Administrative Register of Kentucky

LEGISLATIVE RESEARCH COMMISSION
FRANKFORT, KENTUCKY

VOLUME 4, NUMBER 7

WEDNESDAY, FEBRUARY 1, 1978

IN THIS ISSUE

SECTION ONE—WHITE PAGES

SECTION TWO—BLUE PAGES

NOTE: In order to meet the statutory requirement allowing 30 days for interested persons to request a hearing on proposed or amended regulations published herein, the Administrative Regulation Review Subcommittee meeting next month will be held on Friday, March 3, 1978.

This is an official publication of the Commonwealth of Kentucky, Legislative Research Commission, giving public notice of all proposed regulations filed by administrative agencies of the Commonwealth pursuant to the authority of Kentucky Revised Statutes Chapter 13.

Persons having an interest in the subject matter of a proposed regulation published herein may request a public hearing or submit comments within 30 days of the date of this issue to the official designated at the end of each proposed regulation.

The *Administrative Register of Kentucky* is the monthly advance sheets service for the 1978 Edition of KENTUCKY ADMINISTRATIVE REGULATIONS SERVICE.

HOW TO CITE: Cite all material in the *Administrative Register of Kentucky* by Volume number and Page number. Example: Volume 2, Kentucky Register, page 318 (short form: 2 Ky.R. 318).

KENTUCKY ADMINISTRATIVE REGULATIONS are codified according to the following system and are to be cited by Title, Chapter and Regulation number, as follows:

Title		Chapter		Regulation
806	KAR	50	:	155
Cabinet Department, Board or Agency		Bureau, Division or Major Function		Specific Area of Regulation

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VOLUME 4, NUMBER 7 FEBRUARY, 1978 PUBLICATION NUMBER 044310

Administrative Register of kentucky

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Public Hearing Scheduled

PUBLIC PROTECTION AND REGULATION CABINET
Department of Insurance

A public hearing will be held at 9 a.m. EST March 7, 1978 in Room G-2, Capital Plaza Tower, Frankfort, Ky. 40601 on the following regulation published in this issue [4 Ky.R. 296]:

806 KAR 12:025. Solicitation of life insurance.

Emergency Regulation Now In Effect

JULIAN M. CARROLL, GOVERNOR
Executive Order 78-3
January 4, 1978

EMERGENCY REGULATION
Executive Department for Finance
and Administration

WHEREAS, the Secretary of the Executive Department for Finance and Administration has determined that, due to the rapidly rising cost of gasoline and other petroleum products, the amount allowed state officers, members of state boards and commissions, and state employees as reimbursement for expenses incurred in using their personal motor vehicles in official travel should be increased from fourteen (14) cents per mile to sixteen (16) cents per mile; and

WHEREAS, pursuant to the authority of KRS 44.060, the Secretary of the Executive Department for Finance and Administration has promulaged an amendment to 200 KAR 2:050, Transportation, of the State Travel Regulations providing for such increase in the mileage allowance, and

WHEREAS, due to the remedial nature of such amendment, it has been found by the Secretary of the Executive Department for Finance and Administration that an emergency exists with respect to the said amendatory regulation and that, therefore, such amendatory regulation should, pursuant to the provisions of law made and provided, be effective immediately upon filing with the Legislative Research Commission:

NOW, THEREFORE, I, JULIAN M. CARROLL, Governor of the Commonwealth of Kentucky, by virtue of the authority vested in me by KRS 13.085(2), do hereby acknowledge the finding of emergency by the Secretary of the Executive Department for Finance and Administration with respect to the filing of said regulation of the Executive Department for Finance and Administration amending 200 KAR 2:050, entitled, "Transportation," of the Executive Department for Finance and Administration, and direct that said amendatory regulation shall be effective upon filing with the Legislative Research Commission as provided in Chapter 13 of Kentucky Revised Statutes.

JULIAN M. CARROLL, Governor
DREXELL R. DAVIS, Secretary of State.

EXECUTIVE DEPARTMENT FOR FINANCE
AND ADMINISTRATION
(Proposed Amendment)

200 KAR 2:050E. Transportation.

RELATES TO: KRS Chapters 42, 44, 45
PURSUANT TO: KRS 44.060, 45.180
EFFECTIVE: January 4, 1978
EXPIRES: May 4, 1978
NECESSITY AND FUNCTION: The Executive Department for Finance and Administration is required by statute to promulgate rules and regulations pursuant to which state employees and officials are reimbursed for travel expenses incurred in the performance of their official duties. This regulation requires that the means of transportation employed be the most economical via the most direct route, special conditions warranting additional expense must meet approval of the Secretary of the Executive Department for Finance and Administration; airline travel is to be by coach class unless it is unavailable, and reimbursement for use of privately owned automobiles.

Section 1. The means of transportation used by state officers, agents, and employees travelling on Commonwealth business shall be the most economical and/or standard mode available, via the most direct and usually travelled routes. Additional expenses incurred as a result of using other means of transportation or routes will not be allowed unless special conditions warranting such additional expenses are justified to the satisfaction of the Secretary of the Executive Department for Finance and Administration. Agency heads are responsible for insuring that all transportation means and practices within their agencies are the most economical obtainable under the circumstances of the travel involved, consistent with their programs and in the best interest of the Commonwealth.

Section 2. Railroad sleeping car accomodations are limited to a roomette when practicable.

Section 3. Commercial airline travel shall be by coach class and shall be on American airplanes. No first class airline travel may be claimed or reimbursed unless coach class is unavailable. Reimbursement for first class airline travel and travel on foreign airlines shall be granted by the

specific written request of the agency head and with the approval of the Secretary of the Executive Department for Finance and Administration. The definition of an American airplane is an airplane registered under the laws of the United States but excludes those operating under certificates or permits held by foreign airlines.

Section 4. The cost of hiring automobiles or other special conveyances may be allowed if ordinary means of public transportation cannot be utilized to the best interest of the Commonwealth. Justification for the expense of special conveyances used shall be noted on Form AP-6 and shall be approved by the agency head.

Section 5. Employees are encouraged to employ buses and subways where possible in intracity travel. Taxi fare may be allowed when other, more economical means of ground transportation are unavailable or impracticable.

Section 6. State-owned vehicles and credit cards may be utilized for travel when available. No mileage allowance shall be claimed or reimbursed when state-owned vehicles are used.

Section 7. Privately-owned automobiles may be authorized for official travel if state-owned vehicles or common carrier transportation are unavailable or impracticable.

Section 8. Computation of mileage for in-state travel will be from point of origin to point of destination as given in the State Department of Transportation Official Mileage Map. Rand McNally mileage maps will be used for out-of-state travel. Reimbursement will be made only for actual miles travelled. However, when point of origin is the employee's private residence, reimbursement will be based on the lesser of the distance between work station and destination or private residence and destination.

Section 9. Vicinity travel and necessary authorized travel within an employee's work station, as defined in 200 KAR 2:030, will be reported separately on Form AP-6.

Section 10. Reimbursement for the use of privately-owned automobiles authorized for official travel shall be at the rate of *sixteen (16) cents* [fourteen (14) cents] per mile. However, the total mileage reimbursement allowed for out-of-state travel in a privately-owned automobile shall not exceed the lesser of rail or air coach fare to the same destination.

Section 11. Actual parking, bridge, and toll charges incurred during authorized travel by automobile are reimbursable. Toll charge receipts will not be required for in-state travel where two (2) axle vehicles are used; however, where vehicles with more than two (2) axles are used receipts will be required for all toll charges.

Section 12. Return trip, excursion or other reduced rate railroad or airplane fares shall be obtained whenever available and practicable.

Section 13. The use of privately owned airplanes is permitted when it is to the advantage of the state measured by both comparative travel cost and the time of travel. Reimbursement of such travel expense shall be computed as provided in Section 10 above. State-owned airplanes shall be used whenever available for authorized air travel. Agencies requiring the use of state-owned planes shall make all necessary arrangements with the *Office of Air Transport, Executive Department for Finance and Administration* [Division of Aeronautics, Department of Transportation].

RUSSELL R. McCLURE, Secretary
ADOPTED: December 24, 1977
RECEIVED BY LRC: January 4, 1978 at 3 p.m.

Amended Regulation Now In Effect

EXECUTIVE DEPARTMENT FOR FINANCE AND ADMINISTRATION
Kentucky Board of Dentistry
As Amended

201 KAR 8:220. Clinical examination.

RELATES TO: KRS 313.050, *313.060, 313.100*
PURSUANT TO: KRS 13.082, 313.220
EFFECTIVE: December 27, 1977
NECESSITY AND FUNCTION: Sets forth requirements of the clinical examination, grade to be attained and permits the Board to dismiss a candidate for gross malperformance *or misconduct.*

Section 1. (1) Clinical examination: The requirements of the clinical examination shall be within the discretion of the board as to subject matter but these requirements shall be agreed upon one (1) year prior to the examination, and must remain within the subjects contained in the regular curriculum of accredited dental schools.

(2) Successful completion of the clinical examination *adopted for use* [conducted] by the Kentucky Board of Dentistry requires that a candidate *successfully pass the examination of the Southern Regional Testing Agency, Inc.* [receive an average of not less than seventy-five (75) percent on each of three (3) of the four (4) sections of the examination administered. In addition to the aforementioned, an overall average of the four (4) sections of the clinical examination shall be not less than seventy-five (75) percent.]

(3) A candidate may be dismissed during the course of the examination for gross malperformance *or misconduct.* [as defined in the instructions to applicants. This dismissal requires the approval of two-thirds (2/3) of the board members present and administering the examination.]

(4) For the puroses of subsection (3) gross malperformance and misconduct shall be defined as follows:

(a) Gross malperformance shall be defined as gross injury to the hard or soft tissues; gross failure to observe accepted dental principles as determined by the examiners.

(b) Misconduct shall be defined as cheating on the examination which consists of either giving help on the examination to or receiving help on the examination from, another individual; or disorderly conduct or harassment as defined by KRS 525.060 and 525.070 resepctively.

(5) A candidate who is dismissed from the examination for malperformance or misconduct shall have the right to appeal such dismissal to the Kentucky Board of Dentistry. Thereafter, a majority vote by the board members present shall determine the issue.

JAMES W. HOLLIDAY, Secretary-Treasurer
ADOPTED: December 3, 1977
RECEIVED BY LRC: December 27, 1977 at 2:10 p.m.

Proposed Amendments

EXECUTIVE DEPARTMENT FOR FINANCE AND ADMINISTRATION
(Proposed Amendment)

200 KAR 2:050. Transportation.

RELATES TO: KRS Chapters 42, 44, 45
PURSUANT TO: KRS 44.060, 45.180
NECESSITY AND FUNCTION: The Executive Department for Finance and Administration is required by statute to promulgate rules and regulations pursuant to which state employees and officials are reimbursed for travel expenses incurred in the performance of their official duties. This regulation requires that the means of transportation employed be the most economical via the most direct route, special conditions warranting additional expense must meet approval of the Secretary of the Executive Department for Finance and Administration; airline travel is to be by coach class unless it is unavailable, and reimbursement for use of privately owned automobiles.

Section 1. The means of transportation used by state officers, agents, and employees travelling on Commonwealth business shall be the most economical and/or standard mode available, via the most direct and usually travelled routes. Additional expenses incurred as a result of using other means of transportation or routes will not be allowed unless special conditions warranting such additional expenses are justified to the satisfaction of the Secretary of the Executive Department for Finance and Administration. Agency heads are responsible for insuring that all transportation means and practices within their agencies are the most economical obtainable under the circumstances of the travel involved, consistent with their programs and in the best interest of the Commonwealth.

Section 2. Railroad sleeping car accomodations are limited to a roomette when practicable.

Section 3. Commercial airline travel shall be by coach class and shall be on American airplanes. No first class airline travel may be claimed or reimbursed unless coach class is unavailable. Reimbursement for first class airline travel and travel on foreign airlines shall be granted by the specific written request of the agency head and with the approval of the Secretary of the Executive Department for Finance and Administration. The definition of an American airplane is an airplane registered under the laws of the United States but excludes those operating under certificates or permits held by foreign airlines.

Section 4. The cost of hiring automobiles or other special conveyances may be allowed if ordinary means of public transportation cannot be utilized to the best interest of the Commonwealth. Justification for the expense of special conveyances used shall be noted on Form AP-6 and shall be approved by the agency head.

Section 5. Employees are encouraged to employ buses and subways where possible in intracity travel. Taxi fare may be allowed when other, more economical means of ground transportation are unavailable or impracticable.

Section 6. State-owned vehicles and credit cards may be utilized for travel when available. No mileage allowance shall be claimed or reimbursed when state-owned vehicles are used.

Section 7. Privately-owned automobiles may be authorized for official travel if state-owned vehicles or common carrier transportation are unavailable or impracticable.

Section 8. Computation of mileage for in-state travel will be from point of origin to point of destination as given in the State Department of Transportation Official Mileage Map. Rand McNally mileage maps will be used for out-of-state travel. Reimbursement will be made only for actual miles travelled. However, when point of origin is the employee's private residence, reimbursement will be based on the lesser of the distance between work station and destination or private residence and destination.

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RUSSELL R. McCLURE, Secretary
ADOPTED: December 24, 1977
RECEIVED BY LRC: January 4, 1978 at 3 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary, Executive Department for Finance and Administration, Capitol Annex, Frankfort, Kentucky 40601.

EXECUTIVE DEPARTMENT FOR FINANCE AND ADMINISTRATION
Division of Occupations and Professions
Board of Accountancy
(Proposed Amendment)

201 KAR 1:065. Annual fees.

RELATES TO: KRS 325.330
PURSUANT TO: KRS 325.240
NECESSITY AND FUNCTION: To promulgate administrative regulations of the State Board of Accountancy of Kentucky. This regulation pertains to annual permit fees.

Section 1. Each certified public accountant who engages in practice in Kentucky must secure a permit from the Board of Accountancy by paying an initial fee of *thirty dollars ($30)* [twenty dollars ($20)]. Each such certifed public accountant, each public accountant, each partnership, and each corporation registered with the board shall pay to the Board of Accountancy an annual renewal fee of *thirty dollars ($30)* [twenty dollars ($20)] on or before July 1 of each year, for his or its permit to practice public accountancy in Kentucky during the twelve (12) month period beginning on that date.

BERNARD W. GRATZER, Executive Secretary
ADOPTED: December 21, 1977
APPROVED: RUSSELL McCLURE, Secretary
RECEIVED BY LRC: January 12, 1978 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Bernard W. Gratzer, Executive Secretary, State Board of Accountancy, 310 West Liberty Street, Louisville, Kentucky 40202.

DEPARTMENT OF TRANSPORTATION
Bureau of Highways
(Proposed Amendment)

603 KAR 5:096. Highway classifications.

RELATES TO: KRS 189.222
PURSUANT TO: KRS 13.082, 174.050, 189.222
NECESSITY AND FUNCTION: KRS 189.222 authorizes the Secretary of Transportation to establish reasonable weight and dimension limits on all highways included in the State Primary Road System. This regulation is adopted to identify each road in the highway system and indicate its classifications.

Section 1. The weight and dimension limits set forth in 603 KAR 5:066 and 603 KAR 5:070 for truckway classifications shall apply on all highways in the State Primary Road System as indicted herewithin, unless bridge postings prohibit such weights on any particular segment.

Section 2. The maximum weight limits for the three (3) classifications of highways are as follows: "AAA" System, 80,000 pounds gross weight; "AA" System, 62,000 pounds gross weight; "A" System, 44,000 pounds gross weight. There shall be no tolerances allowed on gross weight, axle weight, or combinations of axle weights on the Interstate and National Defense Highway System only.

Section 3. The classifications for each highway* in the State Primary Road System are as follows:

KY 18

AAA—From Jct. KY *338* [20], *2.6* [0.7] miles *south* [north] of Belleview *in Boone County* to Jct. I-75 in Florence.

AA—From Jct. I-75 in Florence to Jct. US 25 in Florence.

[A—From Jct. KY 338 in Boone Co. to Jct. KY 20, north of Belleview.]

KY 338

AAA—From Jct. US 25, north *of* Walton to Jct. I-75; *and from the C. G. & E. Co. generating plant, approximately 0.3 mile west of the Stephens Road, to Jct. KY 18 (Boone County).*

A—From Jct. I-75, north of Walton, via Beaverlick [,] *and* Big Bone [, Waterloo, and Burlington] to *C. G. & E. Co. generating plant; and from Jct. KY 18 to* Jct. KY 20 at Idlewild.

KY 11

AAA—From Jct. KY 30 at Booneville to Jct. US *62* [60] in *Maysville* [Mt. Sterling].

[AAA—From Jct. US 460, north of Mt. Sterling to the Montgomery-Bath Co. Line; and from a point 3.6 miles south of Jct. KY 32 at Flemingsburg to Jct. US 62 in Maysville.]

AA—From Jct. KY 92, east of Williamsburg to Jct. US 421 near Manchester; from the Owsley-Clay Co. Line to Jct. KY 30 at Booneville [; and from the Bath-Montgomery Co. Line to a point 3.6 miles south of KY 32 at Flemingsburg].

A—From Jct. US 421, north of Manchester to the Clay-Owsley Co. Line.

*COMPILERS NOTE: Only those particular highways affected by the proposed amendment are shown here. 603 KAR 5:096 is printed in full in Volume 2, "Kentucky Administrative Regulations Service."

CALVIN G. GRAYSON, Secretary

ADOPTED: January 3, 1978

RECEIVED BY LRC: January 4, 1978 at 8:45 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Ed W. Hancock, Deputy Secretary for Legal Affairs, Department of Transportation, Frankfort, Kentucky 40601.

EDUCATION AND ARTS CABINET
Department of Education
Bureau of Administration and Finance
(Proposed Amendment)

702 KAR 2:010. Definitions of eligible entities.

RELATES TO: KRS 156.022.

PURSUANT TO: KRS 13.082, 156.020, 156.070, 156.100, 156.130

NECESSITY AND FUNCTION: Defines eligibility requirements for [health, education, civil defense, and other] applicants to receive federal excess or surplus personal or real property, and other property through the Division of Surplus Property.

Section 1. Essential factors which shall be established in order to determine the eligibility of *nonprofit educational or public health* [health and educational] applicants for donations of federal [excess or] surplus personal property are:

(1) The applicant meets the definition of one (1) of the categories of eligible entities, as defined by the *General Services Administration* [Office of Surplus Property Utilization; United States Department of Health, Education, and Welfare] or other federal authority administrating the federal [excess or] surplus program[s] involved.

(2) The applicant is [either tax supported or] nonprofit and tax-exempt. Nonprofit and tax-exempt as used here means any institution, organization, or association, whether incorporated or unincorporated, no part of the net earnings of which ensues or may lawfully ensue to the benefit of any private shareholder or individual, and which has been held by the United States Internal Revenue Service to be tax-exempt under [either the provisions of Section 101(6) of the 1939 Internal Revenue Code or] Section 501 [(c)(3)] of the 1954 Internal Revenue Code. [Tax supported here means one which receives a major portion of its financial support from monies derived from state or local governmental revenues and is included on lists of tax supported institutions published by local or state school authorities or other appropriate public officials.]

(3) The applicant has filed a *non-discrimination* form [HEW 441] or otherwise complied with the federal regulations under Title VI of the Civil Rights Act of 1964, *and Title VI, Section 606, of the Federal Property and Administrative Services Act of 1949, as amended, on sex discrimination, and Section 504 of the Rehabilitation Act of 1973, as amended.*

(4) The applicant shall be either *licensed,* approved or accredited. Approved *or licensed* means recognition and approval by the State Department of Education, State Department of Health, or other appropriate authority. With respect to an educational institution, such approval must relate to academic or instructional standards. An educational institution may be considered as approved if its credits are accepted by accredited or state approved institutions, or if it meets the academic or instructional standards prescribed for public schools in the state. Accredited means approval by a recognized accrediting board or association on a regional, state, or national level.

(5) Any health institutional applicant to be eligible shall show that its services are available to the public at large, and not to a restricted segment of the public. The fact that a health institution is tax supported will be considered as evidence that it is open to the public at large.

(6) Ineligible institution applicants such as [penitentiaries,] domiciliary institutions, [etc.] may have as an integral part of the ineligible institution a separate portion which can qualify for eligibility.

(7) In certain cases conditional eligibility will be granted newly organized activities which may not have commenced operations, completed construction of its facilities, or not yet been approved, accredited, or licensed as may be required, or in other cases, there may be no specific authority which can approve, accredit or license the applicant as required. In such cases, letters from public authorities, either local or state, such as a board of health or board of education may be accepted stating that the applicant otherwise meets the standards prescribed for approval, accreditation or licensing.

(8) The applicant will also conform to other eligibility requirements in the division's state plan of operation, FPMR regulations, and other laws and regulations governing or administering the federal surplus property program.

Section 2. Essential factors which shall be established in order to determine the eligibility of *public agency* [civil defense applicants for donations of federal surplus [or excess] personal property are:

(1) The applicant shall be an official organization established by or pursuant to state law or *executive order* as being responsible for a *public* [civil defense] program *or programs* for the state, or a political subdivision or instrumentality thereof.

(2) *The public agency shall certify that the property is useful and needed to carry out or promote for the residents of a given political area one or more public purposes such as conservation, economic development, education, parks and recreation, public health and public safety.* [The State Civil Defense Director, or his designee, shall certify that the applicant has met all State and Federal Office of Civil Defense eligibility requirements.]

(3) *The public agency shall also comply with Section 1, subsections (3), (6), and (8) above.* [All donations of excess or surplus property shall be determined by the Director of Civil Defense, or his designee, to be usable and necessary for civil defense purposes and will be in accordance with the Office of Civil Defense approved state procedures and listed on an executed requisition.]

Section 3. Essential factors which shall be established in order to determine the eligibility of health and education applicants for donations of federal excess or surplus real and related personal property are:

(1) The applicant is an education institution which has established eligibility under Sections 1 *or 2 above*, and is devoted to academic, vocational, or professional instruction.

(2) The applicant is a health institution who has established eligibility under Sections 1 *or 2 above*, and is organized and operated to promote and protect the public health.

(3) The applicant is a health or educational institution who cannot establish eligibility under Sections 1 *or 2 above*, but is determined eligible by the federal government.

(4) The applicant shall show that the property applied for will be utilized for a basic purpose for which the eligible institution is authorized to expend its own funds and that the property requested is needed and is of a size and composition compatible with the intended program.

(5) The applicant shall show that the property applied for will be for a fundamental education or public health program.

Section 4. Essential factors which shall be established in order to determine the eligibility of educational and other applicants for donations of federal excess personal property are:

(1) The applicant shall establish his eligibility with the federal government to receive federal excess personal property.

(2) The applicant shall enter into a cooperative agreement with the Superintendent of Public Instruction or his designee. This agreement shall specify the services requested from the Division of Surplus Property and the compensation to them for services rendered.

Section 5. Essential factors which shall be established in order to determine the eligibility of *nonprofit, tax-exempt* health *and* education; *or public agencies, or* [civil defense, and] other applicants for donations of non-federal excess, surplus or purchased property (designated as "CKY" property) are:

(1) The applicant shall [either] have established his eligibility to participate in the Federal Surplus Property Program *or receive written authority to participate from the Superintendent of Public Instruction.* [or established his eligibility as outlined in subsections (2) or (3) of this Section.]

[(2)The applicant shall be a division or agency within the State Department of Education and produce a purchase order signed by the director or other appropriate official of that division or agency, showing the need within the division or agency and that the necessary funds to pay the service and handling charges are available. All such transfers shall have the approval of the Superintendent of Public Instruction or his designee.]

[(3)The applicant shall be a department, division, or agency of local or state government that has documented their need to the satisfaction of the Superintendent of Public Instruction or his designee and produced a properly executed purchase order showing the need within the department, division, or agency and that funds are available to pay the service and handling charges involved.]

JAMES B. GRAHAM,
Superintendent of Public Instruction
ADOPTED: December 14, 1977
RECEIVED BY LRC: December 16, 1977 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board for Elementary and Secondary Education, 17th Floor, Capital Plaza Office Tower, Frankfort, Kentucky 40601.

EDUCATION AND ARTS CABINET
Department of Education
Bureau of Administration and Finance
(Proposed Amendment)

702 KAR 2:020. Authority for organizing and operating.

RELATES TO: KRS 156.022
PURSUANT TO: KRS 13.082, 156.020, 156.070, 156.100, 156.130
NECESSITY AND FUNCTION: Designates and defines authority to operate the Division of Surplus Property along federal and state guidelines, laws, and regulations.

