-service education for personnel.
- E. There shall be written evidence that staff demonstrate competencies necessary to work in specific areas and/ or with specific patient populations.
- F. 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 rehabilitation hospital. Such health screening shall be conducted in accordance with the rules and regulations pertaining to Immunization, Testing, and Health Screening for Health Care Workers (Part 20-15-7 of this Title).
- G. National criminal background checks shall be conducted in accordance with R.I. Gen. Laws §§ 23-17.7.1-17, 23-17-62 and 23-17.7.1-20 for Center personnel whose employment involves routine contact with a patient.
- H. Personnel records shall be maintained for each employee, shall be available at all times for inspection and shall include:
  - 1. Current and background information covering qualifications for employment;
  - 2. Records of completion of required training and educational programs;
  - 3. Records of all required health examinations which shall be kept confidential; and
  - 4. Evidence of current registration, certification or licensure for all personnel subject to statutory requirements.

- I. An in-service educational program shall be conducted on an ongoing basis, which shall include an orientation program for new personnel and a program for the development and improvement of skills of all personnel. The in-service program shall be geared to the rehabilitation needs of patients, food service sanitation, fire prevention and safety, confidentiality of patient information, rights of patients and any other area related to rehabilitation.
  - 1. Provision shall be made for written documentation of programs, including attendance. Flexible program schedules shall be formulated at least two months in advance.
- J. 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.
- K. Safe Patient Handling. Each licensed center hospital shall establish a safe patient handling committee, which shall be chaired by a professional nurse or other appropriate licensed health care professional. A center may utilize any appropriately configured committee to perform the responsibilities of this section. At least half of the members of the committee shall be hourly, non-managerial employees who provide direct patient care.
  - 1. Each licensed center shall develop a written safe patient handling program, with input from the safe patient handling committee, to prevent musculoskeletal disorders among health care workers and injuries to patients. As part of this program, each licensed health care facility shall:
    - a. Implement a safe patient handling policy for all shifts and units of the facility that will achieve the maximum reasonable reduction of manual lifting, transferring, and repositioning of all or most of a patient's weight, except in emergency, life-threatening, or otherwise exceptional circumstances;
    - b. Conduct a patient handling hazard assessment. This assessment should consider such variables as patient-handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas;
    - c. Develop a process to identify the appropriate use of the safe patient handling policy based on the patient's physical and mental condition, the patient's choice, and the availability of lifting equipment or lift teams. The policy shall include a means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices for particular patients;

- d. Designate and train a registered nurse or other appropriate licensed health care professional to serve as an expert resource, and train all clinical staff on safe patient handling policies, equipment, and devices before implementation, and at least annually or as changes are made to the safe patient handling policies, equipment and/or devices being used;
  - e. Conduct an annual performance evaluation of the safe patient handling with the results of the evaluation reported to the safe patient handling committee or other appropriately designated committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorder caused by patient handling, and include recommendations to increase the program's effectiveness; and
  - f. Submit an annual report to the safe patient handling committee of the facility, which shall be made available to the public upon request, on activities related to the identification, assessment, development, and evaluation of strategies to control risk of injury to patients, nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a patient.
- 2. Nothing in this section precludes lift team members from performing other duties as assigned during their shift.
  - 3. An employee may, in accordance with established facility protocols, report to the committee, as soon as possible, after being required to perform a patient handling activity that he/she believes in good faith exposed the patient and/or employee to an unacceptable risk of injury. Such employee reporting shall not be cause for discipline or be subject to other adverse consequences by his/her employer. These reportable incidents shall be included in the facility's annual performance evaluation.

#### **16.10.7 Interdisciplinary Team**

- A. The governing body or other legal authority shall designate an interdisciplinary team composed of staff personnel which includes:
  - 1. Patient/family;
  - 2. 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);
  - 3. Professional (registered) nurse;
  - 4. Social worker;

5. Physical, occupational, speech and hearing, psychologists; and
  6. Such other staff and non-staff personnel as may be deemed necessary.
- B. The interdisciplinary team shall be responsible for patient education, the development, implementation and assessment of patient/family plans of care, and in addition:
1. The supervision of care, clinical health and rehabilitation services provided;
  2. The provision of direct patient care as may be required and appropriate;
  3. The review on an ongoing regularly scheduled basis of patient/family plans of care, and the revision of such plans of care, and development of a discharge plan as may be required;
  4. The development of policies and procedures governing patient/family care and services; and
  5. Such other duties as may be deemed appropriate.