Section 1. The Federal Property and Administrative Services Act of 1949, Public Law 152, 81st Congress, as amended, provides for the transfer of donable surplus property to a state agency for distribution to eligible *public agencies and to certain nonprofit and tax-exempt* health [,] *or* educational [, and civil defense] activities within the state where such an agency is designated by state law or executive order for such a purpose. Other federal statutes, regulations, and interpretations provide for the loan or transfer of excess, or surplus, properties direct to a state or local agency, institution, or program.

Section 2. The Division of Surplus Property [with the approval of the Superintendent of Public Instruction,]

shall make such certifications, take such actions, make such expenditures, and enter into such contracts, agreements and undertakings for and in the name of the *Commonwealth of Kentucky or the* [State] Department of Education as may be required by law, [or] regulation *or state plan of operation* in connection with acquiring, warehousing, storing, merchandising, conveying, reconveying, inventorying, distributing, transferring, retransferring, recapturing, repairing, reverting, and disposing of available personal [and real] property prior to such property being, or after such property is, in the possession of *eligible* recipients. [in accordance with such rules and regulations as may be adopted by the State Board of Education on the recommendation of the Superintendent of Public Instruction.]

Section 3. The Division of Surplus Property shall receive, approve or disapprove and process applications for eligible entities or agencies which need and can utilize federal real and related personal property, make recommendations regarding such needs and suitability for the use of such property in accordance with any rules and regulations approved by this board on the recommendation of the Superintendent of Public Instruction.

Section 4. The Division of Surplus Property shall, following the conveyance of any property, conduct such surveys, require such reports, make such investigations, and make such inspections as may be necessary to determine if transferees are utilizing conveyed property in conformance with the reservations and restrictions contained on any federal or state document or application or instrument of conveyance. Whenever such a misuse is discovered, and the Division of Surplus Property is unable to have the recipient applicant place the property in eligible use, or when this is in conflict with federal or state laws or regulations, the Division of Surplus Property shall make a report and recommendation to the federal government and to the Superintendent of Public Instruction. This report and recommendation shall be for the purpose of [recoveying such property for the eligible use of another applicant or for the purpose of] recapturing such property, or its fair value, for the federal government or the Division of Surplus Property in accordance with such laws or regulations as may be applicable.

[Section 5. The Division of Surplus Property shall with the approval of the Superintendent of Public Instruction enter into contracts, compacts, and cooperative agreements for and on behalf of the Department of Education with the several states or the federal government, singularly or severally, in order to provide, with or without reimbursement, for the utilization by an exchange between them, singularly or severally, of property, facilities, personnel, and services of each by the other. For that same purpose, also to enter into contracts and cooperative agreements with eligible public or private state and local authorities, institutions, organizations, or activities under such rules and regulations as may be adopted by this board for this purpose upon the rcommendtion of the Superintendent of Public Instruction.]

Section *5.* [6.] The division may, subject to limitations of state laws, acquire and hold title to real property, make capital improvements thereto, and make advance payments of rent for distribution center facilities, office space, or other facilities to carry out the functions of the division. The division may, with the approval of the Superintendent of Public Instruction, rent or lease warehouse storage space, office space, or other facilities under its control and excess to its needs to other state or federal agencies or to private concerns for a reasonable rent which shall become part of the operating fund of the Division of Surplus Property.

JAMES B. GRAHAM,
Superintendent of Public Instruction
ADOPTED: December 14, 1977
RECEIVED BY LRC: December 16, 1977 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board for Elementary and Secondary Education, 17th Floor, Capital Plaza Office Tower, Frankfort, Kentucky 40601.

EDUCATION AND ARTS CABINET
Department of Education
Bureau of Administration and Finance
(Proposed Amendment)

702 KAR 2:030. Certification of eligibles.

RELATES TO: KRS 156.022
PURSUANT TO: KRS 13.082, 156.020, 156.070 156.100, 156.130
NECESSITY AND FUNCTION: Defines procedures for the certification of eligible applicants to receive property from or through the Division of Surplus Property.

Section 1. Federal Surplus Property Program. (1) The Division of Surplus Property shall obtain and retain in office files properly executed applications of eligibility, [and] donee *authorizations* [resolutions], *and donee agreements* on all applicants requesting donations of federal surplus, *excess or CKY* property.

(2) The Division of Surplus Property shall obtain and retain in office files properly executed *nondiscrimination forms* [form HEW 441] or acceptable lists showing that the applicant for federal surplus, *excess or CKY* property has complied with federal regulations under Title VI of the Civil Rights Act of 1964[.] *and Title VI, Section 606 of the Federal Property and Administrative Services Act of 1949, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended.*

(3) The Division of Surplus Property shall obtain and retain in office files copies of tax-exemption certificates under [Section 101(6) of the 1939 Internal Revenue Code or] Section 501[(c)(3)] of the 1954 Internal Revenue Code from all private and nonprofit health and educational applicants for federal surplus property.

(4) The Division of Surplus Property shall obtain and retain in office files such other documentation on the applicant as may be required to establish eligibility *or entitlement* under federal or state guidelines.

[Section 2. Federal Excess Property Program. (1) The Division of Surplus Property shall obtain and retain in office files evidence of the recipients eligibility as prescribed by federal or state laws, regulations, or guidelines.]

[(2)The executed cooperative agreement for federal excess property must be written and agreed upon by all parties concerned. This cooperative agreement must have the

approval of the Superintendent of Public Instruction, or his designee, and similar official approval of the recipient applicant.]

[Section 3. Nonfederal Excess, Surplus, and Purchased Property. (1) The Division of Surplus Property shall obtain and retain in office files any additional documents prescribed by the State Board of Education or Superintendent of Public Instruction on applicants for nonfederal excess, surplus, or purchased property.]

[Section 4. Final Eligibility Determination. (1) The Superintendent of Public Instruction, through the Director of the Division of Surplus Property shall make the final determination of eligibility based upon the applicants documentation. Where the facts of certifications presented do not clearly demonstrate eligibility or ineligibility, the Superintendent of Public Instruction through the Director of the Division of Surplus Property will refer the applicant's file, adequately documented, to the appropriate federal or state authority for eligibility determination.]

JAMES B. GRAHAM
Superintendent of Public Instruction
ADOPTED: December 14, 1977
RECEIVED BY LRC: December 16, 1977 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board for Elementary and Secondary Education, 17th Floor, Capital Plaza Office Tower, Frankfort, Kentucky 40601.

EDUCATION AND ARTS CABINET
Department of Education
Bureau of Administration and Finance
(Proposed Amendment)

702 KAR 2:040. Donee requirements on use and disposal of federal surplus personal property.

RELATES TO: KRS 156.022
PURSUANT TO: KRS 13.082, 156.020, 156.070, 156.100, 156.130
NECESSITY AND FUNCTION: Establishes requirements on the need, use and disposal of federal surplus personal property received by *eligible public agencies and nonprofit and tax-exempt public health and educational institutions from* [health and education donees for] the Division of Surplus Property as required under federal laws and regulations, the Division's State Plan of Operation, and State School Board regulations.

Section 1. All property shall be needed for an eligible [educational or public health] purpose [, including research], and will be used for no other purpose. Funds shall be available to pay the fees or service charges involved.

Section 2. All property shall be placed in the eligible use for which it was acquired within twelve (12) months after its receipt[.] *and continued in this use for twelve (12) months.* In the event such property is not placed in eligible use within twelve (12) months after receipt, *or continued in use for twelve (12) months,* the donee shall *promptly* notify the Division of Surplus Property in writing [within thirty (30) days after the expiration of a twelve (12) month period]. The Division of Surplus Property, when properly notified, may request an extension of time from the *General Services Administration* [United States Department of Health, Education and Welfare] and implement their decision, *or follow procedures as outlined in the FPMR regulations or the state plan of operation.* The title and right of possession of such property not so placed in eligible use within the twelve (12) month period *and continued in this eligible use for twelve (12) months* shall [, at the option of the Superintendent of Public Instruction, or the Department of Health, Education and Welfare], revert back to the division or to the United States of America; and upon demand, the donee shall release such property to such person as the division or the *General Services Administration* [Department of Health, Education and Welfare] shall direct. There will be no reimbursement to the donee when such property is recovered, *unless authorized by the division when a donee returns property he has picked up at a distribution center within thirty (30) days of receipt.*

Section 3. There shall be *an additional* [a] period of restriction which will expire after such property has been placed into use, for the purpose for which it was acquired, according to the following terms and conditions:

(1) Property having a federal acquisition cost of *$3,000* [$2,500] or more must be used for *a total of eighteen (18) months* [four (4) years] unless earlier disposal is authorized by the *Division of Surplus Property.* [Department of Health, Education and Welfare upon recommendation of the Superintendent of Public Instruction or his designee.] In the case of *passenger* motor vehicles, the period of restriction will be *a total of eighteen (18) months.* [two (2) years.] Additional federal *terms and* restrictions will apply to real property to real property, airplanes, large boats, and other special property.

(2) Property having a federal acquisition cost of less than *$3,000* [$2,500] must be used by the institution for eligible purposes for *any additional period of time stated on the distribution document and invoice.* [a reasonable period of time.]

Section 4. During the period of restriction, the donee shall not sell, trade, lease, lend, bail, encumber, or otherwise dispose of such property or remove it for use outside the state without prior written approval from the *Division of Surplus Property.* [Superintendent of Public Instruction or his designee.] Any sale, trade, lease, loan, bailment, encumbrance, or other disposal of the property, when such action is authorized by the *Division of Surplus Property* [Superintendent of Public Instruction or his designee] and approved by the *General Services Administration* Department of Health, Education and Welfare], shall be for the benefit and account of the United States of America or the Division of Surplus Property and net proceeds thereof shall be received by the Division of Surplus Property and held in trust for the United States of America; and any portion due shall be paid promptly to the *General Services Administration* [Department of Health, Education and Welfare] upon their demand.

Section 5. In the event property is sold, traded, leased, loaned, bailed, encumbered, or otherwise disposed of during the period of restriction without prior approval of the *Division of Surplus Property and/or the General Services*

Administration [Superintendent of Public Instruction or his designee], the donee shall be liable to the United States of America or the Division of Surplus Property for the proceeds of the disposal or the fair value of the property *and the fair rental value thereof for the period involved.*

Section 6. If during the period of restriction the property is no longer suitable, usable, or further needed by the donee for the purpose for which it was acquired, the donee shall promptly notify the division and shall, as directed either *return* [retransfer] the property to the division, *transfer the property to another* [or other] donee as may be designated, sell the property at public sale, [or] hold the property for a GSA sale, *or otherwise dispose of the property as directed by the General Services Administration and/or the division.* Such sales shall be for the benefit and account of the United States of America or the Division of Surplus Property, and the net proceeds thereof shall be received and held in trust by the Division of Surplus Property for the United States of America as their interest *may* appear.

Section 7. *Terms and conditions may only be abrogated in accordance with the state plan of operation and FPMR.* [At the option of the Superintendent of Public Instruction or his designee, the donee may abrogate the terms and conditions in Sections 1 through 6 by the payment of an amount determined by the Superintendent of Public Instruction or his designee and approved by the Department of Health, Education and Welfare.]

Section 8. Although insurance coverage is not required on federal surplus property transferred to a donee, the federal government *or the Division of Surplus Property* will be entitled to reimbursement by the donee from the insurance proceeds of an amount equal to the unamortized portion of the fair value of the damaged or destroyed property still under [federal] restrictions if and when a loss covered by insurance occurs.

JAMES B. GRAHAM,
Superintendent of Public Instruction

ADOPTED: December 14, 1977

RECEIVED BY LRC: December 16, 1977 at 3:30 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky Board for Elementary and Secondary Education, 17th Floor, Capital Plaza Office Tower, Frankfort, Kentucky 40601.

EDUCATION AND ARTS CABINET
Department of Education
Bureau of Administration and Finance
(Proposed Amendment)

702 KAR 2:080. Service charges, funds and accounting procedures.

RELATES TO: KRS 156.022

PURSUANT TO: KRS 13.082, 156.020, 156.070, 156.100, 156.130

NECESSITY AND FUNCTION: Establishes procedure to assess handling charges and service fees to perpetuate the division's operation. It also establishes accountability of funds procedures as well as providing for proper inventory control.

Section 1. (1) Service charges and fees for handling donable surplus property and other property shall be limited to the amount necessary to pay the actual expenses of current operations, to purchase necessary equipment, and to accumulate and maintain a working capital reserve.

(2) Service charges and fees shall be *fair and equitable and* computed on the basis of the services rendered, the *fair value* [condition] of the property, the costs of screening, transportation, warehousing and handling and by the use of an equalizing factor. [The maximum unit service charge or fee shall be $500 plus the direct expenses involved in screening, removing, crating, transporting, warehousing, rehabilitating, and delivery of the property.]

(3) The working capital reserve shall not exceed an amount equivalent to the projected cost of operation for the next biennium.

(4) The division is authorized to establish other reserve or sinking fund accounts from the capital reserve account for the purpose of purchasing capital assets such as trucks, computerized equipment, office or warehouse facilities and land for future utilization.

(5) Any funds accumulated by the division from service charges or fees received from donee institutions and organizations, over and above the working capital reserve, shall be refundable to the recipient institutions on a pro rata basis based either upon their participation to the total transfer charges or fees collected during the preceding fiscal year or by reduced service charges during the current and next ensuing biennium.

Section 2. (1) Accounting records shall be maintained in such a manner as to identify and separately account for funds accumulated from fees or service charges received from recipient institutions and organizations. Integrity of these funds shall be maintained and they shall be used for the operation, promotion and extension of the program, or programs administered by the division and shall not be available for any other purpose.

(2) Fees or service charges received shall be deposited in a service charge trust fund. Such fund shall not be a part of the state treasury or state assets. Excess monies in the fund above normal operating expenses and reserves may be invested in securities or bonds as have been approved by the responsible state official. The interest or earnings accruing thereby shall likewise be an asset of the service charge trust fund and shall not be a part of the state treasury or state assets.

Section 3. All property received by the division shall be inventoried immediately upon receipt. Any overage or shortages to shipping documents shall be reported to the appropriate shipping, issuing, or controlling agency or authority. The division shall maintain current and accurate records on all property received, distributed, on hand, and available for transfer.

Section 4. The division shall maintain adequate provision for protecting property in its custody, including reasonable protection against the hazards of fire, theft, vandalism, and weather.

Section 5. When federal property in the custody of the division is sold for the benefit and account of the United State of America, the division may retain from the proceeds of the sale the costs of advertising and the costs of preparation for such sale. This shall include transportation and other costs incurred in recovering property from in-

stitutions if applicable, *or other amounts approved by the federal government.*

JAMES B. GRAHAM,
Superintendent of Public Instruction
ADOPTED: December 14, 1977
RECEIVED BY LRC: December 16, 1977 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board for Elementary and Secondary Education, 17th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

EDUCATION AND ARTS CABINET
Department of Education
Bureau of Administration and Finance
(Proposed Amendment)

702 KAR 2:090. Director of Division; duties.

RELATES TO: KRS 156.022
PURSUANT TO: KRS 13.082, 156.020, 156.070, 156.100, 156.130
NECESSITY AND FUNCTION: Establishes the duties of the Director of the Division of Surplus Property in the disposition of excess and surplus properties.

Section 1. The Director of the Division of Surplus Property shall coordinate the locating, screening, acquisition, transportation, distribution, and redistribution of all surplus [and excess] personal property for [loan or] transfer to *eligible donees as provided in the Federal Property and Administrative Services Act of 1949, as amended.* [The State Department of Education and institutions under their jurisdiction. With the approval of the Superintendent of Public Instruction, he shall furnish similar services to other eligible excess recipients by cooperative agreements.]

Section 2. The director will make the determination of allocation when more than one (1) donee requests the same or similar property.

Section 3. The director shall, within the limits of federal law and/or regulations, authorize abandonment and destruction of worthless property.

Section 4. The director shall redelegate to any employee of the agency such authority, in writing, as he deems reasonable and proper for the administration of the division that has been *assigned him or* delegated to him by the Superintendent of Public Instruction.

Section 5. (1) The director shall comply with federal laws and regulations as published and revised in the *Federal Property Management Regulations (FPMR).* [Surplus Property Utilization Manual (SPUM).]
(2) The director shall prepare and administer a state plan of operation approved by the Superintendent of Public Instruction *and the Governor* [and] within the minimum operational standards established by federal or state laws or regulations.

Section 6. The director shall recommend to the Superintendent of Public Instruction individuals representing the various eligible groups of donees to serve on an advisory committee. This committee shall have no more thirty (30) members, be advisory in nature, and serve at the pleasure of the Superintendent of Public Instruction.

Section 7. The director shall comply with the rules and regulations established by the federal and state merit systems.

Section 8. The director shall, with the approval of the Superintendent of Public Instruction, *contract or* establish *major* garages or repair shops *away from divisional facilities* for repairing and refinishing surplus furniture, motor vehicles, office machines, and [such] other property *to* [as may] increase *its* [their] utilization to eligible donees.

Section 9. The director shall [, with the approval of the Superintendent of Public Instruction,] contract with [individuals,] vocational schools, sheltered workshops, and other sources, for *miscellaneous* repairing, rehabilitation, modifying *and* refinishing *of surplus property to increase* [, and increasing] the utilization of available property to eligible donees.

Section 10. The director shall assist other state agencies and eligible donee institutions in disposing of their usable excess or surplus property. This property, when available, will be brought into the distribution center and handled and transferred in the same manner as other property.

Section 11. The director shall solicit other sources of supply for property usable by eligible donees. This property will be brought into the distribution center and handled and transferred in the same manner as other property.

[Section 12. The director shall, with the approval of the Superintendent of Public Instruction, enter into cooperative agreements with the federal government which will provide for utilization by the federal government without payment or reimbursement for the property, facilities, personnel, and services of the division in carrying out the program. In return, the federal goverment may make available to the Division of Surplus Property without payment or reimbursement for property, facilities, personnel, or services of the federal government in connection with such utilization. Services performed by the division under this section may include:]
[(1) Screening surplus or excess property located outside the state of Kentucky for allocation by the Department of Health, Education and Welfare to all states.]
[(2) Screening surplus property located within the state of Kentucky which is not needed by our state entities but which may be needed by other state entities.]
[(3) Division personnel may work in the central or regional offices of the Department of Health, Education and Welfare upon request.]
[(4) The division may use federal surplus or excess property for the implementation and promotion of its federal surplus or excess property programs.]
[(5) In order to expedite the transfer of off site real and related property, the director may enter into contracts and agreements for dismantling and transporting such property to donee institutions.]

Section *12.* [13.] The director shall establish liaison with various components of federal and state agencies such as General Services Administration, Department of Defense, Department of Agriculture, Federal Aviation Agency, Ex-

ecutive Department for Finance and Administration, Department of Transportation, etc.

Section *13.* [14.] The director shall cooperate with the *General Services Administration* [Department of Health, Education and Welfare] by releasing property from its custody, upon request, when needed for defense or emergency use.

Section *14.* [15.] The director shall assist the *General Services Administration* [Department of Health, Education and Welfare] in obtaining voluntary release by donee institutions of property needed for defense or emergency use. When property is recaptured from donee institutions, the refund of monies expended shall be by mutual agreement.

Section *15.* [16.] In cases of emergency or disaster, the director shall provide such services as requested in acquiring federal and nonfederal property for transfer to eligible institutions and organizations in the state to alleviate both physical and economical hardships.

JAMES B. GRAHAM,
Superintendent of Public Instruction
ADOPTED: December 14, 1977
RECEIVED BY LRC: December 16, 1977 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board for Elementary and Secondary Education, 17th Floor, Capital Plaza Office Tower, Frankfort, Kentucky 40601.

EDUCATION AND ARTS CABINET
Department of Education
Bureau of Administration and Finance
(Proposed Amendment)

702 KAR 2:100. Property covered by PL 152; authority for acquisition.

RELATES TO: KRS 156.022
PURSUANT TO: KRS 13.082, 156.020, 156.070, 156.100
NECESSITY AND FUNCTION: Defines authority relating to the acquisition of property covered by Public Law 152 and other laws to avoid dual departmental operations on the same or similar functions.

Section 1. The Division of Surplus Property is authorized to screen, request, acquire, transport, warehouse, inventory, transfer, retransfer, recapture, revert, and dispose of excess and surplus property [not] covered by *all sections of* Public Law 152, as amended *and other federal laws relating to such property.* This includes personal, real and related personal property, and will be governed by the same procedures and on the same basis of application as other properties handled by the division.

Section 2. State Board of Education regulations used for procedures in acquiring, utilizing, and disposing of donated property shall govern the procedures used by the division on these transfers except that:
(1) Federal or state laws or regulations governing the particular type of transfer shall be implemented.
(2) There shall be no restriction as to the time of use or as to the ownership after the property has been properly transferred if there are no federal or state laws or regulations involved.
(3) That when fees or service charges have not been paid, the division may implement the same procedures in the collection or recapture of the property involved.

Section 3. When the division must pay a small part of the original acquisition cost for surplus or other property covered or not covered by Public Law 152, as amended, authority is hereby granted to add this cost to the applicable service charge.

Section 4. All programs governed or administered, directly or indirectly, by the Department of Education that are eligible to receive federal excess or surplus property shall, by cooperative agreements or other methods approved by the Superintendent of Public Instruction, engage the services of the Division of Surplus Property to handle their total requirements.

JAMES B. GRAHAM,
Superintendent of Public Instruction
ADOPTED: December 14, 1977
RECEIVED BY LRC: December 16, 1977 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board for Elementary and Secondary Education, 17th Floor, Capital Plaza Office Tower, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:017. Amoxcillin Trihydrate.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the Council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Amoxicillin Trihydrate pharmaceutical products by their generic name and brand names that have been determined by the Council to be therapeutically equivalent.

Section 1. Amoxicillin Trihydrate Capsule Pharmaceutical Products. The following amoxicillin trihydrate capsule pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) Amoxicillin Trihydrate 250 mg. Capsule Form:
(a) Amoxcill: H. L. Moore Drug Exchange;
(b) Amoxicillin Trihydrate: Biocraft Laboratories, Murray Drug Corporation, Parmed Pharmaceuticals, Richie Pharmacal Company;
(c) Amoxil: Beechum Laboratories;
(d) Larotid: Roche Laboratories;
(e) Sumox: Reid-Provident;
(f) *Theda-Mox: Theda Corporation;*
(g) [(f)] Van-Mox: Vangard Laboratories.
(2) Amoxicillin Trihydrate 500 mg. Capsule Form:
(a) Amoxcill: H. L. Moore Drug Exchange;

(b) Amoxcillin Trihydrate: Biocraft Laboratories, Murray Drug Corporation, Parmed Pharmaceuticals, Richie Pharmacal Company;
(c) Amoxil: Beechum Laboratories;
(d) Larotid: Roche Laboratories;
(e) Sumox: Reid-Provident;
(f) *Theda-Mox: Theda Corporation;*
(g) [(f)] Van-Mox: Vangard Laboratories.

Section 2. Amoxicillin Trihydrate Suspension Pharmaceutical Products. The following amoxicillin trihydrate suspension pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) Amoxicillin Trihydrate 125 mg/5 ml Suspension Form:
(a) Amoxcill: H. L. Moore Drug Exchange;
(b) Amoxicillin Trihydrate: Biocraft Laboratories, Murray Drug Corporation, Richie Pharmacal Company;
(c) Amoxil: Beechum Laboratories;
(d) Larotid: Roche Laboratories;
(e) Sumox: Reid-Provident;
(f) *Theda-Mox: Theda Corporation;*
(g) [(f)] Van-Mox: Vangard Laboratories.
(2) Amoxicillin Trihydrate 250 mg/5 ml Suspension Form:
(a) Amoxcill: H. L. Moore Drug Exchange;
(b) Amoxicillin Trihydrate: Biocraft Laboratories, Murray Drug Corporation, Richie Pharmacal Company;
(c) Amoxil: Beechum Laboratories;
(d) Larotid: Roche Laboratories;
(e) Sumox: Reid-Provident;
(f) *Theda-Mox: Theda Corporation;*
(g) [(f)] Van-Mox: Vangard Laboratories.

Section 3. Amoxicillin Trihydrate Pediatric Drops Pharmaceutical Products. The following amoxicillin trihydrate pediatric drops pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage: Amoxicillin Trihydrate 50/mg/ml Pediatric Drops:
(1) Amoxil: Beechum Laboratories;
(2) Larotid: Roche Laboratories.

R. L. BARNETT, JR., Chairperson
ADOPTED: January 10, 1978
APPROVED: PETER D. CONN, Secretary
RECEIVED BY LRC: January 13, 1978 at 2:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601

DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:020. Ampicillin.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Ampicillin pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Ampicillin Capsule Pharmaceutical Products. The following ampicillin capsule pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) Ampicillin 250 mg. Capsule Form:
(a) Alpen: Lederle Laboratories;
(b) Amcill: Parke-Davis & Company;
(c) Amperil: Geneva Drugs, Ltd.;
(d) Ampicillin: Basic Drugs, Inc., Bell Pharmacal, Bocan Drug Company, Cooper Drug Company, Geneva Generics, H. L. Moore Drug Exchange, International Laboratories, Inc., McKesson Laboratories, Murray Drug Corporation, Parmed Pharmaceuticals, Pharmecon, Inc., Rexall Drug Company, Richie Pharmacal Company, Rogers Wholesalers, Rugby Laboratories, Spencer-Mead, Inc., Theda Corporation, Three P Products, *Trust Pharmaceuticals, Tutag Pharmaceuticals,* United Research Laboratories, Walgreens;
(e) Ampicillin Trihydrate: Bell Pharmacal Corporation, Murray Drug Corporation, Paramount Surgical Supply Corporation, Purepac Pharmaceutical Company, Rondex Laboratories, Zenith Laboratories;
(f) Omnipen: Wyeth Laboratories;
(g) Pen A: Pfizer Laboratories;
(h) Penbritin: Ayerst Laboratories;
(i) Pensyn: Upjohn Company;
(j) Polycillin: Bristol Laboratories;
(k) Principen: E. R. Squibb and Sons;
(l) QIDamp: Mallinckrodt Chemical Works;
(m)SK-Ampicillin: Smith, Kline and French Laboratories;
(n) Supen: Reid-Provident Laboratories;
(o) Totacillin: Beecham-Massengill Pharmaceuticals;
(p) Vampen: Vangard Laboratories.
(2) Ampicillin 500 mg. Capsule Form:
(a) Alpen: Lederle Laboratories;
(b) Amcill: Parke-Davis and Company;
(c) Amperil: Geneva Drugs, Ltd.;
(d) Ampicillin: Bell Pharmacal Company, Bocan Drug Company, Cooper Drug Company, Geneva Generics, H. L. Moore Drug Exchange, International Laboratories, McKesson Laboratories, Murray Drug Corporation, Parmed Pharmaceuticals, Pharmecon, Inc., Rexall Drug Company, Richie Pharmacal Company, Rogers Wholesalers, Rugby Laboratories, Spencer-Mead, Inc., Theda Corporation, Three P Products, *Trust Pharmaceuticals, Tutag Pharmaceuticals,* United Research Laboratories, Walgreens;
(e) Ampicillin Trihydrate: Bell Pharmacal Corporation, Murray Drug Corporation, Paramount Surgical Supply Corporation, Purepac Pharmaceuticals, Rondex Laboratories, Zenith Laboratories;
(f) Omnipen: Wyeth Laboratories;
(g) Pen A: Pfizer Laboratories;
(h) Penbritin: Ayerst Laboratories;
(i) Pensyn: Upjohn Company;
(j) Polycillin: Bristol Laboratories;
(k) Principen: E. R. Squibb and Sons;
(l) QIDamp: Mallinckrodt Chemical Works;
(m)SK-Ampicillin: Smith, Kline and French Laboratories;
(n) Supen: Reid-Provident Laboratories;

(o) Totacillin: Beecham-Massengill Pharmaceuticals;
(p) Vampen: Vangard Laboratories.

Section 2. Ampicillin Oral Suspension Pharmaceutical Products. The following Ampicillin oral suspension pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) Ampicillin 125 mg/5 ml Oral Suspension Form:
(a) Alpen: Lederle Laboratories;
(b) Amcill: Parke-Davis and Company;
(c) Ampicillin: Bell Pharmacal Company, Bocan Drug Company, *Generix Drug Company,* H. L. Moore Drug Exchange, International Laboratories, Inc., McKesson Laboratories, Murray Drug Corporation, Parmed Pharmaceuticals, *Purepac Pharmaceuticals,* Rexall Drug Company, Richie Pharmacal, Rogers Wholesalers, Rugby Laboratories, Theda Corporation, Three P. Products, *Trust Pharmaceuticals, Tutag Pharmaceuticals,* United Research Laboratories, Walgreens;
(d) Ampicillin Trihydrate: Bell Pharmacal Corporation;
(e) Omnipen: Wyeth Laboratories;
(f) Pen A: Pfizer Laboratories;
(g) Penbritin: Ayerst Laboratories;
(h) Pensyn: Upjohn Company;
(i) Polycillin: Bristol Laboratories;
(j) Principen: E. R. Squibb and Sons;
(k) QIDamp: Mallinckrodt Chemical Works;
(l) SK-Ampicillin: Smith, Kline & French Laboratories;
(m)Supen: Reid-Provident Laboratories;
(n) Totacillin: Beecham-Massengill Pharmaceuticals;
(o) Vampen: Vangard Laboratories;
(2) Ampicillin 250 mg/5 ml Oral Suspension Form:
(a) Alpen: Lederle Laboratories;
(b) Amcill: Parke-Davis and Company;
(c) Ampicillin: Bell Pharmacal Company, Bocan Drug Company, *Generix Drug Company,* H. L. Moore Drug Exchange, International Laboratories, Inc., McKesson Laboratories, Murray Drug Corporation, Parmed Pharmaceuticals, *Purepac Pharmaceuticals,* Rexall Drug Company, Richie Pharmacal, Rogers Wholesalers, Rugby Laboratories, Theda Corporation, Three P Products, *Trust Pharmaceuticals, Tutag Pharmaceuticals,* United Research Laboratories, Walgreens;
(d) Ampicillin Trihydrate: Bell Pharmacal Corporation;
(e) Omnipen: Wyeth Laboratories;
(f) Pen A: Pfizer Laboratories;
(g) Penbritin: Ayerst Laboratories;
(h) Pensyn: Upjohn Company;
(i) Polycillin: Bristol Laboratories;
(j) Principen: E. R. Squibb and Sons;
(k) QIDamp: Mallinckrodt Chemical Works;
(l) SK-Ampicillin: Smith, Kline and French Laboratories;
(m)Supen: Reid-Provident Laboratories;
(n) Totacillin: Beecham-Massengill Pharmaceuticals;
(o) Vampen: Vangard Laboratories.

R. L. BARNETT, Jr., Chairperson
ADOPTED: January 10, 1978
APPROVED: PETER D. CONN, Secretary
RECEIVED BY LRC: January 13, 1978 at 2:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:050. Penicillin-V.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Phenoxymethyl Penicillin (Penicillin V) pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Phenoxymethyl Penicillin (Penicillin V) Tablet Pharmaceutical Products. The following Penicillin V tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) Penicillin V 125 mg. Tablet Form:
(a) Compocillin VK: Abbott Laboratories;
(b) Paclin VK: Geneva Drugs, Ltd.;
(c) Penicillin V: Columbia Medical Company;
(d) Penicillin VK: Richie Pharmacal;
(e) Pen Vee K: Wyeth Laboratories;
(f) Phenoxymethyl Penicillin: Paramount Surgical Supply Corp., Purepac Pharmaceutical, Rondex Laboratories, Zenith Laboratories;
(g) Vanpen VK: Vangard Laboratories;
(h) V-Cillin-K: Eli Lilly and Company.
(2) Penicillin V 250 mg. Tablet Form:
(a) Compocillin VK: Abbott Laboratories;
(b) Dowpen VK: Dow Pharmaceuticals;
(c) Kesso-Pen-VK: McKesson Laboratories;
(d) Ledercillin: Lederle Laboratories;
(e) Paclin VK: Geneva Drugs, Ltd.;
(f) Penapar VK: Parke-Davis and Company;
(g) Penicillin V: Columbia Medical Company;
(h) Penicillin VK: Phillips-Roxane Laboratories, Richie Pharmacal;
(i) *Pen-V: Generix Drug Company;*
(j) [(i)] Pen Vee K: Wyeth Laboratories;
(k) [(j)] Pfizerpen VK: Pfizer Laboratories;
(l) [(k)] Phenoxymethyl Penicillin: Bell Pharmacal, *Bocan Drug Company,* Bristol Laboratories, Cooper Drug Company, Geneva Generics, H. L. Moore Drug Exchange, Murray Drug Corporation, Mylan Laboratories, Paramount Surgical Supply Corporation, Parmed Pharmaceuticals, Pharmecon, Inc., Purepac Pharmaceuticals, Rexall Drug Company, Rogers Wholesalers, Rondex Laboratories, Rugby Laboratories, Spencer-Mead, Inc., Theda Corporation, Three P Products Corporation, *Trust Pharmaceuticals,* United Research Laboratories, Walgreens, Zenith Laboratories;
(m)[(l)] QIDpen VK: Mallinckrodt Chemical Works;
(n) [(m)] Robicillin VK: A. H. Robins Company;
(o) [(n)] SK-Penicillin-VK: Smith, Kline and French Labs.;
(p) [(o)] Uticillin VK: Upjohn Company;
(q) [(p)] Vanpen VK: Vangard Laboratories;
(r) [(q)] V-Cillin-K: Eli Lilly and Company;
(s) [(r)] Veetids: E. R. Squibb and Sons.

(3) Penicillin V 500 mg. Tablet Form:
(a) Compocillin VK: Abbott Laboratories;
(b) Dowpen VK: Dow Pharmaceuticals;
(c) Kesso-Pen-VK: McKesson Laboratories;
(d) Ledercillin: Lederle Laboratories;
(e) Penapar VK: Parke-Davis and Company;
(f) Penicillin V: Columbia Medical Company;
(g) Penicillin VK: Philips-Roxane Labs.;
(h) Pen-V: Generix Drug Corporation;
(i) Pen Vee K: Wyeth Laboratories;
(j) Pfizerpen VK: Pfizer Laboratories;
(k) Phenoxymethyl Penicillin: Bell Pharmacal, Bristol Laboratories, Geneva Generics, H. L. Moore Drug Exchange, Murray Drug Corporation, Mylan Laboratories, Pharmecon, Inc., *Purepac Pharmaceuticals,* Rogers Wholesalers, Rugby Laboratories, Spencer-Mead, Inc., Theda Corporation, Three P Products, *Trust Pharmaceuticals,* United Research Laboratories, Walgreens;
(l) QIDpen VK: Mallinckrodt Chemical Works;
(m)Robicillin VK: A. H. Robins Company;
(n) SK-Penicillin-VK: Smith, Kline and French Labs.;
(o) Uticillin VK: Upjohn Company;
(p) Vanpen VK: Vangard Laboratories;
(q) V-Cillin-K: Eli Lilly and Company;
(r) Veetids: E. R. Squibb and Sons.

Section 2. Phenoxymethyl Penicillin (Penicillin V) Oral Liquid Pharmaceutical Products. The following Penicillin V pharmaceutical products for oral liquid are considered to be therapeutically equivalent, in each respective dose:
(1) Penicillin V 125 mg. Powders or Granules for Oral Liquid Dosage Form:
(a) Compocillin VK: Abbott Laboratories;
(b) Kesso-Pen-VK: McKesson Laboratories;
(c) Penepar VK: Parke-Davis and Company;
(d) Penicillin V: Columbia Medical Company;
(e) Penicillin VK: Richie Pharmacal Company;
(f) Pen Vee K: Wyeth Laboratories;
(g) Pfizerpen VK: Pfizer Laboratories;
(h) Phenoxymethyl Penicillin: Bel Pharmacal, Bristol Laboratories, H. L. Moore Drug Exchange, Lederle Laboratories, Mylan Laboratories, Murray Drug Corporation, Parmed Pharmaceuticals, *Purepac Pharmaceuticals,* Rexall Drug Company, Rogers Wholesalers, *Rondex Laboratories,* Rugby Laboratories, Spencer-Mead, Inc., Theda Corporation, Three P. Products, *Trust Pharmaceuticals,* United Research Laboratories, Walgreens;
(i) QIDpen VK: Mallinckrodt Chemical Works;
(j) Robicillin VK: A. H. Robins Company;
(k) SK-Penicillin-VK: Smith, Kline and French Labs.;
(l) Uticillin VK: Upjohn Company
(m)Vanpen VK: Vangard Laboratories;
(n) V-Cillin-K: Eli Lilly and Company;
(o) Veetids: E. R. Squibb and Sons.
(2) Penicillin V 250 mg. Powders or Granules for Oral Liquid Dosage Form:
(a) Compocillin VK: Abbott Laboratories;
(b) Kesso-Pen-VK: McKesson Laboratories;
(c) Penapar VK: Parke-Davis and Company;
(d) Penicillin V: Columbia Medical Company;
(e) Penicillin VK: Richie Pharmacal;
(f) Pen Vee K: Wyeth Laboratories, Inc.;
(g) Pfizerpen VK: Pfizer Laboratories;
(h) Phenoxymethyl Penicillin: Bell Pharmacal, Bristol Laboratories, H. L. Moore Drug Exchange, Lederle Laboratories, Mylan Pharmaceuticals, Murray Drug Corporation, Parmed Pharmaceuticals, *Purepac Pharmaceuticals,* Rexall Drug Company, Rogers Wholesalers, *Rondex Laboratories,* Rugby Laboratories, Spencer-Mead, Inc., Theda Corporation, Three P Products, *Trust Pharmaceuticals, Tutag Pharmaceuticals,* United Research Laboratories, Walgreens;
(i) QIDpen VK: Mallinckrodt Chemical Works;
(j) Robicillin VK: A. H. Robins Company;
(k) SK-Penicillin-VK: Smith, Kline and French Laboratories;
(l) Uticillin VK: Upjohn Company;
(m)Vanpen VK: Vangard Laboratories;
(n) V-Cillin-K: Eli Lilly and Company;
(o) Veetids: E. R. Squibb and Sons.

R. L. BARNETT, JR, Chairperson
ADOPTED: January 10, 1978
APPROVED: PETER D. CONN, Secretary
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SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:081. Acetaminophen with Codeine.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Acetaminophen with Codeine pharmaceutical products by ther generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Acetaminophen with Codeine Pharmaceutical Products. The following acetaminophen with codeine tablet pharamaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) 300 mg. Acetaminophen with 15 mg. Codeine Tablet Form:
(a) Acetaminophen with Codeine: ICN Pharmaceuticals, *Halsey Drug Company,* Philips-Roxane Labs.;
(b) Par "5" with Codeine: Parmed Pharmaceuticals;
(c) Tylenol with Codeine: McNeil Laboratories.
(2) 300 mg. Acetaminophen with 30 mg. Codeine Tablet Form:
(a) Acetaminophen with Codeine: Beecham Laboratories, Geneva Generics, ICN Pharmaceuticals, Halsey Drug Company, Philips-Roxane Labs., *Richie Pharmacal Company;*
(b) Codap: Tutag Pharmaceuticals;
(c) [(b)] Empracet with Codeine: Burroughs-Wellcome;
(d) [(c)] Tylenol with Codeine: McNeil Laboratories.
(3) 300 mg. Acetaminophen with 60 mg. Codeine Tablet Form:

(a) Acetaminophen with Codeine: ICN Pharmaceuticals, Philips-Roxane Labs.;
(b) Empracet with Codeine #4: Burroughs-Wellcome;
(c) [(b)] Tylenol with Codeine: McNeil Laboratories.

R. L. BARNETT, JR., Chairperson
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DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:120 Promethazine Hydrochloride.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Promethazine Hydrochloride pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Promethazine Hydrochloride Tablet Pharmaceutical Products. The following promethazine hydrochloride tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) Promethazine Hydrochloride 12.5 mg. Tablet Form:
(a) Methazine: Vangard Laboratories;
(b) Phenergan: Wyeth Laboratories, Inc.;
(c) Promethazine Hydrochloride: Columbia Medical Company, Cooper Drug Company, *Generix Drug Company,* Geneva Drugs, Ltd., Midway Medical Company, Murray Drug Corporation, Paramount Surgical Supply Corp., Spencer-Mead, Inc., Theda Corporation, Zenith Laboratories.
(2) Promethazine Hydrochloride 25 mg. Tablet Form:
(a) Methazine: Vangard Laboratories;
(b) Phenergan: Wyeth Laboratories, Inc.;
(c) Promethazine Hydrochloride: Cooper Drug Company, *Generix Drug Company,* Geneva Drugs, Ltd., Midway Medical Company, Murray Drug Corporation, Paramount Surgical Supply Corp., Parmed Pharmaceuticals, *Purepac Pharmaceuticals,* Richie Pharmacal, Spencer-Mead, Inc., Theda Corporation, Zenith Laboratories.
(3) Promethazine Hydrochloride 50 mg. Tablet Form:
(a) Methazine: Vangard Laboratories;
(b) Phenergan: Wyeth Laboratories, Inc.;
(c) Promethazine Hydrochloride: Cooper Drug Company, *Generix Drug Company,* Geneva Drugs, Ltd., Midway Medical Company, Murray Drug Corporation, Paramount Surgical Supply Corp., Parmed Pharmaceuticals, *Purepac Pharmaceuticals,* Spencer-Mead, Inc., Theda Corporation, Zenith Laboratories.

R. L. BARNETT, JR., Chairperson
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DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:130. Chlorpromazine Hydrochloride.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Chlorpromazine Hydrochloride pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Chlorpromazine Hydrochloride Tablet Pharmaceutical Products. The following Chlorpromazine Hydrochloride tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) Chlorpromazine Hydrochloride 10 mg. Tablet Form:
(a) Chlormead: Spencer-Mead, Incorporated;
(b) [(a)] Chlor-PZ: USV Pharmaceutical Company;
(c) [(b)] Chlorpromazine Hydrochloride: Geneva Generics, *H. L. Moore Drug Exchange,* Lederle Laboratories, *McKesson Laboratories,* Murray Drug Corporation, Paramount Surgical Supply Corporation, *Pharmacon, Incorporated,* Purepac Pharmaceutical Company, Rondex Laboratories, Incorporated, Rugby Laboratories, *Theda Corporation,* Zenith Laboratories, Incorporated;
(d) [(c)] Marazine: Geneva Drugs, Ltd.
(e) [(d)] Proma: Vangard Laboratories;
(f) [(e)] Promopar: Parke-Davis and Company; and
(g) [(f)] Thorazine: Smith, Kline and French Laboratories.
(2) Chlorpromazine Hydrochloride 25 mg. Tablet Form:
(a) Chlormead: Spencer-Mead, Incorporated;
(b) [(a)] Chlor-PZ: USV Pharmaceutical Company;
(c) [(b)] Chlorpromazine Hydrochloride: Abbott Laboratories, *Bell Pharmacal Company,* Geneva Generics, *H. L. Moore Drug Exchange,* Lederle Laboratories, *McKesson Laboratories,* Murray Drug Corporation, Paramount Surgical Supply Corporation, *Pharmecon, Incorporated,* Purepac Pharmaceutical Company, Rachelle Laboratories, Rogers Wholesalers, Rondex Laboratories, Incorporated, Rugby Laboratories, *Theda Corporation,* Three P Products, *United Research Laboratories,* Zenith Laboratories, Incorporated;
(d) [(c)] Marazine: Geneva Drugs, Ltd.;

(e) [(d)] Proma: Vangard Laboratories;
(f) [(e)] Promopar: Parke-Davis and Company; and
(g) [(f)] Sonazine: Tutag Pharmaceuticals;
(h) [(g)] Thorazine: Smith, Kline and French Laboratories.

(3) Chlorpromazine Hydrochloride 50 mg. Tablet Form:
(a) Chlormead: Spencer-Mead, Incorporated;
(b) [(a)] Chlor-PZ: USV Pharmaceuticals Company;
(c) [(b)] Chlorpromazine Hydrochloride: Abbott Laboratories, *Bell Pharmacal Company, Cooper Drug Company,* Geneva Generics, *H. L. Moore Drug Exchange,* Lederle Laboratories, McKesson Laboratories, Murray Drug Corporation, Paramount Surgical Supply Corporation, *Pharmecon, Incorporated,* Purepac Pharmaceutical Company, Rachelle Laboratories, Rogers Wholesalers, Rondex Laboratories, Incorporated, Rugby Laboratories, *Theda Corporation,* Three P Products, *United Research Laboratories,* Zenith Laboratories, Incorporated;
(d) [(c)] Marazine: Geneva Drugs, Ltd.;
(e) [(d)] Proma: Vangard Laboratories;
(f) [(e)] Promopar: Parke-Davis and Company;
(g) [(f)] Sonazine: Tutag Pharmaceuticals;
(h) [(g)] Thorazine: Smith, Kline and French Laboratories.

(4) Chlorpromazine Hydrochloride 100 mg. Tablet Form:
(a) Chlormead: Spencer-Mead, Incorporated;
(b) [(a)] Chlor-PZ: USV Pharmaceutical Company;
(c) [(b)] Chlorpromazine Hydrochloride: Abbott Laboratories, *Cooper Drug Company,* Geneva Generics, *H. L. Moore Drug Exchange,* Lederle Laboratories, *McKesson Laboratories, Murray Drug Corporation,* Paramount Surgical Supply Corporation, *Pharmecon, Incorporated,* Purepac Pharmaceutical Company, Rachelle Laboratories, Rogers Wholesalers, Rondex Laboratories, Incorporated, Rugby Laboratories, *Theda Corporation,* Three P Products, *United Research Laboratories,* Zenith Laboratories, Incorporated;
(d) [(c)] Marazine: Geneva Drugs, Ltd.;
(e) [(d)] Proma: Vangard Laboratories;
(f) [(e)] Pomopar: Parke-Davis and Company; and
(g) [(f)] Thorazine: Smith, Kline and French Laboratories.

(5) Chlorpromazine Hydrochloride 200 mg. Tablet Form:
(a) Chlormead: Spencer-Mead, Incorporated;
(b) [(a)] Chlor-PZ: USV Parmaceutical Company;
(c) [(b)] Chlorpromazine Hydrochloride: Abbott Laboratories, Geneva Generics, *H. L. Moore Drug Exchange,* Lederle Laboratories, *McKesson Laboratories, Murray Drug Corporation,* Paramount Surgical Supply Corporation, Purepac Pharmaceutical Company, Rachelle Laboratories, Rondex Laboratories, Incorporated, Rugby Laboratories, Zenith Laboratories, Incorporated;
(d) [(c)] Marazine: Geneva Drugs, Ltd.;
(e) [(d)] Proma: Vangard Laboratories;
(f) [(e)] Promopar: Parke-Davis and Company; and
(g) [(f)] Thorazine: Smith, Kline and French Laboratories.

R. L. BARNETT, JR., Chairperson
ADOPTED: January 10, 1978
APPROVED: PETER D. CONN, Secretary
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SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:140. Sulfisoxazole Tablet.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Sulfisoxazole pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Sulfisoxazole Tablet Pharmaceutical Products. The following sulfisoxazole tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage: Sulfisoxazole 500 mg. Tablet Form: *(Therapeutic equivalence IS determined for Geneva Generics ONLY, if manufactured by Cord Laboratories after June 1977.)*

(1) Gantrisin: Roche Laboratories;
(2) SK-soxazole: Smith, Kline and French, Laboratories;
(3) Sosol: McKesson Laboratories;
(4) Sulfalar: Parke, Davis and Company;
(5) Sulfisoxazole: Barr Laboratories, Geneva Generics, Lederle Laboratories, Murray Drug Corporation, Mylan Pharmaceuticals, Parmed Pharmaceuticals, Philips-Roxane Labs., Purepac Pharmaceuticals, Richie Pharmacal Company, Rondex Laboratories, Theda Corporation, United Research Laboratories;
(6) Vsul: Vangard Laboratories.

R. L. BARNETT, JR., Chairperson
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DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:150. Hydrochlorothiazide Tablet.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Hydrochlorothiazide pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Hydrochlorothiazide Tablet Pharmaceutical Products. The following Hydrochlorothiazide tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:

(1) Hydrochlorothiazide 25 mg. Tablet Form:

(a) Esidrix: Ciba Pharmaceutical Company;

(b) Hydrochlorothiazide: *Bell Pharmacal Company, Bioline Laboratories, Bocan Drug Company,* Bolar Pharmaceuticals, Columbia Medical Company, *Cooper Drug Company, Generix Drug Company,* Geneva Drugs, Ltd., *H. L. Moore Drug Exchange, Inwood Laboratories,* Midway Medical Company, Murray Drug Corporation, Paramount Surgical Supply Corporation, *Pharmecon, Incorporated, Purepac Pharmaceuticals,* Rexall Drug Company, Richie Pharmacal Company, Rugby Laboratories, *Theda Corporation,* United Research Laboratories, Zenith Laboratories, Inc.