#### **16.10.8 Contracts or Agreements**

- A. 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:
1. 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;
  2. Assurance that the services to be provided are in accordance with the plan of care;
  3. The manner in which the contracted services are coordinated, supervised and evaluated;
  4. Establish the frequency of patient care assessment; and
  5. Such other provision as may be deemed appropriate.

#### **16.10.9 Clinical Records**

- A. A clinical record shall be established and maintained for every person admitted to any level of care (inpatient, day patient or outpatient). Such record shall follow the patient at each level of care in order to insure continuity of care.

- B. Written policies and procedures shall be established regarding content and completion of clinical records.
- C. 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.
- D. 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.
- E. The content of the clinical records (inpatient, day patient, outpatient) shall conform with applicable standards of § 16.2(A) of this Part
- F. Provisions shall be made for the safe storage of clinical records of reproduction in accordance with § 16.2(B) of this Part.
- G. 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 R.I. Gen. Laws § 23-3-26.
  - 1. Records of minors shall be kept for at least five (5) years after such minor shall have reached the age of 18 years.

#### **16.10.10 Rights of Patients**

- A. Every center shall observe the standards as enumerated in R.I. Gen. Laws Chapter 23-17-19.1 with respect to each patient who is admitted to its center.
- B. A copy of the Rights of Patients shall be given to each patient or his/ her representative upon admission and shall be posted in a conspicuous place on the premises in accordance with R.I. Gen. Laws § 23-17-19.2.

#### **16.10.11 Financial Disclosure**

- A. Any health care facility licensed pursuant to R.I. Gen. Laws Chapter 23-17, which refers clients to another such licensed health care facility or to a residential care/assisted living facility licensed pursuant to R.I. Gen. Laws Chapter 23-17.4, or to a certified adult day care program in which the referring entity has a financial interest shall, at the time a referral is made, disclose in writing the following information to the client:
  - 1. That the referring entity has a financial interest in the facility or provider to which the referral is being made; and
  - 2. That the client has the option of seeking care from a different facility or provider which is also licensed and/or certified by the state to provide similar services to the client.

3. The referring entity shall also offer the client a written list prepared by the Department of Health of all such alternative licensed and/or certified facilities or providers. Said written list may be obtained by contacting:

Rhode Island Department of Health

Center for Health Facility Regulations

3 Capitol Hill, Room 306 Providence, RI 02908

401.222.2566

#### **16.10.12 Abuse, Neglect, or Mistreatment**

- A. The center shall report within 24 hours, to the state agency, allegations of patient abuse, neglect or mistreatment as defined in R.I. Gen. Laws Chapter 23-17-8.
  1. The center shall maintain evidence that all allegations of abuse, neglect, and/or mistreatment have been thoroughly investigated and that further potential abuse has been prevented while the investigation is in progress. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the state agency within five (5) business days.

#### **16.10.13 Uniform Reporting System**

- A. 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.
- B. Each center shall report to the state 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:
  1. Utilization of the center and its services;
  2. Unit cost of center services;
  3. Charges for rooms and services;
  4. Financial condition of the center; and
  5. Quality of rehabilitative care.

- C. The state 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.
- D. The directives promulgated by the Director pursuant to this Part 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 state agency.