(c) Hydrodiuril: Merck, Sharp and Dohme;

(d) Hydro-Par: Parmed Pharmaceuticals;

(e) Oretic: Abbott Laboratories;

(f) Thiadril: Vangard Laboratories;

(g) Thiuretic: Parke-Davis and Company.

(2) Hydrochlorothiazide 50 mg. Tablet Form:

(a) Esidrix: Ciba Pharmaceutical Company;

(b) Hydrochlorothiazide: *Bell Pharmacal Company, Bioline Laboratories, Bocan Drug Company,* Bolar Pharmaceuticals, Columbia Medical Company, *Cooper Drug Company, Generix Drug Company,* Geneva Drugs, Ltd., Geneva Generics, *H. L. Moore Drug Exchange, Inwood Laboratories,* Midway Medical Company, Murray Drug Corporation, Paramount Surgical Supply Corporation, *Pharmecon, Incorporated, Purepac Pharmaceuticals,* Rexall Drug Company, Richie Pharmacal Company, Rugby Laboratories, *Theda Corporation,* United Research Laboratories, Zenith Laboratories, Inc.;

(c) Hydrodiuril: Merck Sharp and Dohme;

(d) Hydro-Par: Parmed Pharmaceuticals;

(e) Oretic: Abbott Laboratories;

(f) Thiadril: Vangard Laboratories;

(g) Thiuretic: Parke-Davis and Company.

(h) Zide: Tutag Pharmaceuticals.

(3) Hydrochlorothiazide 100 mg Tablet Form: Hydrochlorothiazide: Bioline Laboratories, H. L. Moore Drug Exchange, Theda Corporation.

R. L. BARNETT, JR., Chairperson
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DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:170. Proproxyphene Hydrochloride Capsule.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Propoxyphene Hydrochloride pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Propoxyphene Hydrochloride Capsule Pharmaceutical Products. The following propoxyphene hydrochloride capsule pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:

(1) Propoxyphene Hydrochloride 32 mg. Capsule Form:

(a) Darvon: Eli Lilly and Company;

(b) Mardon: Geneva Drugs, Ltd.;

(c) Propoxyphene Hydrochloride: Cooper Drug Company, Murray Drug Corporation, Mylan Pharmaceuticals, Inc., Paramount Surgical Supply Corp., Richie Pharmacal, Rugby Laboratories, Spencer-Mead, Inc., and Zenith Laboratories.

(2) Propoxyphene Hydrochloride 65 mg. Capsule Form:

(a) Darvon: Eli Lilly and Company;

(b) Dolene: Lederle Laboratories;

(c) Mardon: Geneva Drugs, Ltd.;

(d) Propoxyphene Hydrochloride: Abbott Labortories, Bell Pharmacal, Bolar Pharmaceuticals, Columbia Medical Company, Cooper Drug Company, Geneva Generics, Midway Medical Company, H. L. Moore Drug Company, Murray Drug Corporation, Mylan Pharmaceuticals, Paramount Surgical Supply Corp., Parmed Pharmaceuticals, Pharmecon, Inc., Purepac Pharmaceuticals, Rachelle Laboratories, Rexall Drug Company, Richie Pharmacal, Rogers Wholesalers, Rugby Laboratories, Spencer-Mead, Inc., Three P Products, Theda Corporation, United Research Laboratories, Zenith Laboratories;

(e) Proxagesic Compound 65: Tutag Pharmaceuticals;

(f) [(e)] SK-65: Smith, Kline and French Labs.; and

(g) [(f)] Vandar: Vangard Laboratories.

R. L. BARNETT, JR., Chairperson
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DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:180. Tetracycline Hydrochloride.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Frug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Tetracycline Hydrochloride pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Tetracycline Hydrochloride Tablet Pharmaceutical Products. The following Tetracycline hydrochloride tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) Tetracycline Hydrochloride 250 mg. Tablet Form:
(a) Panmycin: Upjohn Company;
(b) Sumycin: E. R. Squibb and Sons;
(c) Tetrachel: Rachell Laboratories;
(d) Tetracycline Hydrochloride: H. L. Moore Drug Exchange, Mylan Pharmaceuticals, Rugby Laboratories.
(2) Tetracycline Hydrochloride 500 mg. Tablet Form:
(a) Panmycin: Upjohn company;
(b) Sumycin: E. R. Squibb and Sons;
(c) Tetracycline Hydrochloride: Mylan Pharmaceuticals, Richie Pharmacal.

Section 2. Tetracycline Hydrochloride Capsule Pharmaceutical Products. The following Tetracycline Hydrochloride capsule pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) Tetracycline Hydrochloride 250 mg. Capsule Form:
(a) Achromycin V: Lederle Laboratories;
(b) Bristacycline: Bristol Laboratories;
(c) Centet: Central Pharmacal;
(d) Kesso-Tetra: McKesson Laboratories;
(e) Ranmycin: Upjohn Company;
(f) OID-Tet: Mallinckrodt Chemical;
(g) Retet-250: Reid-Provident;
(h) Robitet: A. H. Robins Company;
(i) SK-Tetracycline: Smith, Kline and French;
(j) Sumycin: E. R. Squibb and Sons;
(k) Tetrachel: Rachell Laboratories;
(l) Tetracycline Hydrochloride: Basic Drug Company, Bell Pharmacal Company, Bocan Drug Company, Columbia Medical, Cooper Drug Company, *Generix Drug Company,* Geneva Drugs, Ltd., Geneva Generics, International Laboratories, Halsey Drug Company, H. L. Moore Drug Exchange, Murray Drug Corporation, Mylan Pharmaceuticals, Paramount Surgical Supply Corporation, Parmed Pharmaceuticals, Parke-Davis and Company, Pharmecon, Inc., Philips-Roxane Laboratories, Purepac Pharmaceuticals, Rexall Drug Company, Richie Pharmacal, Rogers Wholesalers, Rugby Laboratories, Spencer-Mead, Inc., *Steri-Med,* Theda Corporation, Three P Products, Thrift Drug Company, United Research Laboratories, Walgreens, Wyeth Laboratories, Zenith Laboratories;
(m)Tetracyn: Pfizer Laboratories; and
(n) VTet: Vangard Laboratories.
(2) Tetracycline Hydrochloride 500 mg. Capsule Form:
(a) Achromycin V: Lederle Laboratories, Inc.;
(b) Bristacycline: Bristol Laboratories;
(c) Kesso-Tetra: McKesson Laboratories;
(d) Panmycin: Upjohn Company;
(e) OID-Tet: Mallinckrodt Chemical;
(f) Retet-500: Reid-Provident;
(g) Robintet: A. H. Robins Company;
(h) SK-Tetracycline: Smith, Kline and French;
(i) Sumycin: E. R. Squibb and Sons;
(j) Tetrachel: Rachelle Laboratories;
(k) Tetracycline Hydrochloride: Basic Drug Company, Bell Pharmacal Company, Bocan Drug Company Columbia Medical Company, Cooper Drug Company, *Generix Drug Company,* Geneva Drugs, Ltd., Geneva Generics, International Laboratories, Halsey Drug Company, H. L. Moore Drug Exchange, Murray Drug Corporation, Mylan Pharmaceuticals, Paramount Surgical Supply Corp., Parke-Davis and Company, Parmed Pharmaceuticals, Pharmecon, Inc., Philips-Roxane Laboratories, Purepac Pharmaceuticals, Rexall Drugs, Richie Pharmacal, Rogers Wholesalers, Rugby Laboratories, Spencer-Mead, Inc., *Steri-Med,* Theda Corporation, Thrift Drug Company, United Research Laboratories, Walgreens, Zenith Laboratories;
(l) Tetracyn: Pfizer Laboratories; and
(m)V-Tet: Vangard Laboratories.

Section 3. Tetracycline Hydrochloride Syrups and Pediatric Drops. The following Tetracycline Hydrochloride 125 mg/5 ml and 100 mg/ml pediatric drops are determined to be therapeutically equivalent, in each respective dosage:
(1) Tetracycline Hydrochloride 125 mg/5 ml Syrups:
(a) Achromycin: Lederle Laboratories;
(b) Biocyline: National Pharmaceuticals;
(c) Kesso-Tetra: McKesson Laboratories;
(d) Panmycin: Upjohn Company;
(e) Retet-S: Reid-Provident;
(f) Robitet: A. H. Robins Company;
(g) SK-Tetracycline: Smith, Kline and French;
(h) Sumycin: E. R. Squibb and Sons;
(i) Tetrachel: Rachelle Laboratories;
(j) Tetracycline Hydrochloride: Bell Pharmacal, Generix Drug Corporation, H. L. Moore Drug Exchange, Henry Schein, Inc., Purepac Pharmaceuticals, Rexall Drug Company, Richie Pharmacal, Rugby Laboratories, Spencer-Mead, Inc., *Steri-Med,* United Research Laboratories;
(k) V-Tet: Vangard Laboratories.
(2) Tetracycline Hydrochloride 100 mg/ml Pediatric Drops:
(a) Achromycin V: Lederle Laboratories;
(b) Panmycin: Upjohn Company;
(c) Tetrachel: Rachelle Laboratories.

R. L. BARNETT, JR., Chairperson
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APPROVED: PETER D. CONN, Secretary
RECEIVED BY LRC: January 13, 1978 at 2:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:190. Meprobamate Tablet.

RELATES TO: KRS 217.814 to 217.826 and 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Meprobamate pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Meprobamate Tablet Pharmaceutical Products. The following meprobamate tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) Meprobamate 200 mg. Tablet Form:
(a) Equanil: Wyeth Laboratories;
(b) *Meprobamate: Bell Pharmacal, International Laboratories, Inc., Midway Medical Company, Murray Drug Corporation, Philips-Roxane Laboratories, *Purepac Pharmaceuticals, Rondex Laboratories,* Theda Corporation;
(c) Miltown: Wallace Laboratories;
(d) SK-Bamate: Smith, Kline & French Laboratories;
(2) Meprobamate 400 mg. Tablet Form:
(a) Equanil: Wyeth Laboratories;
(b) * Meprobamate: Bell Pharmacal, Bocan Drug Company, International Laboratories, Midway Medical Company, Murray Drug Corporation, Philips-Roxane Laboratories, *Purepac Pharmaceuticals, Rondex Laboratories,* Rexall Drug Company, Theda Corporation, Vangard Laboratories, Walgreen Company;
(c) Miltown: Wallace Laboratories;
(d) Neuramate: Halsey Drug Company;
(e) [(d)] QID-bamate: Mallinckrodt Chemical Corp.;
(f) [(e)] SK-Bamate: Smith, Kline & French Laboratories;
(g) [(f)] Tranmep: Reid-Provident Laboratories, Inc.
* Therapeutic equivalence is determined for Midway Medical Company and Vangard Laboratories only only if manufactured by Barr Laboratories.

R. L. BARNETT, JR., Chairperson
ADOPTED: January 10, 1978
APPROVED: PETER D. CONN, Secretary
RECEIVED BY LRC: January 13, 1978 at 2:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:280. Chloral Hydrate Capsule and Syrup.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Chloral Hydrate pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Chloral Hydrate Capsule Pharmaceutical Products. The following chloral hydrate capsule pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:
(1) Chloral Hydrate 500 mg. Capsule Form:
(a) Chloral Hydrate: Barre Drug Company, Bell Pharmacal Company, Columbia Medical Company, Cooper Drug Company, Geneva Generics, *Generix Drug Company,* H. L. Moore Drug Exchange, Lederle Laboratories, Midway Medical Company, Murray Drug Corporation, Pace-Bond Drug Company, Paramount Surgical Supply Corporation, Parke-Davis & Company, Parmed Pharmaceuticals, Pharmecon, Inc., Philips-Roxane Laboratories, Purepac Pharmaceuticals, Rexall Drug Company, Richie Pharmacal, Rogers Wholesalers, Theda Corporation, Three P Products Corporation, United Research Laboratories, Walgreens, Zenith Laboratories;
(b) Kessodrate: McKesson Laboratories;
(c) Noctec: E. R. Squibb & Sons;
(d) Sk-Chloral Hydrate: Smith, Kline & French;
(e) Somnos: Merck, Sharp & Dohme; and
(f) V-Clor: Vangard Laboratories.

Section 2. Chloral Hydrate Syrup Pharmaceutical Products. The following chloral hydrate syrup pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage, (Cautionary Note: Sugar content not determined.):
(1) Chloral Hydrate Syrup 500 mg/5ml Form:
(a) Chloral Hydrate Syrup: Abbott Laboratories, Barre Drug Company, Henry Schein, Inc., Lederle Laboratories, Midway Medical Company, Murray Drug Corporation, Pharmecon, Inc., Richie Pharmacal, Spencer-Mead, Inc., Theda Corporation;
(b) Kessodrate: McKesson Laboratories;
(c) Noctec Syrup: E. R. Squibb & Sons;
(d) V-Clor Syrup: Vangard Laboratories.

R.L. BARNETT, JR., Chairman
ADOPTED: January 10, 1978
APPROVED: PETER D. CONN, Secretary
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DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:320. Imipramine Hydrochloride Tablet.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Imipramine Hydrochloride pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Imipramine Hydrochloride Tablet Pharmaceutical Products. The following Imipramine Hydrochloride tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:

(1) Imipramine Hydrochloride 10 mg. Tablet Form:
(a) Imavate: A. H. Robins Company;
(b) Imipramine Hydrochloride: Bell Pharmacal, *Bioline Laboratories,* Bolar Pharmaceuticals, Columbia Medical Company, Geneva Generics, H. L. Moore Drug Exchange, Lederle Laboratories, McKesson Laboratories, Midway Medical Company, Murray Drug Corporation, Parmed Pharmaceuticals, Philips-Roxane Laboratories, Purepac Pharmaceuticals, Richie Pharmacal, Rogers Wholesalers, Rondex Laboratories, Rugby Laboratories, Theda Corporation, Three P Products Corporation, Vangard Laboratories;
(c) Janimine: Abbott Laboratories;
(d) Presamine: USV Pharmaceuticals;
(e) SK-Pramine: Smith Kline and French Laboratories;
(f) Tofranil: Geigy Pharmaceuticals.
(2) Imipramine Hydrochloride 25 mg. Tablet Form:
(a) Imavate: A. H. Robins Company;
(b) Imipramine Hydrochloride: Bell Pharmacal, *Bioline Laboratories,* Bolar Pharmaceuticals, Columbia Medical Company, Geneva Generics, H. L. Moore Drug Exchange, Lederle Laboratories, McKesson Laboratories, Midway Medical Company, Murray Drug Corporation, Parmed Pharmaceuticals, Philips-Roxane Laboratories, Purepac Pharmaceuticals, Richie Pharmacal, Rogers Wholesalers, Rondex Laboratories, Rugby Laboratories, Theda Corporation, Three P Products Corporation, Vangard Laboratories;
(c) Janimine: Abbott Laboratories;
(d) Presamine: USV Pharmaceuticals;
(e) SK-Pramine: Smith, Kline and French Laboratories
(f) Tofranil: Geigy Pharmaceuticals;
(g) W. D. D.: Tutag Pharmaceuticals.
(3) Imipramine Hydrochloride 50 mg. Tablet Form:
(a) Imavate: A. H. Robins Company;
(b) Imipramine Hydrochloride: Bell Pharmacal, *Bioline Laboratories,* Bolar Pharmaceuticals, Columbia Medical Company, Geneva Generics, H. L. Moore Drug Exchange, Lederle Laboratories, McKesson Laboratories, Midway Medical Company, Murray Drug Corporation, Parmed Pharmaceuticals, Philips-Roxane Laboratories, Purepac Pharmaceuticals, Richie Pharmacal, Rogers Wholesalers, Rondex Laboratories, Rugby Laboratories, Theda Corporation, Three P Products Corporation, Vangard Laboratories;
(c) Janimine: Abbott Laboratories;
(d) Presamine: USV Pharmaceuticals;
(e) SK-Pramine: Smith, Kline and French Laboratories;
(f) Tofranil: Geigy Pharmaceuticals.

R. L. BARNETT, JR., Chairperson
ADOPTED: January 10, 1978
APPROVED: PETER D. CONN, Secretary
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SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:328. Chlordiazepoxide Hydrochloride Capsule.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Chlordiazepoxide Hydrochloride pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Chlordiazepoxide Hydrochloride Capsule Pharmaceutical Products. The following Chlordiazepoxide Hydrochloride capsule pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:

(1) Chlordiazepoxide Hydrochloride 5 mg. Capsule Form:
(a) [(c)] C.D.P.: Generix Drug Corporation;
(b) [(a)] Chlordiazepoxide Hydrochloride: Bell Pharmacal, Geneva Generics, H. L. Moore Drug Exchange, Lederle Laboratories, McKesson Laboratories, Murray Drug Corporation, Parmed Pharmaceuticals, Philips-Roxane, Rachelle Laboratories, Rexall Drug Company, Richie Pharmacal Company, Rugby Laboratories, Spencer-Mead, Inc., Theda Corporation, United Research Laboratories, Vangard Laboratories;
(c) [(b)] Librium: Roche Laboratories;
(d) Murcil: Tutag Pharmaceuticals;
(e) [(d)] SK-Lygen: Smith, Kline & French Laboratories.
(2) Chlordiazepoxide Hydrochloride 10 mg. Capsule Form:
(a) [(c)] C.D.P.: Generic Drug Corporation;
(b) [(a)] Chlordiazepoxide Hydrochloride: Bell Pharmacal, Geneva Generics, H. L. Moore Drug Exchange, Lederle Laboratories, McKesson Laboratories, Murray Drug Corporation, Parmed Pharmaceuticals, Philips-Roxane, Rachelle Laboratories, Rexall Drug Company, Richie Pharmacal Company, Rugby Laboratories, Spencer-Mead, Inc., Theda Corporation, United Research Laboratories, Vangard Laboratories;

(c) [(b)] Librium: Roche Laboratories.
(d) Murcil: Tutag Pharmaceuticals;
(e) [(d)] SK-Lygen: Smith, Kline & French Laboratories.
(f) Tenax: Reid-Provident Laboratories.
(3) Chlordiazepoxide Hydrochloride 25 mg. Capsule Form:
(a) [(c)] C.D.P.: Generix Drug Corporation;
(b) [(a)] Chlordiazepoxide Hydrochloride: Bell Pharmacal, Geneva Generics, H. L. Moore Drug Exchange, Lederle Laboratories, McKesson Laboratories, Murray Drug Corporation, Parmed Pharmaceuticals, Philips-Roxane, Rachelle Laboratories, Rexall Drug Company, Richie Pharmacal Company, Rugby Laboratories, Spencer-Mead, Inc., Theda Corporation, United Research Laboratories, Vangard Laboratories;
(c) [(d)] Librium: Roche Laboratories;
(d) Murcil: Tutag Pharmaceuticals;
(e) [(d)] SK-Lygen: Smith, Kline & French Laboratories;
(f) Tenax: Reid-Provident Laboratories.

R. L. BARNETT, JR., Chairperson
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SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board
(Proposed Amendment)

902 KAR 20:030. Personal care homes; operation and services.

RELATES TO: KRS 216.405 to 216.485, 216.990(2)
PURSUANT TO: KRS 13.082, 216.425
NECESSITY AND FUNCTION: This regulation, which relates to the operations and services of Personal Care Homes, is being promulgated pursuant to the mandate of KRS 216.425 that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services.

Section 1. Definitions: Personal care homes are establishments with permanent facilities that include resident beds and health related services to provide continuous general supervision and residential care. Residents in a personal care home are able to manage the normal activities of daily living except that they have physical or mental disabilities or in the opinion of a licensed physician are in need of residential care.

(1) Residential care: refers to a service that provides a protective environment and includes but is not limited to, social and recreational opportunities for residents.

(2) Continuous or general supervision: refers to a service that provides twenty-four (24) hour surveillance of the residents and ensures that health related services required for the residents well-being will be carried out.

Section 2. Functions of Personal Care Homes. The functions of Personal Care Homes are as follows: (1) The primary function of the personal care home is to provide general supervision and protective services for residents who do not need nursing services for assistance in activities of daily living.

(2)(a) Written transfer agreements with other facilities in the service area will provide a level of inpatient care not provided by the personal care facility. Any facility which does not have such an agreement in effect but which is found by the survey agency to have attempted in good faith to enter into such an agreement with another health facility shall be considered to have such an agreement in effect if and for so long as the survey agency finds that to do so is in the public interest and essential to assuring personal care facility services for eligible persons in the community.

(b) The administrator shall initiate transfer through an appropriate agency or the resident's physician, when the resident's condition is not within the scope of the personal care definition.

(3) The personal care home maintains resident beds.

(4) There is a governing authority legally responsible for the conduct of the personal care home.

(5) There is an administrator to whom the governing authority delegates the full-time responsibility for the operation of the institution in accordance with established policy.

(6) Arrangements shall be made by the resident, family or guardian, or facility for physician services for residents at the time of admission.

(7) Resident care services, with facilities and staff, are continuously maintained, except for homes operated under bona fide Christian Science auspices.

(8) Supervisory personnel are continuously available.

(9) A health record is maintained for each resident with a minimum to include the following:

(a) Identification information.

(b) Discharge summary or transfer form if admitted from another facility.

(c) Medical evaluation at time of admission.

(d) Notes on changes of residents' condition.

(e) Reports from special services, studies or consultations.

(f) Medication and treatment sheets.

(g) Residents discharge destination or copy of death certificate.

(10) There is a supervision of medications ordered by physicians for self-administration by residents under their care.

(11) Food served to residents meets their nutritional requirements.

Section 3. Management and Personnel. (1) Licensee. The licensee of personal care homes may or may not serve in the capacity of administrator but shall be responsible for satisfactory compliance with Kentucky laws, regulations and rules pertaining to the total operation of the designated facility. No licensee may care for or be responsible for the care of more residents than the capacity indicated on the license, regardless of where housed.

(2) Administrator:

(a) The administrator as herein defined may or may not be the licensee but is the person directly responsible for twenty-four (24) hour daily operation of the premises, or for delegating that authority to another qualified individual when his absence is necessary.

(b) The administrator is responsible for the services required in the overall care of the residents, and for competent supervision of the personnel rendering required services.

(3) Qualifications. In order to qualify as an administrator or alternate, one shall possess skills and experience appropriate to responsibilities required in the following areas:

(a) He must have sufficient education to maintain adequate records, submit reports requested by the board and interpret any written material related to all phases of home operation and resident's care.

(b) The administrator must be over twenty-one (21) years of age and shall present a certificate that he/she is in good physical and mental health, and is free from communicable disease. The administrator should be a person of integrity and good character, and have a liking for older people.

(c) The administrator or other individuals connected in any capacity with the home shall not receive any compensation for acting as a guardian or committee for a resident of the home.

(4) Personnel. Appropriate personnel records shall be maintained:

(a) All employees working under the supervision of the administrator must be of an age in conformity with state laws.

(b) All employees *shall have present, at time of employment, or within one (1) week of employment, evidence of freedom from communicable disease. All employees shall have a test for tuberculosis either prior to or within the first week of employment and annually thereafter.* [of a home must have a tuberculosis test every twelve (12) months. This record must be kept on file in the home and available for inspection. A new employee must have this record within two (2) weeks following employment date.]

(c) All persons employed shall be fully informed of the policies of the home in regard to the performance of their duties. Personnel shall also comply with regulations and rules pertaining to the welfare and care of the residents.

(d) There shall be at least one (1) attendant on duty on each floor in the home at all times. In addition, sufficient and satisfactory personnel shall be employed to provide adequate care for the residents at all times, and maintain proper housekeeping practices.

(e) All employees shall be neat and clean at all times. Food handlers and other kitchen help must wear hairnets.

Section 4. Medical Requirements; Residents. (1) Medical and Nursing Requirements:

(a) It shall be the responsibility of the person in charge of the home to obtain medical care by a licensed physician promptly in cases of accident or acute illness of any resident. Such instances shall be recorded on the resident's chart.

(b) The person in charge of the medical needs of the residents may be a professional nurse registered in Kentucky, a licensed practical nurse registered in Kentucky, or a qualified person with sufficient experience to be responsible for the care of the residents.