## **16.11 Patient Care Services**

### **16.11.1 Management Responsibility**

- A. The rehabilitation hospital center through its Medical Director shall be responsible to ensure that all health and holistic rehabilitation services and programs, including services provided per contract or arrangement are rendered in a safe and effective manner consistent with acceptable standards of practice, policies of the center and the requirements of this Part.
  - 1. Furthermore, the Medical Director shall be responsible to ensure that all patients receive adequate medical/surgical treatment, as may be required for specific conditions, in an appropriate facility.
- B. The center shall assure the continuity of patient care in the inpatient, day patient and outpatient settings through written policies, procedures and criteria pertaining to no less than the following:
  - 1. Criteria and policies and procedures for admissions to each level of care and initial assessment of patient care needs;
  - 2. Signed informed consent;
  - 3. Ongoing assessment of patient/family needs;
  - 4. Development and review of the plan of care by the interdisciplinary team;
  - 5. Transfer of patients for acute medical-surgical problems; (see § 16.11.1(A) of this Part)
  - 6. The provision of appropriate information to patient/family at the points of transfer between levels of care;
  - 7. Community or other resources, including consultation services, to insure continuity of care to meet patient care needs;
  - 8. Constraints imposed by limitations of services, patient and home conditions, or other; and

9. Such other criteria as may be deemed appropriate.

#### **16.11.2 Plan of Care**

- A. After initial assessment of patient rehabilitative needs, a written plan of care shall be established by the interdisciplinary team for each patient admitted to the center and at each level of care and with the participation of the patient or responsible party. Such plan shall designate the intensity of services required in relation to the disability and the individual's response to treatment and shall include provisions pertaining to:
  1. Pertinent diagnosis and prognosis;
  2. Identification of the intensity of patient care needs including:
    - a. The range of rehabilitation services required;
    - b. The level of care required;
    - c. The frequency of therapeutic services required;
    - d. Medications;
    - e. Management of discomfort and pain control; and
    - f. Other rehabilitative needs and prescribed therapies;
  3. Such other relevant modalities of care, training and services as may be appropriate to meet the patient's rehabilitative needs.
- B. Patient care plans shall be reviewed and updated at periodic intervals as specified in the plan of care by the multidisciplinary team.

#### **16.11.3 Levels of Care**

- A. Inpatient Care: shall be for the provision of intensive functional rehabilitation services through the interdisciplinary team, for patients who require uninterrupted rehabilitation and nursing care services including a range of intensive rehabilitation services referred to in § 16.11.4 of this Part as related to patient's disability and response to treatment.
- B. Day Care: shall be for the provision of rehabilitation services through the Interdisciplinary Team to patients whose condition continues to require intensive functional rehabilitation services as provided in the inpatient setting, but who can accommodate to a less protective environment such as his or her home, without interrupting the rehabilitation process.
- C. Outpatient: shall refer to the provision of coordinated and integrated assessment and/or rehabilitation services with emphasis on continuity of care, education and

training to individuals with disabling impairments requiring less intensive rehabilitation, supervision and support services.

#### **16.11.4 Rehabilitation Services**

- A. Physician Services: shall be available and/or on call on a twenty-four (24) hour basis and 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.
- B. Nursing Services: shall be provided on a twenty-four (24) hour basis under a licensed professional (registered) nurse in accordance with R.I. Gen. Laws Chapter 5-34, who has training and experience in rehabilitation nursing and who shall be responsible to meet the rehabilitative nursing needs of patients as prescribed in the patient's plan of care and in accordance with acceptable standards of practice.
  - 1. There shall be a sufficient number of licensed professional (registered) nurses on duty at all times to plan, assign, supervise, implement and evaluate nursing care as well as to provide direct patient care as required.
  - 2. The number and type of licensed nurses and ancillary nursing personnel shall be based on evaluation of patient care needs and staff capabilities for each patient care unit.
  - 3. Administration of drugs by non-licensed personnel, selected non-licensed personnel with demonstrated competency, who have satisfactorily completed a state approved training program in drug administration may administer oral or topical drugs, if adequate medical and nursing supervision is provided in accordance with R.I. Gen. Laws Chapter 5-34.
- C. Social Services: shall be provided as prescribed in the plan of care and in accordance with acceptable standards of practice and center policies. Social Workers hired after January 1, 2019 shall be qualified on the basis of education, training and experience in accordance with the provisions of R.I. Gen. Laws Chapter 5-39.1. Staff providing social services hired before December 31, 2018 shall have at least a bachelor's degree in social work from a school accredited or approved by the Council on Social Work Education.
- D. 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.

1. Therapists and assistants (physical, occupational, speech, audiologist) shall furthermore hold current licensure, certification or registration as may be required under R.I. Gen. Laws Chapters 5-34, 5-40, and 5-40.1.
- E. Psychological Services: shall be provided by qualified psychologists who are certified in the State of Rhode Island in accordance with R.I. Gen. Laws Chapter 5-44. Such services shall be provided as prescribed in the plan of care and the psychologist(s) shall also participate in the development, implementation and assessment of the patient's plan of care.
- F. Pastoral Care: Clergymen or members of various denominational organizations or churches shall have access to patients. Patients shall be notified of the availability of such services.
- G. Prosthetic/Orthotic Services: shall be rendered as prescribed in the plan of care and provided by individuals with training and experience in prosthetics and/or orthotic services, who shall also participate in the development, implementation and assessment of the plan of care.
- H. Allied Rehabilitation Services: such as pre-vocational, vocational, driver training shall also be provided in accordance with center policies and through written agreement with agencies providing vocational training or driver education.
- I. Other Rehabilitation Services: all other rehabilitation services, including recreation services, provided by the center shall be provided by individuals with appropriate qualifications and rendered in accordance with acceptable standards or practice.

#### **16.11.5 Infection Control**

- A. 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:
  1. Sanitation and medical asepsis;
  2. Disposal of solid waste materials;
  3. Admission and isolation of patients with known or suspected infections, diseases and other protective isolation;
  4. The establishment of a center-wide surveillance program which shall include an infection surveillance officer to conduct all infection surveillance activities. This shall include a system of periodic reporting, evaluation and recording of the occurrence of infections among personnel and patients;
  5. The monitoring of staff personnel to insure the implementation of policies and procedures for the control of infection control.

- B. Reporting of Communicable Diseases: Each center shall report promptly to the Rhode Island Department of Health, Division of Disease Control, cases of communicable diseases designated as "reportable diseases" in accordance with the rules and regulations pertaining to Reporting and Testing of Infectious, Environmental, and Occupational Diseases (Part 30-05-1 of this Title) when such cases are diagnosed.
  - 1. When outbreaks of food borne illness are suspected, such occurrences shall be updated immediately to the Rhode Island Department of Health, Division of Disease Control or to the Division of Food Protection and Sanitation.

#### **16.11.6 Dietary Services**

- A. A center shall maintain a dietary service directed by a full-time person qualified by training and experience in organization and administration of food service.
- B. Each center shall have at least one Registered Dietitian, licensed by the state and certified by the Commission on Dietetic Registration, employed on either a full-time, or regular part-time basis to direct nutritional aspects of patient care and to advise on food preparation and service.
- C. Adequate space, equipment and supplies shall be provided for the efficient, safe and sanitary receiving, storage, refrigeration, preparation and service of food and other related aspects of the food service operation in accordance with the Rhode Island Food Code (Part 50-10-1 of this Title)
  - 1. Any construction, addition, alteration affecting food service operations shall be in conformance with the requirements of R.I. Gen. Laws § 23-1-31.
- D. The food service operation shall comply with applicable standards of the Rhode Island Food Code (Part 50-10-1 of this Title).
- E. Written policies and procedures shall be established for dietary services, pertaining to but not limited to the following:
  - 1. Responsibilities and functions of personnel;
  - 2. Advising the administrator on all nutritional aspects of patient care, food service and preparation;
  - 3. Alterations or modification to diet orders;
  - 4. Food purchasing, storage preparation and service;
  - 5. Safety and sanitation relative to personnel and equipment;