(c) No home shall keep any controlled substances or other habit-forming drugs, or hypodermic needles except under the specific direction of a physician. Controlled substances shall be kept under double lock, a locked box in a locked cabinet. There shall be a controlled substances record book with numbered pages, in which is recorded the name of the resident; the date, time, kind, dosage, and method of administration of all controlled substances; the name of the physician who prescribed the medications; and the name of the nurse who administered it. In addition, there shall be a recorded and signed controlled substance count at least once a day. All controlled substances which are left over after the discharge or death of the resident shall be destroyed in accordance with the controlled substances regulation. (Controlled substances must be mailed to the Narcotic and Drug Control Program, 107 Bridge Street, Frankfort, Kentucky 40601. Such controlled substances should be sent by certified mail with two (2) copies enclosed listing the following: prescription number; resident's name, name of drug, and quantity of drug.)

(d) All medicines must be plainly labeled with the resident's name, the name of the drug, name of pharmacy, prescription number and directions for dosage, except where accepted unit dose systems conforming to federal and state laws are used. All medicines should be kept in a locked place and the persons in charge shall be responsible for giving the medicines and keeping them under lock and key. Medications requiring refrigeration must be kept in a separate locked box of adequate size within a refrigerator. Drugs for external use must be stored separately from those administered by mouth and injection. The home shall not automatically have prescriptions refilled without securing medical permission. Provisions must also be made for the locked separate storage of medications of deceased and discharged patients until such medication is surrendered in accordance with existing federal and state laws and regulations.

(e) Medications shall not be administered to any resident except on the written order of a licensed physician. For this purpose a health record shall be maintained on all residents and shall be available for inspection.

(f) If orders are received by telephone from a physician, the order shall be recorded on the individual's health record and signed by the doctor within fourteen (14) days.

(g) Physical therapy shall not be administered to a resident except on written order of a licensed physician.

(h) If a resident becomes persistently disturbed and unmanageable, he must be transferred to an appropriate facility within a period of time not to exceed five (5) days. During the disturbed state the resident's physician shall be notified and shall direct the resident's care. The physician shall initiate the transfer of the resident if the resident's condition does not improve enough for his continued stay in a personal care facility. No form of restraints shall be used except under written orders of the

attending physician and shall be comfortable and easily removed in case of fire.

(i) Restricted areas shall be permitted only if doors allow observation and flip lock or latches are used; never keys.

(2) Communicable diseases:

(a) No personal care home shall knowingly admit a person suffering from a communicable disease, *which is reportable to the health department, except a (non-infectious) tuberculosis patient under continuing medical supervision for his/her tuberculosis disease.*

(b) If, after admission, a communicable disease is suspected or diagnosed the resident shall be placed in a private room under isolation care until the family, guardian, or the administrator can place him/her in another facility under adequate care. No resident may remain in a personal care home for more than seventy-two (72) hours after a diagnosis of a serious communicable disease has been made except a (non-infectious) tuberculosis patient under continuing medical supervision for his/her tuberculosis disease.

(c) [(b)] There shall be a written policy of approved technique used in the care of residents who are isolated because of a "temporary" communicable disease.

[(c)No resident found to have a communicable disease after admission may continue to reside more than seventy-two (72) hours in a personal care home and the county health officer shall be notified immediately. Such resident when so diagnosed shall be under isolation care in a private room until the family, guardian, or the administrator can place him in another facility under adequate care.]

(3) Accidents. All accidents causing injury to a resident should be recorded in an incident report and maintained in a file.

Section 5. Clinical Records. A complete clinical record shall be kept for each resident with all entries current, dated and signed. Entries should be made in ink, ball-point, or typed. Each record shall include the following: (1) Identification sheet, including:

(a) Resident's name;

(b) Social Security (Medicare) and Medical Assistance Identification number (if appropriate);

(c) Marital status;

(d) Birthdate;

(e) Age;

(f) Sex;

(g) Home address;

(h) Religion;

(i) Name, address and telephone number of referral agency (including hospital from which admitted);

(j) Attending physician;

(k) Next of kin and/or responsible person, address and telephone number;

(l) Admitting diagnosis;

(m) Resident discharge destination; and

(n) Date of admission and discharge.

(2) If admitted from another facility a discharge summary or transfer form shall be included in the resident's record.

(3) Medical evaluation including medical history, physical examination, and diagnosis (may be copy of discharge summary or H and P Report from hospital or other health care facility if done within fourteen (14) days prior to admission).

(4) Physician progress notes indicating changes in resident's condition shall be completed at time of each visit by the physician and consultant.

(5) Nurses or staff notes indicating changes in resident's condition as they occur.

(6) Reports of social services, dental, laboratory, x-ray and special reports of consultants or therapists if and when received by the resident.

(7) Medication and treatment sheets including all medication, treatments and special procedures performed indicating date and time. Entries shall be initialed by the personnel rendering treatment or administering medication.

(8) After death or discharge the completed medical record shall be placed in an inactive file and retained in accordance with state and federal regulations governing the storage of medical records.

(9) In the event of a transfer to another health care facility, a copy of the resident's record or summary thereof, shall accompany the resident. If the resident is transferred to another level of care within the same facility, the resident's medical record may be transferred intact with the resident.

Section 6. Dietary Requirements. (1) Menu planning:

(a) Menus shall be planned, written and rotated according to a definite pattern. Nutrition needs shall be met in accordance with the current recommended dietary allowances of the nationally accepted dietary authorities, and in accordance with physician's orders.

(b) Meals shall correspond with the posted menu; when changes in the menu are necessary, substitutions shall provide equal nutritive value and the changes shall be recorded on the menu and kept on file for thirty (30) days.

(2) Food preparation and storage:

(a) There should be at least a three (3) day supply of food to prepare well balanced palatable meals.

(b) Food should be prepared with consideration for any individual dietary requirement. Modified diets, nutrient concentrates and supplements shall be given only on the written orders of a physician. Only dairy supplies from approved sources shall be served residents.

(c) At least three (3) meals per day shall be served with not more than a fourteen (14) hour span between the evening meal and breakfast. Between meal snacks shall be available to all residents except when conflicting with special diets prescribed by a licensed physician.

(d) Food returned from residents' dishes shall not be served again in any form.

(e) Kitchen areas shall be adequately lighted on all working surfaces.

(f) Kitchens shall be adequately ventilated.

(g) All eating and cooking utensils, including appliances, shall be stored in enclosed vermin free areas. They shall be free of cracks, chips, and so constructed as to be easily cleaned.

(h) If necessary to use drying cloths, they shall be clean and not used for any other purpose.

(i) All foods shall be stored above the floor in such a

manner as to be protected from dust, flies, vermin or any other form of contamination.

(j) Refrigerators shall have a complete seal, be clean, free of odors, and kept at a temperature below forty-five (45) degrees. Deep freeze units at zero (0) degrees or below.

(k) All type food showing evidence of spoilage or infestation shall be disposed of immediately upon detection.

(l) Floors, walls, ceiling, lighting fixtures, storage areas and equipment shall be kept clean and in good repair. Windows and doors shall be screened, kept in repair, and clean. A handwashing basin in the kitchen shall be available for employees. Handwashing signs shall be posted.

(m) Pets shall not be permitted in the patient area or where food and drinks are handled, stored, prepared or served.

(n) Ice water must be readily available to the residents at all times.

Section 7. General Requirements. (1) The personal care home shall be of safe and substantial construction and shall comply with state and local laws relating to location, zoning, construction, occupancy, plumbing, and sanitation including insect and rodent control.

(2) The water supply shall be of a safe sanitary quality and shall conform to all requirements of the Kentucky Bureau for Health Services. There shall be an ample supply of hot and cold potable water available at all times for general use.

(3) Liquid wastes shall be disposed of in a sanitary manner into a public sewage system where available, or if none is available, into a system which shall meet the requirements of the Kentucky Bureau for Health Services.

(4) All garbage, refuse, trash, and litter shall be collected and disposed of in compliance with established requirements of the Kentucky Bureau for Health Services. Garbage containers shall be made of metal or other impervious material and shall be water tight and rodent proof and must have tight fitting covers.

(5) All plumbing shall be installed and maintained to conform to the requirements of the state plumbing code.

(6) A living or recreation room shall be provided for residents and their guests.

(7) A dining area shall be available for residents.

(8) An adequate supply of clean linen should be on hand at all times.

Section 8. Housekeeping services. (1) The home shall be kept in good repair and shall be clean, uncluttered and sanitary at all times.

(2) Odors shall be eliminated at their source by prompt and thorough cleaning of commodes, urinals, bedpans and other obvious sources.

(3) All windows and other openings must be well screened and clean curtains in good repair must be used at all windows in rooms used by residents.

(4) Walls, ceilings, and floors shall be easily cleanable and decorated to achieve a pleasing effect. Floors must be skid proof and scatter rugs are prohibited.

(5) Cleaning supplies and poisons must be locked separately from foods and medicines.

(6) The premises shall be maintained in such a manner as to prevent infestation by rodents and insects.

(7) Soiled clothing and linens shall receive immediate attention and should not be allowed to accumulate. Clothing or bedding used by one resident shall not be used by another until it has been laundered or dry cleaned.

(8) Porches, patios, and other outside areas used by the residents must be of substantial construction with protective railings where necessary.

(9) Grounds shall be well kept and must be free of hazardous objects. Fences must be kept in good repair.

Section 9. Care and Welfare. (1) Upon admission the residents and a responsible member of his family or committee shall be informed in writing of the established policies of the home in regards to fees, reimbursements, visitation rights during serious illness, visiting hours, laundry, services rendered, etc. Care shall be taken to safeguard the resident's personal belongings and clothing.

(2) Residents shall be suitably dressed at all times and given assistance when needed in maintaining body hygiene and good grooming.

(3) Toilet articles, such as towels, brushes, and combs, shall not be used in common.

(4) Each resident shall be provided with soap, clean towels, wash cloths, individual mouthwash cups, tooth brushes, dentifrice and denture containers.

(5) No responsible resident shall be detained in a home against his will.

(6) Residents shall not be denied the right of rest periods in their beds.

(7) Residents shall not be denied visitation rights, the right to a degree of privacy, nor choice of spiritual affiliation or worship.

(8) A written procedure shall provide for an effective means of resolving grievances of residents. This procedure will assure that grievances and complaints of residents will be conveyed, within a reasonable time, to a decision making level which has the authority to take corrective action.

(9) A resident's correspondence shall not be opened except as authorized by the resident, his guardian, committee or family.

(10) Telephone service shall be available for residents' use.

(11) Infirm residents shall be given assistance to perform needed services for themselves.

(12) No form of punishment shall be meted to any resident of a home.

(13) Residents' beds shall be equipped with substantial springs, a clean comfortable mattress, a mattress cover, two (2) sheets and a pillow, and such bed covering as is required to keep the residents comfortable. Linens shall be changed as often as necessary to keep a clean bed at all times. Rubber or other impervious sheets

shall be placed over the mattress cover whenever necessary.

(14) Beds occupied by residents shall be placed so that no resident may experience discomfort because of proximity to radiators, heat outlets, or by exposure to drafts.

(15) Bedside tables with reading lamps, comfortable chairs, chests or dressers with mirrors, and a night light shall be provided the residents.

(16) Every precaution should be taken to prevent residents from locking themselves in bedrooms, bathrooms, etc.

(17) Residents shall not be housed in unapproved rooms or unapproved detached buildings.

(18) Basement rooms shall not be used for sleeping rooms for residents; however, when approved by the board, such rooms may be acceptable for recreation or dining.

(19) Reading materials, radios, games, TV sets, and other recreational facilities shall be provided for the residents.

(20) All residents' bedrooms shall be identifiable by the residents.

Section 10. Fire Control or Disaster Plan. The facility shall have a written procedure to be followed in case of fire, explosion or other emergency, according to the directions of the State Fire Marshal's Office.

MASON C. RUDD, Chairman

ADOPTED: November 30, 1977

RECEIVED BY LRC: January 13, 1978 at 11:15 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mason C. Rudd, Chairman, Kentucky Health Facilities and Health Services, Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau For Health Services
Certificate of Need and Licensure Board
(Proposed Amendment)

902 KAR 20:040. Family care homes; operation and services.

RELATES TO: KRS 216.405 to 216.485 and 216.990(2)

PURSUANT TO: KRS 13.082, 216.425

NECESSITY AND FUNCTION: This regulation, which relates to the operations and services of Family Care Homes, is being promulgated pursuant to the mandate of KRS 216.425(3) that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services.

Section 1. Scope. This regulation relates to the operation and services rendered by a family care home (formerly licensed as mini care homes).

Section 2. Definitions. (1) A family care home is a home operated and maintained to provide twenty-four (24) hour protective and personal care services in residential accommodations for two (2) or three (3) individuals who are not related within the third degree of consanguinity to the licensee and who because of impaired capacity for self care elect or require a protective environment but who do not have an illness, injury, or disability for which constant medical care and skilled nursing services are required. The term "home" as used in this regulation means a family care home.

(2) "Impaired capacity for self care" includes residents who have a mental or physical limitation which decreases his/her ability to function in a normal adult manner or whose daily living is normalized through the use of prescription medications. Such individuals do not have the ability to function independent of the protective environment in their daily living.

(3) "Protective environment" refers to the provision of those services (emergency health care, nutritional needs, personal grooming, or freedom from injury) which the resident is not capable of providing for him or herself in a safe and/or sanitary manner.

Section 3. Essential Characteristics. The essential characteristics of a family care home are as follows:

(1) The home maintains a bed for each resident. Never more than one (1) resident to a bed.

(2) The licensee who resides in the home and provides twenty-four (24) hour supervision of and assistance to the residents.

(3) A record is maintained for each resident.

(4) All residents are mobile to the extent that they are not bedfast, and can either walk unassisted, or with mechanical assistance not requiring the attention of another person.

(5) There is supervision of medications ordered by physicians for residents.

(6) There are arrangements for physician's services for residents when required.

(7) Food served to residents meets their nutritional needs.

(8) There are arrangements with other health agencies and facilities for residents who, at some time, may require a transfer to a different level of care.

(9) The home maintains standards of comfort and safety in keeping with the needs of the residents.

(10) Provisions are made to involve the resident in community activities, and to activate the resident in a beneficial way, within the home.

(11) There is a written procedure for providing or obtaining emergency services.

Section 4. Licensure. No person shall provide family care home services without having first obtained a license from the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board. All family care homes shall comply with the provisions of this regulation in order to qualify for licensing and for the renewal thereof.

Section 5. Licenses. (1) Upon submission of a properly completed license application form together with

prescribed fee, a family care home operating prior to July 1, 1975 that has been determined through a site inspection to be in compliance with the standards listed herein, or in substantial compliance and with a plan to achieve compliance as soon as appropriate but not later than the date of expiration of the license, may be issued a license by the Certificate of Need and Licensure Board.

(2) Family care homes not operating prior to July 1, 1975 must be in compliance with the standards listed herein to be licensed.

Section 6. Management and Personnel. (1) The person submitting an application for licensure of a family care home shall be the person directly responsible for the twenty-four (24) hour daily operation of the home or for delegating that responsibility to another qualified individual when a temporary absence is necessary. The name of that individual to whom the responsibility may be designated shall be in writing and available to the agents of the board inspecting the home.

(2) Each licensee shall attend at least one (1) training program for family care home operators per year as offered or approved by the Department for Human Resources.

(3) The licensee and all full-time or part-time help utilized by the licensee shall be in good health and free of communicable diseases. They shall be able to show proof of an annual examination for TB by a physician or the local health department.

(4) The licensee shall keep a notebook located on the premises and available for inspection by the board's agents. The notebook shall contain the following information typed or in ink about each resident:

(a) Name and sex.

(b) Date of arrival and birthdate.

(c) Relatives (if any) or responsible agencies and their addresses.

(d) Name of physician and phone numbers.

(e) Amount charged per week or month as compensation for care.

(f) Date of departure.

(g) Other relevant information including physician visits and/or assessment reports.

(5) Phone numbers of a hospital, an ambulance service, fire department, and a physician for emergencies shall be posted by the telephone in large legible print if phone service is available in the area.

(6) An accident report on a resident shall be written and one (1) copy kept on file and made available to the board agents within seven (7) days of the incident. The original shall be sent to the Division for Licensing and Regulation, 107 Bridge Street, Frankfort, Kentucky 40601.

(7) A family care home shall not be used as a boarding home for infants and children under the age of eighteen (18) years.

(8) No persons under eighteen (18) years of age shall operate a family care home.

(9) The licensee shall keep any other records as required by the licensing authority.

Section 7. Medical Requirements. (1) No licensee shall knowingly admit or retain a resident suffering from a communicable disease *which is reportable to the health department, except a (non-infectious) tuberculosis patient under continuing medical supervision for his/her tuberculosis disease.* The licensee shall show evidence that a concerted effort has been made to obtain for a resident a physical examination by a physician within a reasonable time three (3) months prior to or after arrival at the home.

(2) If admitted from another facility a discharge summary or transfer form shall be included in the resident's record. Medical evaluation including medical history, physical examination and diagnosis shall be included (may be a copy of discharge summary, history and physical report from hospital or other health facility, if done within fourteen (14) days prior to admission to the home).

(3) It shall be the responsibility of the licensee to obtain the services of a physician in case of accident or acute illness of any resident.

(4) All medications prescribed for residents shall be noted, in writing, as given with the date, time and dosage, and signed by the person administering the medication.

(5) Medication shall not be administered to any resident except on the written order of a physician. When medication requires administration by a trained person, arrangements shall be made to procure the services of such a person.

(6) Medications shall be kept in a locked cabinet.

(7) Self-administration of prescription medications shall be allowed only upon the written instructions of the attending physician and a record shall be maintained as required in subsection (4) of this section.

(8) Residents admitted or retained for care shall not require because of illness, injury or disease, a degree of care exceeding the skill of the operator to perform. Failure to comply with this standard shall be the basis for immediate revocation of the home's license.

Section 8. Personal Care. The following standards are considered minimal: (1) Responsible residents shall not be detained against their will.

(2) The residents shall be treated in a manner which will preserve their feelings of self-worth and human dignity; have visitation rights; the right to a degree of privacy; and be allowed to worship in the way they choose.

(3) A resident's correspondence shall not be opened, except as authorized by the resident's guardian or committee.

(4) Residents shall not be physically punished in any way. They shall not be held in seclusion for any reason and restraints shall not be used.

(5) Residents shall be encouraged to perform activities of daily living for themselves and shall be given assistance when necessary.

(6) Residents may volunteer their services to help care for the home but they shall not be required to help in the home.

(7) Residents shall be appropriately dressed at all times and given assistance, when needed, in maintaining proper body hygiene and good grooming.

(8) Each resident shall have their individual:

(a) Clean wash cloth and towel;

(b) Toothbrush;
(c) Brush and comb;
(d) Other appropriate toilet articles; and
(e) Bureau or cupboard for storage of his personal belongings.

(9) Each resident shall have his own bed equipped with substantial springs, a clean comfortable mattress, two (2) sheets and a pillow, and such bed covering as required for resident's health and comfort.

(10) Residents shall not be denied the privilege of rest periods in their beds.

(11) Residents shall be encouraged to take part in social activities both within and without the home.

Section 9. Dietary Requirements. (1) Food shall be prepared with consideration for any individual dietary requirement.

(2) Menus shall be planned and written according to a definite pattern. A written record shall be kept of all foods served, including food offered as a bed-time snack.

(3) Nutrition needs shall be met in accordance with the current recommended dietary allowances of the Food and Nutrition Board of the National Research Council. The following daily food guide for adults is based on these allowances:

(a) Milk: Appropriate servings of milk relative to patient needs. A portion may be served in cooked form such as creamed dishes, desserts, etc.

(b) Meat group: Two (2) or more servings of protein food of good quality. This can include fish, beans, poultry, and cheese.

(c) Vegetable and fruit group: Four (4) or more servings. One (1) serving of vegetables equals one-half (1/2) cup.

(d) Bread and cereal group: Four (4) or more servings of whole grain, enriched or restored. One (1) slice of bread equals one (1) serving. One-half (1/2) cup cereal equals one (1) serving. This can include corn, potatoes, or rice.

(e) Butter or margarine: Some of either each day as a seasoning, and as a spread.

(4) Other foods: Serve other foods as necessary to round out meals, satisfy individual appetites, improve flavor and meet the individual's nutritional and calorie needs. Snacks may also be used for this purpose.

(5) Food returned from residents' dishes shall not be served again in any form.

(6) Therapeutic diets: Special diets or dietary restrictions shall be medically prescribed.

(7) At least three (3) meals per day shall be served with not more than a fourteen (14) hour span between the evening meal and breakfast. Between meal snacks should be available to patients except when conflicting with special diets prescribed by a licensed physician.

(8) All food shall be stored above the floor in such a manner as to be protected from dust, flies, vermin, or other forms of contamination.

(9) Refrigerators shall have a complete seal, be clean, free of odors, and kept at a temperature below forty-five (45) degrees Fahrenheit. A thermometer shall be placed in each refrigerator and freezer.

(10) All type food showing evidence of spoilage or infestation shall be disposed of immediately upon detection.

(11) Floors, walls, ceilings, lighting fixtures, storage areas and equipment shall be kept clean and in good repair. Windows and doors shall be screened, kept in repair, and clean.

Section 10. Housekeeping and Sanitation. Each family care home shall:

(1) Be kept in good repair and shall be clean, uncluttered and sanitary at all times;

(2) Eliminate odors at their source by prompt and thorough cleaning of commodes, and other obvious sources;

(3) Screen all windows and other openings and keep curtains clean and in good repair in all windows in rooms used by residents;

(4) Maintain the premises in such a manner as to prevent infestation by rodents and insects;

(5) Give soiled clothing and linens immediate attention and not allow them to accumulate;

(6) Not permit any clothing or bedding used by one patient to be used by another until it has been laundered or dry cleaned;

(7) Change bed linens as often as necessary to provide a clean bed at all times and place rubber or other waterproof material (excluding papers) over the mattress whenever necessary;

(8) Dispose of wastes in a sanitary manner into a public sewage system where available, or if none is available, into a system which shall meet the requirements of the Department for Human Resources. Outside provisions can be allowed only if local county health departments approve this in their regulations; and

(9) Collect and dispose of all garbage, refuse, trash, and litter in compliance with applicable state and local laws and regulations. Garbage containers shall be made of metal or other impervious material and shall be water tight and rodent proof and shall have tight-fitting covers.

Section 11. Accommodations. Each family care home shall: (1) Be safe and of substantial construction and comply with applicable state and local laws relating to location, zoning, plumbing and sanitation, including insect and rodent control;

(2) Be adequately lighted at all times by natural or artifical light including each hall, stairway, entryway, vestibule, patient area, kitchen, and bathroom;

(3) Have a water supply of a safe, sanitary quality approved by the local health department;

(4) Have an ample supply of hot and cold running water available at all times for general use;

(5) Have appropriate sanitary toilet and bathing facilities conveniently available for resident use;

(6) Have adequate ventilation in all resident use areas, and if there is no window, toilet rooms shall be vented to the outside;

(7) Have an exterior window which can be opened in each resident room;

(8) Place beds occupied by residents so that no resident may experience discomfort because of proximity to

radiators, heat outlets or exposure to drafts;
(9) Not use "bunk" beds;
(10) Have beds that are no less than thirty-three (33) inches wide and six (6) feet long;
(11) Not house residents in rooms or detached buildings or other enclosures which have not been previously inspected and approved for resident use, or in basements not constructed for sleeping quarters. Approved basements must have an outside door;
(12) Not be located in a house trailer or motor homes;
(13) Ensure that porches, patios and other outside areas of the residence are of substantial construction with protective railings where necessary;
(14) Provide a heating system which can maintain an even temperature, and capable of maintaining seventy-two (72) degrees Fahrenheit in resident used areas;
(15) Have telephone service if available in the area, accessible to the residents;
(16) Have no more than three (3) persons residing in the home who are not related to the operator within the third degree of consanguinity;
(17) Provide for insect and rodent control; and
(18) Provide no less than one (1) toilet and lavatory per six (6) persons residing in the home, including residents receiving care, licensee and family.

Section 12. Safety. Each family care home shall: (1) Have a fire control and evacuation plan;
(2) Have an adequate number of ABC-rated fire extinguishers located throughout the home;
(3) Have a person in charge thoroughly oriented in the evacuation of the residents in the event of a fire; and
(4) Have non-slippery floors and shall not have scatter rugs over uncarpeted floors.

MASON C. RUDD, Chairman
ADOPTED; November 30, 1977
RECEIVED BY LRC: January 13, 1978 at 11:15 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mason C. Rudd, Chairman, Kentucky Health Facilities and Health Services, Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board
(Proposed Amendment)

902 KAR 20:050. Intermediate care facilities; operation and services.

RELATES TO: KRS 216.405 to 216.485, 216.990(2)
PURSUANT TO: KRS 13.082, 216.425
NECESSITY AND FUNCTION: This regulation, which relates to the operations and services of intermediate care facilities, is being promulgated pursuant to the mandate of KRS 216.425(3) that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services.