6. Ancillary dietary services, including food storage and preparation in satellite kitchens, and vending operations;
  7. Providing dietary counseling to patients when necessary; and
  8. Ice making in accordance with Good Manufacturing Practices for Food (Part 50-10-4 of this Title).
- F. Any center engaged in processing or handling or both, of frozen foods shall be subject to standards of Good Manufacturing Practices for Food (Part 50-10-4 of this Title).
- G. There shall be a diet manual maintained by the dietary service which shall be reviewed, periodically revised as necessary and approved by the medical staff. Diets served to patients shall comply with the principles set forth in the diet manual.
- H. All patient diets shall be ordered in writing by the physician.
- I. A dining room shall be available for those patients who wish to participate in group dining in accordance with § 16.13.3(A)(5) of this Part.
- J. Self-help feeding program shall be available to those patients who need them to maintain maximum independence in the activities of daily living.
- K. A center contracting for food service shall require as a part of the contract, that the contractor comply with the provisions of the rules and regulations of this Part.
- L. All menus shall be planned at least one week in advance and shall provide for a variety of foods, adjusted for seasonal changes, and reflecting the dietary preferences of patients. Menus shall be posted in a conspicuous place in the dietary department and records of such shall be retained for thirty (30) days.

#### **16.11.7 Laboratory and Radiology Services**

- A. Clinical laboratory services shall be in accordance with the provisions of R.I. Gen. Laws § 23-16.2-3 and the Federal CLIA regulation: 42 C.F.R. § 439. The Center must also maintain the appropriate CLIA certificate to the level of testing being performed.
- B. A center providing radiology services must meet the requirements of regulations regarding Radiation (Subchapter 20 of this Chapter).
1. Authentication reports of radiological interpretations, consultations shall be part of the patient's clinical record.
- C. Centers contracting with outside resources for laboratory and/or radiology services shall contract only with:

1. Laboratories which meet the requirements of the rules and regulations for Clinical Laboratories and Stations (Part 60-05-4 of this Title); and
2. Radiation facilities which meet the requirements of the rules and regulations for Radiation (Subchapter 20 of this Chapter).

#### **16.11.8 Pharmacy**

- A. Each Rehabilitation Hospital Center shall provide pharmaceutical services either directly within the institution or by contractual arrangement. In either instance, there shall be evidence of a current pharmacy license in compliance with R.I. Gen. Laws § 5-19.1-8. Pharmaceutical services shall be provided in accordance with the rules and regulations pertaining to Pharmacists, Pharmacies, and Manufacturers, Wholesalers and Distributors (Subchapter 15 Part 1 of this Chapter).
- B. An emergency medication kit, approved by the pharmaceutical service committee or its equivalent, shall be kept at each nursing station.

#### **16.11.9 Quality Assurance Program**

- A. 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:
  1. 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;
  2. Assessment of rehabilitation outcomes;
  3. Ongoing review of rehabilitation programs and services by physicians and other health professionals;
  4. 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;
  5. Provisions for combining utilization data and financial data into management reports which shall be available to the Director of Health;
  6. Arrangements of routine reporting of results of quality assurance program activities to the governing body, administration, providers, and the Director of Health; and

7. 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.

#### **16.11.10 Equipment**

A. Each center shall have an assortment of styles and sizes of adaptive equipment for patient evaluation and training in the following areas:

1. Beds - e.g., beds & accessories, mattresses, waterproof bed protection, enuresis, alarms, self-fitting aids, bed and cantilever tabled, protective devices for incontinency.
2. Pressure relief -e.g., beds and cushions designed for pressure relief, sheepskins.
3. Chairs -e.g., geriatric, adjustable and mobile chairs, self-lift seats, therapeutic training wheelchairs.
4. Communication -e.g., reading aids, writing and speech aids, deaf aids, remote control apparatus.
5. Eating and Drinking Aids -e.g., non-slip materials, trays, cutlery.
6. Electro Diagnostic - EMG
7. Hoists and Lifting Equipment -e.g., portable, fixed and electric hoists, manual lifting aids, car hoists, stair climbers.
8. Leisure Activities - e.g., music, sports, hobbies, crafts, sewing.
9. Sport & Physical Recreation -e.g., (facilities for disabled people) clubs concerned with sports for disabled.
10. Personal Toilet and Personal Care -e.g., commodes, hair washing, showers, aids for incontinency.
11. Prosthetics and Orthotics - adjustable models.
12. Walking Aids and Wheelchairs
13. Household equipment/fittings
14. Clothing/footwear
15. Therapeutic Devices: nerve muscle stimulators; exercise equipment -e.g., weight/pulleys, ergometer, treadmill; Modalities: mv/heat/ microwave, traction; Positioning; Hydrotherapy (whirlpool and therapeutic pool)

16. Other Diagnostic: E.K.G.; Pulmonary function; Biofeedback & video feedback; audio and visual equipment; and prevocational, e.g. adjustable heights and accessible work stations.

## **16.12 Environmental and Maintenance Services**

### **16.12.1 Disaster Preparedness**

- A. 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.
- B. The plan and procedures shall be developed and coordinated with assistance of qualified safety and other appropriate experts, including the appropriate state and local agencies and representatives concerned with emergency, safety, rescue and disaster preparedness.
- C. The plan shall include procedures to be followed pertaining to no less than the following:
  1. Fire, explosion, hurricane, loss of power and/or water, flooding and other calamities;
  2. Transfer of casualties;
  3. Location and use of alarm systems, signals and fire fighting equipment;
  4. Containment of fire;
  5. Notification of appropriate persons;
  6. Relocation of patients and evacuation routes;
  7. Handling of drugs and biologicals; and
  8. Any other essentials as may be warranted.
- D. A copy of the plan shall be available at every nursing unit.
- E. Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the center.
- F. 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.
- G. All personnel shall receive training in disaster preparedness as part of their employment orientation.

### **16.12.2 Housekeeping**

- A. A full-time employee of the center shall be designated responsible for housekeeping services, supervision and training of housekeeping personnel.
- B. Sufficient housekeeping and maintenance personnel shall be employed to maintain a comfortable, safe, clean, sanitary and orderly environment in the center.
  - 1. Housekeeping personnel may assist in food distribution but not food preparation. Careful hand washing should be done prior to assisting in food distribution.
- C. Written housekeeping policies and procedures shall be established for the operation of housekeeping services throughout the facility. Copies shall be available for all housekeeping personnel.
- D. All parts of the center and its premises shall be kept clean, neat and free of litter and rubbish and offensive odors.
- E. 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.
- F. 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.
- G. Cleaning shall be performed in a manner which will minimize the development and spread of pathogenic organisms in the environment.
- H. Exhaust ducts from kitchens and other cooking areas shall be equipped with proper filters and cleaned at regular intervals. The ducts shall be cleaned as often as necessary and inspected by the facility no less than twice a year.
- I. Centers contracting with outside resources for housekeeping services shall require conformance with existing regulations

### **16.12.3 Laundry Service**

- A. Each center shall make provisions for the cleaning of all linens and other washable goods.
- B. A center providing laundry service shall have adequate space and equipment for the safe and effective operation of a laundry service. In unsewered areas, approval shall be obtained of the sewage system from the state agency to ensure its adequacy.

- C. Written policies and procedures for the operation of the laundry service, including special procedures for the handling and processing of contaminated linens, shall be established.
- D. There shall be distinct areas for the separate storage and handling of clean and soiled linens.
  - 1. The soiled linen area and the washing area shall be negatively pressurized or otherwise protected to prevent introduction of airborne contaminants.
  - 2. The clean linen area and the drying area shall be physically divorced from the soiled linen area and the washing area.
- E. All soiled linen shall be placed in closed containers prior to transportation.
- F. To safeguard clean linens from cross-contamination they shall be transported in containers used exclusively for clean linens which shall be kept covered at all times while in transit and stored in areas designated exclusively for this purpose.
- G. Centers contracting for services with an outside resource shall require conformance with this Part.