Section 1. Definition: Intermediate care services are provided intermittently on a twenty-four (24) hour basis by establishments with permanent facilities and health related services to patients who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide, but who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities on an inpatient basis.

Section 2. Essential Characteristics: All intermediate care services shall have provisions for the following essential characteristics: (1) A governing authority legally responsible for the conduct of the facility;
(2) An administrator licensed by the Kentucky Board of Licensure for Nursing Home Administrators to whom the governing authority delegates full-time responsibility for the operation of the facility in accordance with established policy;
(3) Inpatient care;
(4) Twenty-four (24) hour supervision (at various levels) according to patient need;
(5) Diagnosic care and evaluation according to need;
(6) Treatment and/or training of the type and frequency required by specific patient needs as detailed in an individual "plan of care;"
(7) Cooperation with appropriate community planning and referral agencies where available for admission and discharge of patients;
(8) Social services as needed by the patients through direct provision or arrangement;
(9) A current and complete record maintained for each patient;
(10) An organized food service which meets the nutritional needs of the patients, with special diets regularly available;
(11) A plan for independent and group activities;
(12) A written patient care policy governing patient treatment in the facility;
(13) Maintaining effective arrangements for required institutional services through a written agreement with an outside resource in those instances where the facility does not employ a qualified professional person to render a required service. The terms of agreement with each such resource are delineated in writing and signed by the administrator or authorized representative and the resource;
(14) Written transfer agreements with other health facilities in the service area will provide a level of inpatient care not provided by the intermediate care facility. Any facility which does not have such an agreement in effect but which is found by the survey agency to have attempted in good faith to enter into such an agreement with another health facility shall be considered to have such an agreement in effect if and for so long as the survey agency finds that to do so is in the public interest and essential to assuring intermediate care facility services for eligible persons in the community;

(15) Intermittent appraisal and intervention by trained nursing personnel is on a twenty-four (24) hour basis;

(16) Medical management by a licensed physician and scheduled intermittent diagnostic care is provided;

(17) Restorative nursing care is provided to each patient to achieve and maintain the highest possible degree of function, self-care and independence.

Section 3. Licensure: No person shall provide intermediate care services without having first obtained a license from the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board. Licenses issued by the board shall include designation thereon of "conforming" or "non-conforming" with the standards set forth in this regulation. A license shall not be issued to any facility which cannot meet the minimum requirements as set forth in the life safety codes and standards, and federal, state and local requirements for environment and sanitation as set forth in these standards. The license shall be posted in a public area of the facility in plain view of visitors. An "existing facility" is defined as a long term care facility in operation prior to January 1, 1974 and continuously thereafter.

Section 4. Minimum Standards for Operation: The following minimum standards for operation as set forth in this regulation shall apply to all intermediate care facilities services in a distinct part, or other facilities providing intermediate care services: (1) Organization:

(a) The facility shall comply with all applicable laws and regulations.

(b) The facility shall have a governing authority that has overall legal responsibility for the conduct of the facility.

(c) The governing authority shall establish bylaws or policies in accordance with legal requirements, setting forth the purposes of the facility and the means of fulfilling them.

(d) The facility shall admit only those persons whose needs can be met by the facility directly or in cooperation with community resources or other providers of care with which it is affiliated or has contracts.

(2) Administrative management:

(a) The facility shall have available a written statement of objectives, goals and policies which shall include a statement of rights of its patients and its relationship to its patients or their surrogates.

(b) The administrator may or may not serve in the capacity of supervisor, but shall be responsible for satisfactory compliance with state and local laws, rules and regulations. The administrator:

1. Shall be licensed and be responsible for meeting all laws governing licensure requirements for intermediate care facilities;

2. May be the director of nursing service in a facility of sixty (60) beds or less;

3. Shall, in his absence, designate a responsible person on his staff to act in an emergency during his absence, and shall designate a full-time person in charge of each shift in the facility to be responsible for patient care;

4. Shall be responsible for the services required in the daily care of the patients and for supervision of the personnel who are employed;

5. Shall be in good physical and mental health, have the ability to establish a program to meet the needs of the patients in relation to their community and families, and be capable of directing and supervising persons working in a facility;

6. Shall attend education programs appropriate to the responsibilities of the position and shall arrange for other professionals to attend appropriate educational programs in supervision, subjects related to personal care, activities, nutrition and other pertinent subjects as often as possible; and

7. Shall be responsible for and participate in recruiting, hiring, assigning and development of the staff.

(c) The administrator shall be responsible for coordinating and directing the day-to-day activities of the facility in accordance with the policies established by the governing body. He shall:

1. Serve as liaison between the governing authority and the staff of the facility;

2. Assist the governing authority in the formulation and implementation of policies;

3. Develop an organizational structure including lines of authority, responsibility and communication subject to the approval of the governing authority; and

4. Perform other duties that may be designated to him by the governing authority.

(d) The administrator shall appoint qualified personnel as needed to assume the responsibility for the routine functioning of the various aspects of the program. He shall:

1. Carry out the administration of their program in keeping with established policies;

2. Participate in decisions affecting program development such as staffing and budgeting; and

3. Coordinate activities and policies through regularly scheduled meetings of the appropriate staff members.

(e) According to the policies set by the governing authority, the administrator shall contract for professional and supportive services as appropriate to the needs of the patient. These contracts shall be available for review by appropriate representatives of the Department for Human Resources. The contractors shall:

1. Be required to meet the standards as herein contained; and,

2. Coordinate the service(s) they render to the existing patient care program.

(f) Reports:

1. Administrative reports shall be established, maintained, and utilized as necessary to guide the operation, and reflect the program of the facility. Such reports shall include, where applicable: minutes of the governing body, financial meetings and reports, personnel records, inspection reports, incident investigation reports, and other pertinent reports made in the regular course of the business of the intermediate care facility.

2. Each facility shall furnish an annual report to the Department for Human Resources which shall consist of statistical data on utilization of services, plus other information as requested by the Department for Human Resources on forms supplied by the department; however, financial records previously submitted to the de-

partment for Medicare and/or Medicaid shall be excluded.

(g) There shall be full disclosure annually to the licensure board of the names and addresses, and any changes in these, if:

1. Each person having (directly or indirectly) ownership interest of ten (10) percent or more in such facility; and

2. Each officer and director of the corporation where a facility is organized as a corporation; and

3. Each partner where a facility is organized as a partnership; and prompt reporting if;

4. Any change of ownership occurs.

(h) Admission and discharge:

1. The facility shall have written policies which provide that a patient is admitted when it has been determined that the patient is in need of the care and services provided by such facility consistent with the medical recommendation stated in subsection (11) of this section.

2. As changes occur in their physical or mental condition, necessitating service or care which cannot be adequately provided by the facility, patients, upon physician's orders, (except in cases of emergency) shall be transferred promptly to hospitals, skilled nursing facilities or other appropriate facilities; or services shall be contracted for from another community resource to be provided either in the intermediate care facility or in the resource facility as an out-patient.

3. It may be, by reason of remote location or other good and sufficient reason, that the facility is unable to effect such an arrangement with a hospital, skilled nursing facility or other type of facility required for appropriate patient care. These findings may be made by the Department for Human Resources when:

a. There is no general hospital or skilled nursing facility serving the area in which the facility is located; or

b. There are one (1) or more general hospitals or skilled nursing facilities serving the area and the facility has attempted in good faith and has exhausted all reasonable possibilities to enter into an agreement with such other facilities; and

c. The facility has provided copies of letters, records of conferences, or other evidence to support its claim that it has attempted in good faith to enter into an agreement;

d. Hospitals or skilled nursing facilities in the area have, in fact, refused to enter into an agreement with the facility in question.

4. Similarly, as validated changes, and progress occur which would enable the patient to function in a less structured and restrictive environment, the facility shall offer assistance in making arrangements for patients to be transferred to facilities providing appropriate services and the less restrictive environment cannot be offered at the facility.

5. Except in an emergency, the patient, his next of kin, the attending physician, and the responsible agency, if any, are consulted in advance of the transfer, release or discharge of any patient, and social services, or other means, are utilized to assure that adequate arrangements exist for meeting his needs through other resources.

6. Upon the direction of a qualified physician or physicians, the facility shall have the right to discharge to an appropriate resource, any patient for whom such action is indicated.

7. No patient shall knowingly be admitted to an intermediate care facility with a communicable disease, *which is reportable to the health department* [including active tuberculosis.], *except a (non-infectious) tuberculosis patient under continuing medical supervision for his/her tuberculosis disease.*

(3) Personnel and staffing:

(a) The facility shall employ, or offer access to, a sufficient number of qualified personnel as may be required to provide services necessary to fully implement the facility's program. Responsible staff member shall be on duty and awake at all time to assure prompt, appropriate action in cases of injury, illness, fire, or other emergencies.

1. Volunteers shall be used, when available, to supplement staff, but shall not be counted on to make up minimum staffing requirements.

2. The working hours of the personnel shall be spaced over all shifts so that the needs of the patients are adequately met over any twenty-four (24) hour period.

3. The number and classification of personnel to be provided, including staff to provide personal care, shall be based on the following: number of patients; amount and kind of personal care, nursing care, supervision, and program needed to meet the needs of the patients as determined by the definition and essential characteristics of this regulation; and/or, medical orders.

(b) Written job descriptions and standards of qualifications shall be developed for each category of personnel. Job descriptions shall include necessary qualifications, lines of authority and specific duty assignments. Job descriptions shall be reviewed and revised as necessary.

(c) Current employee records shall be maintained and shall include a resume of each employee's training and experience, evidence of current licensure or registration where required by law, health records and evaluation of performance, along with employe's name, address and social security number.

(d) Supportive personnel, consultants, assistants and volunteers shall be supervised and shall function within the policies and procedures of the facility.

(e) Each employee shall present, at time of employment, or within one (1) week of employment, evidence of freedom from communicable disease.

(f) All employees shall have a test for tuberculosis either prior to or within the first week of employment and annually thereafter.

(g) The staff shall be knowledgeable and well-trained in relation to policies and procedures regarding their roles within the program.

(h) There shall be a planned in-service program including orientation, skilled training and ongoing education provided for all levels of employees.

(i) Immediate supervision of the facility's health services, on all days of the week, shall be by a registered nurse or a licensed practical (or vocational) nurse employed full-time on the day shift.

(j) In the facility where a licensed practical (or voca-

tional) nurse serves as health services supervisor, consultation shall be provided by a registered nurse under formal contract at regular intervals, but not less than four (4) hours weekly.

(4) Community involvement and relations:

(a) The facility shall develop its programs and services to meet the needs of the community which it serves.

(b) Identification of available services and resources, i.e., emergency, transportation, medical care shall be made and use of these services shall be in cooperation with other groups (in the service community) concerned with health and welfare. The facility shall have communication with other facilities in the community to allow temporary or permanent placement of patients at the appropriate levels of care when advisable for the benefit of the patients.

(c) The staff and/or administrator of the program shall be encouraged to be involved in interagency and community planning and activities.

(d) If and when the facility conducts or participates in public information programs to promote understanding of the facility's programs and goals, either separately or in cooperation with agencies and groups in the service community, or in fund raising, it shall protect the confidential relationship of persons served.

1. The program and its representatives shall employ only ethical methods of publicity, promotion and solicitation of funds. Promotional materials shall not contain portrayals of the disabled as helpless.

2. No use shall be made of any living, deceased or disabled person's name or picture without prior permission of the individual or guardian concerned.

3. No rights shall be granted to profit making or nonprofit making groups to couple their support of programs for the disabled with their sales promotions in such a manner as to exploit the disabled.

(5) Case records:

(a) The facility shall develop and maintain a system of records retention and filing to insure completeness and prompt location of each patient's records. These records shall be the property of the facility and shall be held confidential. The records shall be in ink or typed and shall be legible. Each entry shall be dated and signed. These shall include but not limited to the following:

1. Identification data including the patient's name, address and social security number (if available); name, address and telephone number of referral agency; name and telephone number of personal physician; name, address and telephone number of next of kin or other responsible person.

2. The patient's physician shall transmit a medical evaluation including medical history, physical examination and diagnosis. This admission information shall also include current medical findings, summary of the course of treatment in the transferring institution and verification of freedom from all contagious disease. The medical evaluation may be a copy of the discharge summary or history and physical report from a hospital or skilled nursing facility if done within fourteen (14) days prior to admission. The physician's orders shall include all medication, diet, treatment and any other orders required for the safety and well-being of the patient. These shall be dated and signed by the physician. The discharge and/or release summary shall be dated and signed by the attending physician.

3. A progress record shall be maintained relating to patient goals. It shall indicate any changes in the patient's condition, actions, responses, attitude, appetite and other changes as noted by the staff; and shall include a discharge summary within one (1) month of discharge from the facility.

4. If consultants are involved in the intermediate care program, they shall make a written report of their findings and recommendations at the time of their visits. These shall be included in the patient's record.

5. A medication sheet shall be maintained which contains the date, time given, name of medication or prescription number, dosage and name of prescribing physician.

6. Nurse's notes shall indicate changes in patient's condition, actions, responses, attitudes, appetite, etc. These changes shall be recorded as they occur. Nursing personnel shall make notation of significant response to special treatment, medication, etc. There shall be a written assessment of the patient's general condition at least monthly by the nursing supervisor.

7. Reports of social services, dental, laboratory, x-ray and special reports shall be included in the case record.

8. A full written report of any incident or accident involving a patient, including medication errors or drug reactions, shall be made and signed by the administrator/health services supervisor and any staff member who may have been witness to the incident.

9. Records shall be retained for a minimum of five (5) years and for such additional time as deemed necessary by the governing body of the facility.

(b) Storage and transfer of records:

1. After death or discharge, the completed case record shall be placed in an inactive file and retained in accordance with applicable regulations governing the storage and retention of medical records.

2. In the event of a transfer to another health care facility, a copy of the patient's record or summary thereof, shall accompany the patient.

3. In multi-level facilities, the complete patient record shall be transferred with the patient.

(c) Responsibility for medical records: If the facility does not have a full or part-time medical records librarian, an employee shall be assigned to the responsibility of assuring that the medical records are maintained, completed and preserved according to subsection (5)(a)9. of this section.

(6) Administrative records:

(a) The facility shall maintain a bound, permanent, chronological patient registry showing date of admission, name of patient, and date of discharge.

(b) The facility shall keep records of any personal money, regardless of source, or valuables kept by the facility for a patient. When purchases are made for a patient from personal monies, proper accounting shall be made.

(c) The facility shall require and maintain written rec-

ommendations or comments from consultants regarding the program and its development on a per visit basis.

(d) Menu and food purchase records shall be maintained.

(e) There shall be quarterly reports for all employees as needed for Social Security and Unemployment Compensation. Copies of these reports shall be made available to the department upon request.

(7) Fire control or disaster plan:

(a) The facility shall have a written procedure to be followed in case of fire, explosion or other emergency. It shall specify persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes, procedures for evacuating patients, frequency of fire drills, and assignment of specific tasks and responsibilities to the personnel of each shift.

1. The plan shall be developed with the assistance of qualified fire and safety experts.

2. All personnel shall be trained to perform assigned tasks.

3. Simulated drill testing the effectiveness of the plan shall be conducted involving each shift at least one (1) time per quarter.

4. The plan shall be posted throughout the facility.

(b) Fire extinguishers, alarm signals and exits shall be clearly marked and visible.

(8) Environment:

(a) Infection control:

1. The intermediate care facility shall provide a sanitary environment to avoid sources and transmission of infections.

2. There shall be a plan for isolation of patients with contagious diseases.

(b) Housekeeping services:

1. The facility shall provide sufficient housekeeping and maintenance personnel to maintain the exterior and interior of the facility in a safe, clean, orderly and attractive manner.

2. Housekeeping personnel and staff, using accepted procedures and practices, shall keep the facility free from offensive odors, safety hazards, and accumulations of dirt, rubbish and dust.

3. Floors shall be cleaned regularly. Polishes on floors shall provide a non-slip finish; throw or scatter rugs shall not be used except for non-slip entrance mats.

4. Walls and ceilings shall be maintained free from cracks and falling plaster, and shall be cleaned and painted regularly.

5. Deodorizers shall not be used to cover odors caused by unsanitary conditions or poor housekeeping practices.

6. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.

7. The grounds shall be kept free from refuse and litter. Areas around buildings, sidewalks, gardens and patios shall be kept clear of dense undergrowth.

8. The facility shall be maintained free from insects and rodents.

9. A pest control program shall be in operation in the facility. Pest control services shall be provided by maintenance personnel of the facility or by contract with a pest control service.

10. Windows and doors shall be appropriately screened.

11. Harborages and entrances for insects and rodents shall be eliminated.

12. Garbage and trash shall be stored in areas separate from those used for the preparation and storage of food and shall be removed from the premises regularly. Containers shall be cleaned regularly.

13. Bathtubs, shower stalls and/or lavatories shall not be used for laundering, janitorial or storage purposes.

14. All cleaning compounds, insecticides and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms.

(9) Transportation:

(a) If transportation of patients is provided by the facility to community agencies or other activities, the following shall apply:

1. Special provision shall be made for patients who use wheelchairs.

2. An escort or assistant to the driver shall be provided in transporting patients to and from the facility if necessary for patient's safety.

(b) The facility shall arrange for appropriate transportation, if available, when necessary for medical emergencies.

(10) Communicable disease policies:

(a) The administrator shall assume the responsibility of assuring that there is a minimum danger of transmission of communicable diseases.

(b) No person with a serious communicable disease shall knowingly be admitted to the facility. If, after admission, such a condition is suspected or diagnosed, the individual shall be placed in isolation until a transfer from the facility can be arranged. No individual may remain in the facility for more than seventy-two (72) hours after a diagnosis of a serious communicable disease has been made *except a (non-infectious) tuberculosis patient under continuing medical supervision for his or her tuberculosis disease.*

(c) *A patient may be admitted with a diagnosis of tuberculosis with a physician's statement indicating that the patient is not infectious to others.* [No patient shall be admitted knowingly who has had a history of tuberculosis until the disease is classified inactive and the results of the annual examination by the physician have been received indicating the inactive status of the patient's tuberculin condition, or until the attending physician's written statement that tuberculosis is inactive is on record.]

(11) Medical supervision of patients: The facility shall maintain policies and procedures to assure that each patient shall be under the medical supervision of a licensed physician.

(a) The patient (or his guardian) shall be permitted his choice of physician.

(b) The physician shall visit the patients as often as necessary and in no case less often than every sixty (60) days, unless justified otherwise and documented by the attending physician.

(c) Physician services shall include a complete physical examination at least annually and formal arrangements to provide for medical emergencies on a twenty-four (24) hour, seven (7) days a week basis.

(12) Psychiatric emergencies:

(a) If a patient becomes disturbed or unmanageable, his doctor will be notified immediately and the patient will be seen as soon as possible.

(b) Restraints can be used if ordered by the attending physician. In an emergency, restraints may be used temporarily, but in no case for a period to exceed twelve (12) hours. Restraints shall be applied only by personnel trained in proper application and observation of this equipment. Restraints as referred to by this regulation shall be those devices utilized to confine a patient that has become unmanageable thus requiring restraints as protection against self-endangering acts to other patients or staff. In no case shall a locking device be used.

(c) Mechanical restraints shall be employed only when absolutely necessary to protect the patient from injury to himself or to others. This does not include safety devices such as Posey vests, and other similar non-locking devices.

1. The facility shall have a written policy that defines the use of restraints and a mechanism for monitoring and controlling their use.

2. Restraints or safety devices shall not be employed as a punishment, for the convenience of staff or as a substitute for appropriate programs.

(d) During the psychiatric emergency an employee shall remain in the area of the patient under restraint at all times.

(e) The reason for ordering and using restraints shall be recorded in the clinical record. There shall be written policies covering the use of restraints.

(13) Patient care and safety:

(a) Missing, lost or runaway patient procedures shall include:

1. A written procedure for all three (3) shifts, which will specify in a step-by-step manner, the actions which shall be taken by staff when a patient is determined to be lost, runaway, unaccounted for or on other unauthorized absence.

2. Specific, individualized staff responsibilities for search of all locations in the facility and of its surroundings and if necessary, notification of specific authorities and law enforcement agencies for assistance.

(b) A patient shall not be held in isolation except in the case of an emergency or suspicion of communicable disease; and in the case of an emergency, shall be attended by an employee until a change of condition has occurred or until the patient is transferred to a different facility.

(c) No patient whose need for care shall exceed the abilities of the personnel of the facility to provide shall be retained in that facility for a period longer than is required to obtain transfer to a facility where the required level of care can be provided.

(d) Utmost safety precautions relating to conditions and maintenance of floors, steps, doorways, furniture placement, beds, equipment of any type which may be contacted by patient (including heating and cooking equipment) shall be taken to prevent injury or accident. Poisonous cleansing supplies shall be kept in locked storage areas.

(14) Patient accommodations:

(a) Furnishings:

1. There shall be a standard size bed for each patient which is at least thirty-six (36) inches wide, of standard length with head board and foot board, and which is of sturdy construction and in good repair. Cots, roll-away, double or folding beds shall not be used.

2. Each bed shall be provided with satisfactory type springs or similar support structure in good repair and a clean, firm, comfortable mattress and covers of appropriate size for the bed.

3. Each bed shall be provided with a minimum of one (1) clean, comfortable pillow. If the pillow is not made with a waterproof washable fabric, the pillow shall be sterilized after it has been used by one patient before it is used by another.

4. Bedroom windows shall have window shades or equivalent in good repair.

5. For each patient unit, the following shall be furnished: individual reading light; bedside cabinet; comfortable chair; accessible storage space for clothing and other possessions.

6. Each patient room shall have a night light. In multi-patient rooms, each bed shall have flame retardant cubicle curtains or partitions.

7. There shall be a sufficient number of tables provided that can be rolled over a patient's bed, or one that can be placed next to a bed to serve every patient that does not eat in a dining room or area.

8. Each living room or lounge area and recreation area used for patients shall be provided with an adequate number of reading lamps, tables and chairs or settees. These furnishings shall be well constructed and of satisfactory design for the patients.

9. Dining room furnishings shall be adequate in number, well constructed, and of satisfactory design for the patients.

(b) Equipment: There shall be a sufficient quantity of patient care equipment of satisfactory design and in good condition to carry out established patient care procedures. This shall include, but not be limited to, the following:

1. Wheelchairs with brakes;
2. Walkers;
3. Metal bedside rails;
4. Bedpans and urinals (permanent or disposable);
5. Emesis basins and wash basins (permanent or disposable);
6. Footstools;
7. Bedside metal commodes;
8. Foot cradles;
9. Foot boards;
10. Under-the-mattress bed boards;
11. Trapeze frames;
12. Transfer board; and
13. An autoclave for sterilization of nursing equipment and supplies or an equivalent alternate method of sterilization is provided.

(c) Linens: There shall be a sufficient supply of linen and bedding in good condition to provide proper care and comfort to the patients. The following procedures will be followed for the handling of soiled and cleaned linen:

1. Soiled linen shall be placed in washable or disposable containers, transported in a sanitary manner and stored in separate, well-ventilated areas in a manner to prevent contamination and odors.

2. Soiled linen shall not be permitted to accumulate excessively in any area of the facility.

3. Soiled linen shall be handled and stored in such a manner as to prevent contamination of clean linen. Equipment of areas used to transport or store soiled linen shall not be used for handling or storing of clean linen.

4. Soiled linen shall not be sorted, laundered, rinsed or stored in bathrooms, patients' rooms, kitchens or food storage areas.

5. Handwashing facilities with hot and cold running water, soap dispenser and paper towels shall be available in the laundry area where soiled linen is handled or sorted.

6. Personal laundry of patients, or staff shall also be collected, transported, sorted, washed and dried in a sanitary manner, separate from bed linens.

7. Clean linen shall be sorted, dried, ironed, and folded in a specified area separate from soiled linen and in a sanitary manner.

8. Clean linen shall be transported, stored and distributed in a sanitary manner.

9. Clean linen and clothing shall be stored in clean, dry, dust-free closets on each floor that are easily accessible to the nurses' station and such closets shall not be used for any other purpose.

10. When feasible, arrangements shall be made so that patients who wish to do so have a safe and convenient place to wash out and dry a small amount of personal laundry.

11. When applicable, laundry personnel shall be appropriately uniformed and adequate storage space shall be provided for the storage of their street clothing.