## **16.13Physical Plant**

### **16.13.1 New Construction, Additions or Modifications**

- A. All construction, as defined in rules and regulations pursuant to R.I. Gen. Laws Chapter 23-15 shall be subject to the following provisions:
  - 1. R.I. Gen. Laws Chapter 23-15.
  - 2. Rhode Island Food Code (Part 50-10-1 of this Title).
  - 3. R.I. Gen. Laws § 23-1-31.
  - 4. R.I. Gen. Laws Chapter 23-28.1.
  - 5. R.I. Gen. Laws Chapter 23-27.3.
  - 6. Incorporated materials at § 16.2(D) of this Part.
  - 7. Facility Guidelines Institute's "Guidelines for Design and Construction of Hospital and Outpatient Facilities" (2014). "
  - 8. Incorporated materials at § 16.2(A) of this Part.

9. 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.

#### **16.13.2 General Provisions - Physical Environment**

- A. 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.
- B. 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 "The American National Standard-Specifications for Making Buildings and Facilities Accessible to and Usable by the Physically Handicapped (ANSI)", incorporated above in § 16.2(D) of this Part and the Facility Guidelines Institute's "Guidelines for Design and Construction of Hospital and Outpatient Facilities" (2014).
- C. Blind non-ambulatory, physically handicapped or patients with mobility disabilities which limit self-preservation capability shall not be housed above the street level floor unless the center is equipped with an elevator and meets other requirements of ANSI as incorporated above in in § 16.2(D) of this Part. Furthermore, the center must meet R.I. Gen. Laws § 23-28.1.
- D. All rooms utilized by patients shall have proper ventilation and shall have outside opening with satisfactory screens. Grounds surrounding the center shall be accessible to and usable by patients and shall be maintained in an orderly and well-kept manner.

#### **16.13.3 Functional Units and Service Areas**

- A. All functional units and service areas of the rehabilitation hospital center shall be based on the guidelines for rehabilitation facilities in the Facility Guidelines Institute's "Guidelines for Design and Construction of Hospital and Outpatient Facilities" (2014) and Standards for Facilities Serving People with Disabilities" incorporated above in § 16.2(A) of this Part. Such functional units and service areas shall include:
  1. Nursing unit (for Inpatients);
  2. Day Patient and Out Patient units;
  3. Dietary Unit pursuant to § 16.11.6 of this Part;
  4. Psychological/Social or Vocational Services Unit;

5. Patients' Dining, Recreation and Day Spaces.
  - a. If a multi-purpose room is used, there must be sufficient space to accommodate dining and patient activities of both inpatient and day patients and present interference with each other;
  - b. Storage shall be provided for recreational equipment and supplies.
6. Unit for Teaching Activities of Daily Living: bathing, dressings, going to toilet, continence, feeding and transfer;
7. Physical and Occupational Units, Prosthetics and Orthotics; and
8. Such other units as may be required in accordance with the aforementioned rules and regulations.

#### **16.13.4 Special Care Unit**

A patient room shall be designated for isolation purposes. Such room shall be properly identified with precautionary signs, shall have outside ventilation, private toilet and hand washing facilities.

#### **16.13.5 Therapeutic Pools**

Centers providing therapeutic pool services shall be subject to the applicable rules and regulations of Aquatic Venues (Part 50-05-4 of this Title).

#### **16.13.6 Fire and Safety**

- A. Each center shall meet the requirements of R.I. Gen. Laws Chapter 23-28.1 pertaining to fire and safety.
- B. 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 log of such monitoring shall be maintained.

#### **16.13.7 Lighting and Electrical Services/Emergency Power**

- A. 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.
- B. All electrical appliances used by centers shall have the Underwriters Laboratories label or be approved by local electrical inspection authorities.
- C. 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.

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

#### **16.13.8 Incinerators**

- A. Incinerators within hospitals shall be segregated from other parts of the building by non-combustible construction, with walls, floors and ceilings having a fire resistance rating of not less than two hours. Openings to such rooms shall be protected by Class B fire doors, and equipped with positive self-closing devices in accordance with R.I. Gen Laws Chapter 23-28.1.
- B. Incinerators within the center shall meet the Department of Environmental Management's "Air Pollution Control Regulation No. 12 - Incinerators".