(15) Policies governing patient rights:

(a) The patient's family, guardian, or committee appointed by the state authority responsible for the patient, and if indicated, the private or public agency financially responsible for his care, shall be notified immediately, if possible, of accidents, sudden illness, disease, unexplained absences, or anything unusual happening to the patient.

(b) The patient's family, guardian, or committee and, if indicated, the private or public agency financially responsible for his care, shall be notified, if possible, prior to the patient being transferred to a hospital, to another facility, or discharged.

(c) The facility shall provide and maintain an adequate system for identifying each patient's personal property and facilities for safekeeping of his valuables. Each patient's clothing and other property shall be reserved for his own use.

(d) A written account, available to patients and their families is maintained on a current basis for each patient with written receipts for all personal possessions and funds received by or deposited with the facility and for all disbursements made to or on behalf of the patients.

(e) The facility shall return to the patient his valuables, personal possessions, and any unused balance of monies from his account at the time of his transfer or discharge from the facility. In case of his death, or for valid reasons when he is transferred or discharged, they shall be returned promptly to any legally authorized person.

(f) Every patient shall be permitted and/or assisted in attending religious services if he desires. His spiritual advisor shall be permitted to visit him at all reasonable hours. Privacy for consultation with his spiritual advisor and for communion shall be provided.

(g) Visitors shall be permitted for each patient. Provision shall be made for privacy with his visitors, physician, and any agency representative who has a responsibility for his care.

(h) Each patient shall be permitted to have his own radio and/or television set in his room unless it interferes with or is disturbing to other patients.

(i) Each patient shall be permitted to send and receive mail. His mail shall be delivered to him unopened unless the patient's physician has requested in writing that the mail be reviewed. His outgoing mail shall not be censored.

(j) Patients shall have access to a telephone at a convenient location within the building for making and receiving telephone calls.

(k) Patients shall be permitted to go outdoors and leave the premises as they wish to visit, shop, attend church, see a movie, attend a social function, or for any similar reason, unless a legitimate reason can be shown for refusing such activity.

Section 5. Services-General: All programs and services shall have:

(1) Written policies and procedures which govern all areas of services provided by the facility which shall be developed with the assistance of a registered nurse, and/or other professional staff employed by the facility or under contract to the facility.

(2) An orientation program conducted for all new employees that includes review of facility policies, patient care and service policies, and emergency and disaster instructions.

Section 6. Nutrition and Dietary Services: The facility shall provide or contract for food service to meet the dietary needs of the patients including modified diets or dietary restrictions as prescribed by the attending physician.

(1) Director of food service: Each facility shall have a full-time person qualified by training and experience designated by the administrator, responsible for the total food service operation of the facility and who shall be on duty a minimum of thirty-five (35) to forty (40) hours each week. Such a person may be a qualified dietitian or nutritionist. If the facility provides therapeutic diets, and the food service director is not a qualified dietitian or nutritionist, consultation by a qualified dietitian shall be provided or the diets shall be reviewed and approved by the attending physician.

(2) Dietary staffing: There shall be sufficient number of food service personnel employed and their working hours, schedules of hours, on duty and days off shall be posted. Employees personal hygiene:

[(a)All persons engaged in the preparation and serving of food shall have a current tuberculin test. This shall be performed at least annually.]

(a) [(b)] No person, while afflicted with any disease in a communicable stage, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or acute respiratory infection, shall work in areas in any capacity in which there is likelihood of such person contaminating food, or food surfaces with pathogenic organism, or transmitting disease to other individuals.

(b) [(c)] If any food service personnel are assigned duties outside the dietary department, the duties shall not interfere with the sanitation, safety or time required from regular dietary assignments.

(c) [(d)] Employees shall wear apparel appropriate to their jobs and shall adhere to good sanitation practices.

(d) [(e)] Hairnets, caps or other effective hair restraints shall be used by all employees, (male and female) engaged in the preparation and serving of food.

(e) [(f)] Dietary employees shall not use tobacco in any form while engaged in any dietary department procedure.

(3) Food service functions and areas:

(a) Physician's diet order: The diet order shall be specific, complete and in writing.

(b) Menu planning:

1. Menus shall be planned, written and rotated according to a definite pattern. Nutrition needs shall be met in accordance with the current recommended dietary allowances of the nationally accepted dietary authorities, and in accordance with physician's orders.

2. Meals shall correspond with the posted menu; when changes in the menu are necessary, substitutions shall provide equal nutritive value and the changes shall be recorded on the menu and kept on file for thirty (30) days.

3. The daily menu shall include daily diet for all modified diets served within the facility based on an approved diet manual. (The diet manual shall be a current manual with copies available in the dietary department, that has the approval of the professional staff of the facility. The diet manual shall indicate nutritional deficiencies of any diet. The dietitian shall correlate and integrate the dietary aspects of the patient care with the patient and patient's chart through such methods as patient instruction, recording diet histories and participation in rounds and conferences.)

(c) Quality of food:

1. At least three (3) meals or their equivalent shall be served daily with not more than a fourteen (14) hour span existing between substantial evening meal and breakfast.

2. Meals shall be served at regular times with between meals or bedtime snacks of nourishing quality offered.

(d) Preparation and serving of food: Foods shall be prepared by methods that conserve nutritive value, flavor and appearance and attractively served at the proper temperatures, and in a form to meet the individual needs. (A file of tested recipes, adjusted to appropriate yield shall be maintained.)

1. Food shall be cut, chopped or ground to meet individual needs. If a patient refuses foods served, substitutions shall be offered.

2. Trays provided bedfast patients shall rest on firm supports such as overbed tables. Sturdy tray stands of proper height are provided for patients able to be out of bed.

3. Correct positioning of the patient to receive his tray shall be the responsibility of the direct patient care staff. Patients requiring help in eating shall be assisted by trained personnel.

4. Adaptive self-help devices shall be provided to contribute to the patient's independence in eating.

(e) Maintenance of sanitary conditions:

1. Equipment and work areas shall be clean and orderly. Effective procedures for cleaning all equipment and work areas shall be followed consistently to safeguard the health of the patient. The dietary department shall be routinely inspected and approved by state or local health agencies as a food handling establishment. Written reports of the inspection shall be on file with recommendations.

2. Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room which is not subject to sewage or waste water back-flow, or contamination by condensation, leakage, rodents, or vermin.

3. All cleaning agents and supplies shall be stored separately from food supplies.

4. All perishable foods shall be refrigerated at the appropriate temperature and in an orderly and sanitary manner. All refrigerators shall have thermometers conveniently located to spot check frequently.

5. Foods being displayed or transported shall be protected from contamination by being properly covered.

6. Only appropriate personnel shall be allowed in the food production and serving areas of the dietary department at any time.

7. Where mechanical dishwashers are used, dishwashing procedures and techniques shall be well-developed, understood, and carried out in compliance with the state and local health codes and with periodic check on: detergent dispenser operation, washing, rinsing, and sanitizing temperature of 180 degrees Fahrenheit for rinse cycle, machine and jets.

8. Where dishes are washed manually, the following techniques shall be employed: A three (3) compartment sink shall be provided; the utensils shall be washed in hot water at a temperature of 110 to 120 degrees Fahrenheit, containing an adequate amount of an effective soap or detergent. Water shall be kept clean by changing it frequently.

9. Sanitizing of hand-washed dishes: Following hand washing, all utensils shall be sanitized by either submerging all utensils for thirty (30) seconds in clean water maintained at a temperature of 180 degrees Fahrenheit, or more, or all utensils shall be submerged for at least two (2) minutes in a hypochlorite solution. The solution shall be made up with chlorine concentration of at least 100 parts per million and shall be discarded when the chlorine concentration goes below fifty (50) parts per million. All hypochlorite solutions shall be prepared fresh at least three (3) times each day prior to its use in sanitizing the dishes used at each main meal period, and

at least twice each day if only glassware is sanitized. Soaps, water softeners, washing compounds and detergents shall not be added to hypochlorite solutions. Utensils should be racked in baskets so that all surfaces will be reached by the chemical solution while submerged. Other chemical sanitizing solutions shall be approved for use by the state health officer in which case the concentration will be specified.

10. Thermometer: A suitable thermometer shall be provided for frequent determination of the temperature of the water used for sanitizing, washing, and rinsing utensils.

11. All garbage and kitchen refuse shall be disposed of through a disposal or kept in leak proof, nonabsorbent containers with close fitting covers and shall be disposed of daily in a manner that will not permit transmission of disease, a nuisance, or a breeding place for flies. All garbage containers shall be thoroughly cleaned inside and out each day.

Section 7. Activities and Therapeutic Recreation: (1) All facilities shall provide or shall designate a person as an activity director who is responsible for developing and implementing the activity program.

(2) Patients, both ambulatory and non-ambulatory, are encouraged, but not forced, to participate in planned activities appropriate to the patients' needs.

(3) The patient activities program is designed to:

(a) Stimulate physical and mental abilities to the fullest extent;

(b) Encourage and develop a sense of usefulness and self respect;

(c) Include activities which inhibit, prevent, or overcome the development of symptoms of physical and mental regression due to illness or old age;

(d) Include, whenever possible, the patient and his family in planning of and participation in activities;

(e) Be of sufficient variety that they meet the needs of the various types of patients in the facility;

(f) Include religious activities for each patient if it is the desire of the patient to participate; requests from a patient to be seen by a clergyman are acted upon as soon as possible, and an area for consultation is made available to the patient who desires a private visit from the clergyman;

(g) Allow the patient to leave the facility to visit, shop, attend church, or other social activities provided this does not endanger his health; and

(h) Be planned in group and individual projects and programs and available to all patients.

(4) An activities program is developed for each patient, incorporated in the overall patient's plan of care and reviewed and revised, if necessary, every four (4) months.

(5) The patient's participation in the activities program and significant changes in his response to activities are entered into his patient record.

(6) The activities director maintains a current list of patients on which precautions are noted regarding a patient's condition that might restrict or modify his participation in the program.

(7) The schedule and/or calendar for the activity program shall be current and shall be posted on a general patient area within the facility.

(8) The facility provides indoor and outdoor space, supplies, and equipment for the program.

Section 8. Social Services: The facility provides or arranges for social services as needed by the patient, designed to promote preservation of the patient's physical and mental health.

(1) A designated staff member suited by training or experience is responsible for arranging for social services and for the integration of social services with other elements of the plan of care.

(2) A plan for such care is recorded in the patient's record and is periodically evaluated in conjunction with the patient's total plan of care.

(3) Social services patient records shall be maintained as an integral part of the patient's case record.

Section 9. Pharmaceutical Services: Whether drugs are generally procured from community or institutional pharmacists or stocked by the facility, the facility shall have methods for its pharmaceutical services that are in accordance with accepted professional practices.

(1) Procedures for administration of pharmaceutical services: The facility shall provide appropriate methods and procedures for obtaining, dispensing, and administering of drugs and biologicals, developed with the advice of a staff pharmacist, a consultant pharmacist, or a pharmaceutical advisory committee which includes one (1) or more licensed pharmacists.

(a) If the facility has a pharmacy department, a license pharmacist shall be employed to administer the pharmacy department.

(b) If the facility does not have a pharmacy department, it shall have provision for promptly and conveniently obtaining prescribed drugs and biologicals from a licensed community or institutional pharmacy.

(c) An emergency medication kit approved by the facility's group of professional personnel shall be kept readily available.

(d) The facility shall have written policies covering pharmaceutical services which shall be developed with the advise of a group of professional personnel and which shall be reviewed at least annually. Pharmacy policies and procedures shall be developed with the advice of a committee of the professional staff of the facility.

(2) Conformance with physician's orders: All medications administered to patients shall be ordered in writing. Oral orders shall be given only to a licensed nurse or pharmacist, immediately reduced to writing, and signed. Medications not specifically limited as to time or number of doses, when ordered, shall be automatically stopped in accordance with written policy on stop orders. A nurse and the prescribing physician shall review, not necessarily at the same time, as a committee, the patient's medication profile at least every three (3) months. The patient's attending physician shall be notified of stop order policies and contacted promptly for renewal of such orders so that continuity of the patient's therapeutic regimen is not interrupted. Medications are released to patients on discharge or visits only after being labeled appropriately and on the written authorization of the physician.

(3) Administration of medications: All medications shall be administered by trained personnel. Each dose administered shall be recorded in the clinical record. If in case of emergency, intravenous injections are necessary, they shall be administered by a licensed physician or a registered nurse.

(a) The nursing station shall have readily available items necessary for the proper administration of medication.

(b) Medications prescribed for one patient shall not be administered to any other patient.

(c) Self-administration of medications by patients shall not be permitted except for drugs on special order of the patient's physician or in a predischarge program under the supervision of a licensed nurse or pharmacist. (The medication shall remain in the container provided by the pharmacist.)

(d) Medication errors and drug reactions shall be immediately reported to the patient's physician and pharmacist and an entry thereof made in the patient's clinical record as well as on an incident report

(e) Up-to-date medication reference texts (P.D.R.) and other sources of information shall be provided, such as the American Hospital Formulary Service of the American Society of Hospital Pharmacists or other suitable references.

(4) Labeling and storing medications: Patient's medications shall be properly labeled and stored in a locked cabinet at the nurses' station.

(a) The label of each patient's individual medication container clearly indicates the patient's full name, physician's name, prescription number, name and strength of drug, date of issue, expiration date of all time-dated drugs.

(b) Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the issuing pharmacist or pharmacy for relabeling or disposal. Containers having no labels shall be destroyed in accordance with state and federal laws.

(c) The medications of each patient shall be kept and stored in their originally received containers and transferring between containers shall be forbidden, except as noted in subsection (3)(c) of this section.

(d) Separately locked boxes, or drawers securely fastened down within the locked medicine cabinet shall be provided for storage of narcotics, barbiturates, amphetamines, and other dangerous drugs subject to the current Controlled Substance Act or subsequent amendments thereof.

(e) Cabinets shall be well lighted and of sufficient size to permit storage without crowding.

(f) Medications requiring refrigeration shall be kept in a separate locked box within a refrigerator at or near the nursing station.

(g) Medications for "external use only" shall be kept in a locked cabinet and separate from other medications.

(h) Medications no longer in use shall be disposed of or destroyed in accordance with federal and state laws and regulations.

(i) Medications having an expiration date shall be removed from usage and properly disposed of after such date.

(5) Controlled substances: The facility complies with all federal and state laws and regulations relating to the procurement, storage, dispensing, administration and disposal of controlled substances, those drugs subject to the federal and state Controlled Substance Acts, and other legend drugs. A controlled substances record shall be maintained which lists on separate sheets for each type and strength of controlled substances the following information: date, time administered, name of patient, dose, physician's name, signature of person administering dose and balance.

Section 10. Dental Services: The facility shall assist patients in obtaining dental services. Conditions necessitating dental services shall be noted and such dental procedures and services shall be recorded in the patient's record.

Section 11. Nursing Services: (1) Immediate supervision of the facility's health services on all days of each week is by a registered nurse or licensed practical nurse employed on the day shift.

(a) In the case of facilities where a licensed practical nurse serves as supervisor of health services, consultation is provided in the facility by a registered nurse, through formal contract, at regular intervals, but not less than four (4) hours weekly.

(b) The supervisor of health services shall have training and knowledge in restorative nursing.

(2) The responsibilities of the health services supervisor shall be in:

(a) Developing and/or maintaining nursing service objectives, standards of nursing practice, nursing procedure manuals, and written job description for each level of nursing personnel.

(b) Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their recruitment and selection and recommending termination of employment when necessary.

(c) Assigning and supervising all levels of nursing care.

(d) Participating in planning and budgeting for nursing care.

(e) Participating with the interdisciplinary team in the development and implementation of patient care policies.

(f) Coordinating nursing services with other patient care services.

(g) Participating in the screening of prospective patients in terms of required nursing services and nursing competencies available.

(h) Assuring that a current nursing care plan is established for each patient and that his plan is reviewed and modified as necessary, (but not less than quarterly). Plan shall indicate (long and short term goals), nursing care needed, how it is to be accomplished, and methods, approaches and modifications necessary to insure best results for the patient.

(i) Assuring that all medications are administered by licensed personnel (physician or nurse) or by other personnel who have completed a state-approved training

program. There shall be trained personnel in the facility at all times for supervision. Intravenous medication shall be limited to emergency situations and shall be administered by physicians, or registered nurse. Each dose shall be promptly charted in the patient's medical record.

(j) Assuring that the registered nurse reviews, monthly, each patient's medications and notifies the physician when changes are appropriate of pertinent information; the registered nurse or consultant participates with the physician (not necessarily at the same time) in a review of medication orders at least quarterly.

(k) Assuring that acceptable in-service and/or continuing education for all nursing personnel shall be conducted at least quarterly or its equivalent. (Provided by in-service or continuing education.) Also assuring that an orientation program shall be written and implemented for all levels of nursing personnel.

(l) Assuring that minutes of all meetings and in-service educational programs are recorded and available to staff members involved in patient care.

(m) Assuring the accuracy and legibility of the nurse's notes which must contain but are not limited to the following situations or circumstances: frequency of treatments rendered; response to treatments rendered; mode and frequency of p.r.n. medications administered; symptoms or condition necessitating administration of p.r.n. medication when indicated; reaction following p.r.n. medication when indicated; visits by the physician and phone calls to the physician; unusual conditions or symptoms as they occur; the recording of medically prescribed diets in the patient's clinical record; (The patient shall be observed at all meals and persistent failure to eat shall be noted.); and restorative nursing measures.

(n) Restorative measures shall be practiced on a twenty-four (24) hour, seven (7) day week basis in the care of patients. Those procedures requiring medical approval shall be ordered by the attending physician. Restorative measures shall include, but are not limited to the following procedures:

1. Positioning and turning: Nursing personnel shall encourage and/or assist patients in maintaining good body alignment while standing, sitting, or lying in bed.

2. Exercises: Nursing personnel shall assist patients in maintaining maximum joint range of motion and/or active range of motion.

3. Bowel and bladder training: Nursing personnel shall assist incontinent patients to gain bowel and bladder control.

4. Training in activities of daily living: Nursing personnel shall encourage and when necessary, teach patients to function at their maximum level in appropriate activities of daily living for as long as, and to the degree that, they are able.

5. Ambulation: Nursing personnel shall assist and encourage patients with daily ambulation unless otherwise ordered by the physician.

(3) Nursing services shall include but not be limited to:

(a) Assessment of nursing needs and, where appropriate, direct nursing intervention; by:

1. Proper administration of medications including oral, rectal, hypodermic, and intra-muscular;

2. The proper carrying out of treatments such as: enemas, irrigations, catheterizations, applications of dressings or bandages, supervision of special diets, restorative measures and other treatments involving a like level of skill;

3. Objective observations of changes in a patient's condition, (including mental and emotional changes, as a means for analyzing and determining care required and/or the need for further medical evaluation and treatment);

4. Personal care and hygiene such as clean, neat, well-groomed hair; clean, trimmed fingernails and toenails; clean skin and freedom from offensive odors; clean mouth and teeth; and care of the lips to prevent dryness and cracking; and

5. Encouragement of patients to be dressed in their own clothing whenever possible (unless otherwise indicated by the physician, this should be street clothes and shoes).

(b) Implementing a regular program with special emphasis on the following to prevent decubiti:

1. A system to maintain cleanliness of the patient, his clothes and linens, shall be followed each time the bed or the clothing is soiled. Rubber, plastic, or other type of linen protectors (newspapers not acceptable) shall be properly cleaned and completely covered to prevent direct contact with the patient.

2. Special effort shall be made to assist the patient in being up and out of bed as much as his condition permits. The patient may be denied this assistance only upon the written order of his physician. If the patient cannot move himself, he shall have his position changed as often as necessary but not less than every two (2) hours.

3. Treatment of decubitus in the facility will depend on the physician's judgment of the capability of the facility.

(c) Instruction and supervision of nursing staff in the following:

1. Basic skills required to meet the nursing needs of the patients;

2. Basic first aid practices to minimize injury from commonly encountered emergencies; and

3. Personnel should be knowledgeable of the proper use and location of emergency and life supporting equipment.

(d) Participation on appropriate facility committees.

Section 12. Separability. If any clause, sentence, paragraph, section or part of these regulations shall be adjudged by any court of competent jurisdiction to be invalid, the judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part thereof, directly involved in the controversy in which the judgment was rendered.

MASON C. RUDD, Chairman

ADOPTED: November 30, 1977

RECEIVED BY LRC: January 13, 1978 at 11:15 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mason C. Rudd, Chairman, Kentucky Health Facilities and Health Services, Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
(Proposed Amendment)

902 KAR 105:010. Definitions.

RELATES TO: KRS 211.870, 211.890, 211.993
PURSUANT TO: KRS 13.082, 194.050, 211.090
NECESSITY AND FUNCTION: The Department for Human Resources is empowered by KRS 211.870, KRS 211.890 and 211.993 to regulate operators of sources of radiation other than licensed practitioners of the healing arts, including but not limited to: the classification and certification of operators; examinations; standards of training and experience; curricula standards for institutions teaching persons to operate sources of radiation; issuance, renewal, and revocation of certificates; the fixing of a reasonable schedule of fees and charges to be paid by applicants for examinations, certificates and renewal certificates; and to set such other standards as may be appropriate for the protection of health and safety. The purpose of this regulation is to define terms that are applicable to all regulations adopted by the department relating to operators of sources of radiation.

Section 1. Definitions. As used in the department's regulations relating to the certification of operators of sources of radiation, the following terms shall have the meanings set forth below unless clearly indicated otherwise:

(1) "Certified" means the holding of a valid certificate as defined in these regulations.

(2) "Conditional certificate" means a written authorization issued by the department temporarily authorizing an individual, who has not been certified by an approved credentialing organization, to perform diagnostic radiographic procedures until *July 1, 1979* [July 1, 1978].

(3) "Contrast study" means a study performed whereby contrast media is introduced into the human body to define a part(s) which is not normally visualized on a radiograph.

(4) "Department" means the Department for Human Resources.

(5) "Emergency condition" means a condition that exists whereby an employer has unsuccessfully made a bona fide attempt to employ a certified radiation operator and the department is requested to issue a provisional certificate so as not to impair necessary radiation health services to the particular facility.

(6) "General certificate" means a written authorization issued by the department authorizing an individual to perform all diagnostic radiographic procedures.

(7) "Individual" means any human being.

(8) "Licensed practitioner" or "licensed practitioner of the healing arts" means an individual licensed to practice medicine, osteopathy, dentistry, chiropractic, podiatry or veterinary medicine in this state.

(9) "Limited certificate" means a written authorization issued by the department authorizing an individual to perform radiographic procedures, other than those involving contrast media, in his specific field of practice or operation.

(10) "National organization" means a professional association, approved by the department, that examines, registers, certifies or approves individuals and education programs relating to operators of sources of radiation.

(11) "Operator" or "operator of sources of radiation" means any individual, other than a licensed practitioner of the healing arts, who uses or operates a source(s) of radiation.

(12) "Provisional certificate" means a written authorization issued by the department temporarily allowing an individual to perform radiographic procedures, under the direct supervision of a licensed practitioner of the healing arts, where a certified operator is not available.

(13) "Qualified person" means an individual who, through education and training, is qualified to teach radiation operators in one or more aspects of radiologic technology.

(14) "Radiation safety officer" means an individual in the field of radiation protection or a licensed practitioner of the healing arts who has the knowledge and responsibility to apply appropriate radiation practices.

(15) "Radiography" means the use of radiation producing equipment on human beings for diagnostic radiographic purposes under the supervision of a licensed practitioner of the healing arts or a certified operator.

(16) "Sources of radiation" means any device or equipment emitting or capable of producing ionizing radiation, when the associated high voltage is applied, for the purpose of performing human diagnostic radiographic examinations.

(17) "Sponsoring institution" means a hospital, educational or other facility or a division thereof offering or intending to offer a course of study for operators of sources of radiation.

(18) "Student" means an individual enrolled in a course of study for operators of sources of radiation.

(19) Supervision:

(a) "Direct personal supervision" means supervised by, and in the physical presence of, a licensed practitioner of the healing arts or a certified operator.

(b) "Direct supervision" means supervised by a licensed practitioner of the healing arts or certified operator who is at all times available in the individual's place of employment or sponsoring institution.

(c) "General supervision" means supervised by a licensed practitioner of the healing arts or a certified operator who is available but not necessarily within the individual's place of employment or sponsoring institution.

(20) "Technical director" means an individual designated by a sponsoring institution to assure that the training program for operators of sources of radiation is properly carried out.

(21) "Temporary certificate" means a written authorization issued by the Department authorizing an individual, who has completed an appropriate course of study, to perform radiographic procedures while awaiting examination.