#### **16.13.9 Plumbing**

- A. All plumbing material and plumbing systems or parts thereof installed shall meet the minimum requirements of R.I. Gen. Laws Chapter 23-27.3. The local codes will supersede the aforementioned only if they are more stringent.
- B. All plumbing shall be installed in such a manner as to prevent back siphonage or cross connections between potable and non-potable water supplies.
- C. Fixtures from which grease is discharged shall be served by a line in which a grease trap is installed. The grease trap shall be cleaned sufficiently often to sustain efficient operation.

#### **16.13.10 Waste Water Disposal**

Any new center shall be connected to a public sanitary sewer.

#### **16.13.11 Waste Disposal**

- A. Medical Waste. Medical waste as defined in the Rhode Island Department of Environmental Management's Medical Waste Regulations (250-RICR-140-15-1) shall be managed in accordance with the provisions of the aforementioned regulations.
  1. Such hazardous waste materials shall be placed in watertight and durable containers in accordance with acceptable practices for transportation.
- B. Other Waste. Wastes which are not classified as medical waste, hazardous wastes or which are not otherwise regulated by law or rule may be disposed in dumpsters or load packers provided the following precautions are maintained:

1. 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.
2. Dumpsters shall be tightly covered, leak proof, inaccessible to rodents and animals, and placed on concrete slabs preferably graded to a drain. Water supply shall be available within easy accessibility for washing down of the area. In addition, the pick-up schedule shall 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.
3. 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.

#### **16.13.12 Water Supply**

- A. Water for consumption shall be obtained from a community water system defined in rules and regulations pertaining to Public Drinking Water (Part 50-05-1 of this Title) approved by the Department of Health.
- B. The water shall be distributed to conveniently located taps and fixtures throughout the buildings and shall be adequate in volume and pressure for all center purposes, including firefighting.

### **16.14 Practices and Procedures, Confidentiality**

#### **16.14.1 Variance Procedure**

- A. The state 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.
- B. 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.
  1. Upon the filing of each request for variance with the state agency and within thirty (30) days thereafter, the state 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.

#### **16.14.2 Deficiencies and Plans of Correction**

- A. The state 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 R.I. Gen. Laws § 23-1-21.
- B. A facility which received a notice of deficiencies must submit a plan of correction to the state 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.
- C. The state agency will be required to approve or reject the plan of correction submitted by a facility in accordance with § 16.14.2 of this Part within fifteen (15) days of receipt of the plan of correction.
- D. If the state agency rejects the plan of correction, or if the facility does not provide a plan of correction within the fifteen (15) day period stipulated in § 16.14.2 of this Part, 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 state agency may invoke the sanctions enumerated in § 0 of this Part. If the facility is aggrieved by the action of the state agency, the facility may appeal the decision and request a hearing in accordance with R.I. Gen. Laws Chapter 42-35.
- E. The notice of the hearing to be given by the Department of Health shall comply in all respects with the provisions of R.I. Gen. Laws Chapter 23-45. The hearing shall in all respects comply with the provisions therein.

#### **16.14.3 Rules Governing Practices and Procedures**

All hearings and reviews required under the provisions of R.I. Gen. Laws Chapter 23-17 shall be held in accordance with the provisions of the rules and regulations regarding Practices and Procedures Before the Rhode Island Department of Health (Part 10-05-4 of this Title) and Access to Public Records (Part 10-05-1 of this Title).

#### **16.14.4 Confidentiality**

Disclosure of any health care information relating to individuals shall be subject to the provisions of the "Confidentiality of Health Care Information" of R.I. Gen. Laws Chapter 5-37.3 and other relevant statutory and federal requirements.

**216-RICR-40-10-16**

**TITLE 216 - DEPARTMENT OF HEALTH**

**CHAPTER 40 - PROFESSIONAL LICENSING AND FACILITY REGULATION**

**SUBCHAPTER 10 - FACILITIES REGULATION**

**PART 16 - REHABILITATION HOSPITAL CENTERS (216-RICR-40-10-16)**

Type of Filing: Refile Capabilities

**Department of State**

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Regulation Effective Date

Original Signing Date

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Department of State Initials

Department of State Date