BURNICE RANSDELL, Acting Commissioner
ADOPTED: January 3, 1978
APPROVED: PETER D. CONN, Secretary
RECEIVED BY LRC: January 6, 1978 at 9:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary, Department for Human Resources, Human Resources Building, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
(Proposed Amendment)

902 KAR 105:040. Medical or osteopathic physician supervision.

RELATES TO: KRS 211.870, 211.890, 211.993
PURSUANT TO: KRS 13.082, 194.050, 211.090
NECESSITY AND FUNCTION: The Department for Human Resources is empowered by KRS 211.870, 211.890 and 211.993 to regulate operators of sources of radiation other than licensed practitioners of the healing arts, including but not limited to: the classification and certification of operators; examinations; standards of training and experience; curricula standards for institutions teaching persons to operate sources of radiation; issuance renewal, and revocation of certificates; the fixing of a reasonable schedule of fees and charges to be paid by applicants for examinations, certificates, and renewal certificates; and to set such other standards as may be appropriate for the protection of health and safety. The purpose of this regulation is to establish uniform standards for the certification of individuals who operate sources of radiation for human diagnostic radiographic purposes while under the supervision of a medical or osteopathic physician.

Section 1. Applicability. This regulation applies to individuals who operate sources of radiation for human diagnostic radiographic purposes while under the supervision of a medical or osteopathic physician.

Section 2. General Certification Required to Perform Contrast Studies. Only individuals holding a general certificate shall operate sources of radiation at facilities where contrast studies are performed.

Section 3. Eligibility for a General Certificate. No person shall be eligible for a general certificate as an operator of a source of radiation for human diagnostic radiographic purposes under the supervision of a medical or osteopathic physician unless he has:
(1) Satisfactorily completed a four (4) year course of study in a secondary school or passed a standard equivalency test; and
(2) Satisfactorily completed a twenty-four (24) months' course of study in medical or osteopathic radiography approved by the department. The course shall include a minimum of 410 hours of classroom work including the following subjects: x-ray physics, radiographic techniques, darkroom clemistry and techniques, anatomy and physiology, radiation protection, film critique and ethics; and shall include an adequate number of hours but not less than 2,200 hours to be devoted to clinical experience consisting of demonstrations, discussions, seminars and supervised practice; and
(3) Satisfactorily passed an examination conducted or approved by the department.

Section 4. Eligibility for a Limited Certificate. No person shall be eligible for a limited certificate as an operator of a source of radiation for human diagnostic radiographic purposes under the supervision of a medical or osteopathic physician unless he has:
(1) Satisfactorily completed a four (4) year course of study in a secondary school or passed a standard equivalency test; and
(2) Satisfactorily completed a limited course of study in medical or osteopathic radiography approved by the department. The course of study shall include not less than 180 hours of classroom work including the following subjects: x-ray physics, radiographic techniques, darkroom chemistry and techniques, anatomy and physiology, radiation protection, film critique and ethics; and shall include an adequate number of hours but not less than 300 to be devoted to clinical experience consisting of demonstrations, discussions, seminars and supervised practice; and
(3) Satisfactorily passed an examination conducted or approved by the department.

Section 5. Conditional Certificate. Individuals who have not been certified by an approved credentialing organization shall be issued a conditional certificate. All conditional certificates shall expire effective *July 1, 1979* [July 1, 1978] and are non-renewable. Upon successful passage of an appropriate departmental examination, the holder of a conditional certificate shall be issued a general or limited certificate pursuant to these regulations.

Section 6. Temporary Certificate. The department may, upon proper application and upon payment of the appropriate application and certificate fee, issue a temporary certificate to an applicant who has successfully completed an approved course of instruction in medical or osteopathic radiography and who meets all the other requirements of these regulations other than having taken the required examination.

Section 7. Provisional Certificate. The department may, under emergency conditions only, issue a provisional certificate to an applicant who works under the direct supervision of a medical or osteopathic physician provided:
(1) No certified operator is available;
(2) The physician accepts full responsibility for such applicant;
(3) The applicant has successfully completed a four (4) year course of study in a secondary school or passed a standard equivalency test;
(4) The applicant and the physician file a joint statement detailing the training and experience of the applicant, if any, and give an assurance that a minimum of thirty (30) clock hours of training will be forthcoming under the direct supervision of a radiologist or other qualified person, as defined in 902 KAR 105:010, Section 1(13).

BURNICE RANSDELL, JR., Acting Commissioner
ADOPTED: January 3, 1978.
APPROVED: PETER D. CONN, Secretary
RECEIVED BY LRC: January 6, 1978 at 9:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary, Department for Human Resources, Human Resources Building, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
(Proposed Amendment)

902 KAR 105:050. Chiropractor supervision.

RELATES TO: KRS 211.870, 211.890, 211.993
PURSUANT TO: KRS 13.082, 194.050, 211.090
NECESSITY AND FUNCTION: The Department for Human Resources is empowered by KRS 211.870, 211.890 and 211.993 to regulate operators of sources of radiation other than licensed practitioners of the healing arts, including but not limited to: the classification and certification of operators; examinations; standards of training and experience; curricula standards for institutions teaching persons to operate sources of radiation; issuance, renewal, and revocation of certificates; the fixing of a reasonable schedule of fees and charges to be paid by applicants for examinations, certificates, and renewal certificates; and to set such other standards as may be appropriate for the protection of health and safety. The purpose of this regulation is to establish uniform standards for the certification of individuals who operate sources of radiation for human diagnostic radiographic purposes while under the supervision of a chiropractor.

Section 1. Applicablity. This regulation applies to individuals who operate sources of radiation for human diagnostic radiographic purposes while under the supervision of a chiropractor.

Section 2. Eligibility for a Limited Certificate. No person shall be eligible for a limited certificate as an operator of a source of radiation for human diagnostic radiographic purposes under the supervision of a chiropractor unless he has:
(1) Satisfactorily completed a four (4) year course of study in a secondary school or passed a standard equivalency test; and
(2) Satisfactorily completed a limited course of study in chiropractic radiography approved by the department. The course of study shall include not less than 180 hours of classroom work including the following subjects: x-ray physics, radiographic techniques, darkroom chemistry and techniques, anatomy and physiology, radiation protection, film critque and ethics; and shall include an adequate number of hours but not less than 300 to be devoted to clinical experience consisting of demonstrations, discussions, seminars and supervised practice; and
(3) Satisfactorily passed an examination conducted or approved by the department.

Section 3. Conditional Certificate. Individuals who have not been certified by an approved credentialing organization shall be issued a conditional certificate. All conditional certificates shall expire effective *July 1, 1979,* [July 1, 1978] and are non-renewable. Upon sucessful passage of an appropriate departmental examination, the holder of a conditional certificate shall be issued a general or limited certificate pursuant to these regulations.

Section 4. Temporary Certificate. The department may, upon proper application and upon payment of the appropriate application and certificate fee, issue a temporary certificate to an applicant who has successfully completed an approved course of instruction in chiropractic radiography and who meets all the other requirements of these regulations other than having taken the required examination.

BURNICE RANSDELL, JR., Acting Commissioner
ADOPTED: Janaury 3, 1978
APPROVED: PETER D. CONN, Secretary
RECEIVED BY LRC: January 6, 1978 at 9:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary, Department for Human Resources, Human Resources Building, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
(Proposed Amendment)

902 KAR 105:060. Podiatrist supervision.

RELATES TO: KRS 211.870, 211.890, 211.993
PURSUANT TO: KRS 13.082, 194.050, 211.090
NECESSITY AND FUNCTION: The Department for Human Resources is empowered by KRS 211.870, 211.890 and 211.993 to regulate operators of sources of radiation other than licensed practitioners of the healing arts, including but not limited to: the classification and certification of opertors; examination; standards of training and experience; curricula standards for institutions teaching persons to operate sources of radiation; issuance, renewal, and revocation of certificates; the fixing of a reasonable schedule of fees and charges to be paid by applicants for examinations, certificates, and renewal certificates; and to set such other standards as may be appropriate for the protection of health and safety. The purpose of this regulation is to establish uniform standards for the certification of individuals who operate sources of radiation for human diagnostic radiographic purposes while under the supervision of a podiatrist.

Section 1. Applicability. This regulation applies to individuals who operate sources of radiation for human diagnostic radiographic purposes while under the supervision of a podiatrist.

Section 2. Eligibility for a Limited Certificate. No person shall be eligible for a limited certificate as an operator of a source of radiation for human diagnostic radiographic purposes under the supervision of a podiatrist unless he has:
(1) Satisfactorily completed a four (4) year course of study in a secondary school or passed a standard equivalency test; and
(2) Satisfactorily completed a limited course of study in podiatric radiography approved by the department. The course of study shall include not less than sixty-five (65) hours of classroom work including the following subjects; X-ray physics, radiographic techniques, darkroom chemistry and techniques, anatomy and physiology, radiation protection, film critique and ethics; and shall include an adequate number of hours but not less than ten (10) to be devoted to clinical experience consisting of demonstrations, discussions, seminars and supervised practice; and
(3) Satisfactorily passed an examination conducted or approved by the department.

Section 3. Conditional Certificate. Individuals who have not been certified by an approved credentialing organization shall be issued a conditional certificate. All conditional certificates shall expire effective *July 1, 1979,* [July 1, 1978] and are non-renewable. Upon successful passage of an appropriate departmental examination, the holder of a conditional certificate shall be issued a general or limited certificate pursuant to these regulations.

Section 4. Temporary Certificate. The department may, upon proper application and upon payment of the appropriate application and certificate fee, issue a temporary certificate to an applicant who has successfully completed an approved course of instruction in podiatric radiography and who meets all of the other requirements of these regulations other than having taken the required examination.

BURNICE RANSDELL, JR., Acting Commissioner
ADOPTED: January 3, 1978
APPROVED: PETER D. CONN, Secretary
RECEIVED BY LRC: January 6, 1978 at 9:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary, Department for Human Resources, Human Resources Building, Frankfort, Kentucky 40601.

Proposed Regulations

EXECUTIVE DEPARTMENT FOR FINANCE AND ADMINISTRATION
Division of Occupations and Professions
State Board of Podiatry

201 KAR 25:010. Licensing examination, fees; approved schools.

RELATES TO: KRS 311.420
PURSUANT TO: KRS 311.410(4)
NECESSITY AND FUNCTION: KRS 311.420 requires all persons engaging in the practice of podiatry in the State of Kentucky to be licensed by the State Board of Podiatry. KRS 311.420 provides that each applicant shall submit to an examination conducted by the board. This regulation sets out the procedures to be followed in obtaining an application, the fees to be charged and the procedures relating to the examination and issuance of a license to practice podiatry in this state.

Section 1. (1) The board recognizes the following schools or colleges of podiatry as having those standards and requirements adequate to comply with the provisions of KRS 311.420 (1)(d). Those schools and colleges are as follows:
(a) California College of Podiatric Medicine, 1770 Eddy Street, San Franciso, California 94115.
(b) Illinois College of Podiatric Medicine, 1001 N. Dearborn Street, Chicago, Illinois 60610.
(c) Pennsylvania College of Podiatric Medicine, Race and Eighth Streets, Philadelphia, Pennsylvania 19107.
(d) New York College of Podiatric Medicine, 53 East 124th Street, New York, New York 10035.
(e) Ohio College of Podiatric Medicine, 10515 Carnegie Avenue, Cleveland, Ohio 44106.
(2) The board will evalute the academic standards of schools and colleges of podiatry desiring to be approved by the board following receipt by the board of applications for approval from said schools or colleges.

Section 2. All applications for examination mentioned herein shall be submitted on application forms prescribed and provided by the board, accompanied by such evidence, statements, or documents as therein required, and shall be filed with the board at its principal office within the times prescribed herein.

(1) Every person who commences the study of podiatry with the intention of applying for a license to practice podiatry in the State of Kentucky, shall file with the board, prior to or within thirty (30) days after the commencement of such study, an application to be examined for a license to practice podiatry in Kentucky. Application forms shall be furnished to the dean or registrar of each school or college of podiatry approved by the board. Upon receipt of the application for examination, the secretary of the board shall send to the applicant a copy of the rules and regulations of the board. The application form shall be accompanied by a fee of twenty dollars ($20), no part of which shall be refunded by the board.
(2) Each applicant or examination for license to practice podiatry in Kentucky shall submit a further application to the secretary of the board at least thirty (30) days prior to the date of the examination. Two (2) types of examination shall be given, they being as follows:
(a) An examination in basic science subjects which may be taken by an applicant who has completed two (2) years with passing grades in a school or college of podiatry approved by the board;
(b) The total examination consisting of basic science subjects and graduate subjects; however, no applicant shall be eligible to take the examination in the graduate subjects until he has completed a course in and graduated from a school or college of podiatry approved by the board.
(3) If the applicant who has completed two (2) years with passing grades in a school or college of podiatry approved by the board elects to take the examination in basic science subjects, he shall make application to the board within the time specified herein and furnish that information required by the board. The fee for such examination shall be the sum of sixty dollars ($60) and must be paid at the time the application for examination is filed with the board.
(4) If the applicant elects to take the basic science subjects and graduate subjects examination following his completion of a course and graduation from a school or college of podiatry approved by the board, then he shall make application within the time specified herein, furnish the required information, and pay an examination fee of sixty dollars ($60). However, if he has previously passed an examination given by the board in the basic science subjects then he will only need to take the examination in graduate subjects. However, the examination fee for any examination given by the board is sixty dollars ($60).

(5) In order for an applicant to successfully pass the examination he must receive an average of not less than seventy-five (75) percent on the entire examination and a percentage of not less than seventy (70) on each subject.

(6) Any applicant who fails to attain a passing score as required by these rules and regulations may apply to the board for re-examination by submitting another application to the secretary of the board at least thirty (30) days prior to the time of the next examination.

(7) If the applicant has failed to attain a score of at least seventy (70) percent in one (1) or two (2) of the subjects, but shall have attained an average of seventy-five (75) percent or better on the total examination, then he may only be re-examined on the subject or subjects in which he failed to attain a score of at least seventy (70) percent.

(8) The fee for re-examination in one (1) or two (2) subjects shall be twenty-five dollars ($25) and the fee for re-examination for the total examination shall be fifty dollars ($50).

Section 3. In addition to those examination fees mentioned herein, all applicants shall be required to pay any additional sums which may be charged to the board for examination materials furnished to the board. Applicants will be notified of the examination fee and examination material fee at the time the application is forwarded to the applicant. All sums payable to the board shall be paid by certified check, cashier's check or postal money order and be payable to the State Board of Podiatry.

Section 4. Examinations shall be held at such times and places as shall be determined by the board. A schedule of the date, time and place of the examination shall be mailed to each applicant whose application is accepted by the board.

Section 5. The board shall not refund either the examination fee or the fee for the examination materials, except where good and sufficient cause for refunding all or a portion of the fees are shown to the board within a reasonable time prior to the date of the examination.

RUPERT E. STIVERS, President
ADOPTED: December 2, 1977
APPROVED: RUSSELL McCLURE, Secretary
RECEIVED BY LRC: January 11, 1978 at 11:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Dr. C. A. Nava, 110 North Hubbard Lane, Louisville, Kentucky 40237.

EXECUTIVE DEPARTMENT FOR FINANCE AND ADMINISTRATION
Division of Occupations and Professions
State Board of Podiatry

201 KAR 25:020. License renewal notice.

RELATES TO: KRS 311.450
PURSUANT TO: KRS 311.410(4)
NECESSITY AND FUNCTION: KRS 321.450 requires the board to send notices to all podiatrists licensed by this board to their last known address, advising them that the annual license renewal fee is due on July 1 of each year. This regulation requires the mailing of an annual renewal notice to all licensed podiatrists and requires all licensed podiatrists to complete the annual renewal notice and return it, along with the annual renewal fee to the board. It further requires all licensed podiatrists to keep the board apprised of the current address of the licensee.

Section 1. The State Board of Podiatry shall on or before the month of July of each year mail to each licensed podiatrist an annual renewal notice. This annual renewal notice must be completed and returned to the board on or before July 1 of each year. The annual renewal fee, in the amount of thirty-five dollars ($35) shall be attached to the completed renewal notice when it is returned to the board. Said annual renewal fee shall be paid by certified check, cashier's check or postal money order, payable to the State Board of Podiatry. All information requested on the annual renewal notice form shall be furnished to the board when the completed annual renewal notice form is returned to the board.

Section 2. In addition, the licensed podiatrist shall return with the annual renewal notice form a statement showing his compliance with the continuing education requirements of the board.

RUPERT E. STIVERS, President
ADOPTED: December 2, 1977
APPROVED: RUSSELL McCLURE, Secretary
RECEIVED BY LRC: January 11, 1978 at 11:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Dr. C. A. Nava, 110 North Hubbard Lane, Louisville, Kentucky 40237.

EXECUTIVE DEPARTMENT FOR FINANCE AND ADMINISTRATION
Division of Occupations and Professions
State Board of Podiatry

201 KAR 25:030. Practice under own name, partnership, corporation.

RELATES TO: KRS 311.460
PURSUANT TO: KRS 311.410(4)
NECESSITY AND FUNCTION: KRS 311.460 requires any person practicing or offering to practice podiatry to practice under his own name only as his name appears on his license. However, this would not prohibit a licensed podiatrist from practicing in a partnership or a professional service corporation and using the partnership name or the name of the professional service corporation.

Section 1. Any licensed podiatrist who associates with another licensed podiatrist in the practice of podiatry shall be authorized to practice in the name of the partnership or association. Also, if licensed podiatrists associate together and form a professional service corporation for the practice of podiatry under the provisions of the Kentucky Revised Statutes, then said podiatrists shall be authorized to practice under the name of the professional service corporation.

Section 2. Any licensed podiatrist practicing in association with or as a partner with another licensed podiatrist may continue to use the deceased's name in conjunction

with the association or partnership for a period not to exceed two (2) years next succeeding the death of the licensed podiatrist. However, the telephone directory shall omit the deceased's name with the next printing of that directory.

RUPERT E. STIVERS, President
ADOPTED: December 2, 1977
APPROVED: RUSSELL McCLURE, Secretary
RECEIVED BY LRC: January 11, 1978 at 11:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Dr. C. A. Nava, 110 North Hubbard Lane, Louisville, Kentucky 40237.

EXECUTIVE DEPARTMENT FOR FINANCE AND ADMINISTRATION
Division of Occupations and Professions
State Board of Podiatry

201 KAR 25:040. Continuing education.

RELATES TO: KRS 311.450
PURSUANT TO: KRS 311.410(4)
NECESSITY AND FUNCTION: This regulation sets forth those requirements concerning annual courses of study of subjects relating to the practice of podiatry.

Section 1. Each podiatrist licensed by this board shall be required to annually complete twelve (12) hours of study of courses in the subjects of podiatry. Those courses approved shall consist of the following:
(1) At least six (6) of the twelve (12) hours shall be courses sponsored by the Kentucky Podiatry Association or the State Board of Podiatry;
(2) The continuing education programs must be in at least three (3) different areas or subjects of podiatry;
(3) Prior approval must be secured from the board for any program to qualify as approved continuing education courses, except courses taught by the Kentucky Podiatry Association, State Board of Podiatry, or the American Podiatry Association.

Section 2. Podiatrists licensed in this state, but not practicing herein, must comply with this regulation.

Section 3. Any licensed podiatrist may notify the board of his desire to retire from the practice of podiatry. It shall not be necessary for a retired podiatrist to comply with the continuing education program, however, he shall not be permitted to engage in the practice of podiatry within this state during the period of time while he is retired. However, he may keep his podiatry license in a retired status during the period of retirement by continuing to pay the annual renewal fee to the board. Any retired podiatrist may resume practice, within three (3) years of retirement, by complying with the continuing education requirements for the year in which he desires to return to practice. Persons retired for a period of longer than three (3) years must appear before the board and be examined, either orally, or in writing, so that the board may determine their competence to resume practice. The board may specify a reasonable review and examination fee and prescribe the type of application necessary for consideration of the renewal of a license. It shall be the duty of the retired podiatrist, wishing to return to practice, to notify the board in writing of his decision to return to practice.

Section 4. The board may waive the continuing education requirement in cases of illness or undue hardship.

RUPERT E. STIVERS, President
ADOPTED: December 2, 1977
APPROVED: RUSSELL McCLURE, Secretary
RECEIVED BY LRC: January 11, 1978 at 11:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Dr. C. A. Nava, 110 North Hubbard Lane, Louisville, Kentucky 40237.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Insurance

806 KAR 12:025. Solicitation of life insurance.

RELATES TO: KRS Chapter 304, Subtitle 12
PURSUANT TO: KRS 13.082, 304.2-110
NECESSITY AND FUNCTION: KRS 304.2-110 provides that the Commissioner of Insurance may make reasonable rules and regulations necessary for or as an aid to the effectuation of any provision of the Kentucky Insurance Code. This regulation requires insurers to deliver to purchasers of life insurance, information which will improve the buyer's ability to select the most appropriate plan of life insurance for his needs, improve the buyer's understanding of the basic features of the policy which has been purchased or which is under consideration and improve the ability of the buyer to evaluate the relative costs of similar plans of life insurance. This regulation does not prohibit the use of additional material which is not in violation of this regulation or any other Kentucky statute or regulation.

Section 1. Scope. (1) Except as hereafter exempted, this regulation shall apply to any solicitation, negotiation or procurement of life insurance occurring within this state. This regulation shall apply to any issuer of life insurance contracts including fraternal benefit societies.
(2) Unless otherwise specifically included, this regulation shall not apply to:
(a) Annuities.
(b) Credit life insurance.
(c) Group life insurance.
(d) Life insurance policies issued in connection with pension and welfare plans as defined by and which are subject to the federal Employee Retirement Income Security Act of 1974 (ERISA).
(e) Variable life insurance under which the death benefits and cash values vary in accordance with unit values of investments held in a separate account.
(f) Life insurance policies wherein the face amount of insurance is $5,000 or whose annual premium does not exceed $200.

Section 2. Definitions. For the purposes of this regulation, the following definitions shall apply: (1) "Buyer's Guide." A "Buyer's Guide" is a document provided to all prospective purchasers by the insurer, and filed herein by reference. Copies may be obtained from an insurer, or the Department of Insurance, Capital Plaza Tower, Frankfort, Kentucky 40601.
(2) Cash dividend. A cash dividend is the current illustrated dividend which can be applied toward payment of the gross premium.

(3) Equivalent level annual dividend. The equivalent level annual dividend is calculated by applying the following steps:

(a) Step 1. Accumulate the annual cash dividends at five (5) percent interest compounded annually to the end of the tenth (10th) and twentieth (20th) policy years.

(b) Step 2. Divide each accumulation of Step 1 by an interest factor that converts it into one (1) equivalent level annual amount that, if paid at the beginning of each year, would accrue to the values in Step 1 over the respective periods stipulated in Step 1. If the period is ten (10) years, the factor is 13.207; and if the period is twenty (20) years the factor is 34.719.

(c) Step 3. Divide the results of Step 2 by the number of thousands of the equivalent level death benefit to arrive at the equivalent level annual dividend.

(4) Equivalent level death benefit. The equivalent level death benefit of a policy or term life insurance rider is an amount calculated as follows:

(a) Step 1. Accumulate the guaranteed amount payable upon death, regardless of the cause of death, at the beginning of each policy year for ten (10) and twenty (20) years at five (5) percent interest compounded annually to the end of the tenth (10th) and twentieth (20th) policy years respectively.

(b) Step 2. Divide each accumulation of Step 1 by an interest factor that converts it into one (1) equivalent level annual amount that, if paid at the beginning of each year, would accrue to the value in Step 1 over the respective periods stipulated in Step 1. If the period is ten (10) years, the factor is 13.207; and if the period is twenty (20) years, the factor is 34.719.

(5) Generic name. Generic name means a short title which is descriptive of the premium and benefit patterns of a policy or a rider.

(6) Life insurance cost indexes:

(a) Life insurance surrender cost index. The life insurance surrender cost index is calculated by applying the following steps:

1. Step 1. Determine the guaranteed cash surrender value, if any, available at the end of the tenth (10th) and twentieth (20th) policy years.

2. Step 2. For participating policies, add the terminal dividend payable upon surrender, if any, to the accumulation of the annual cash dividends at five (5) percent interest compounded annually to the end of the period selected and add this sum to the amount determined in Step 1.

3. Step 3. Divide the result of Step 2 (Step 1 for guaranteed-cost policies) by an interest factor that converts it into an equivalent level annual amount that, if paid at the beginning of each year, would accrue to the value in Step 2 (Step 1 for guaranteed cost policies) over the respective periods stipulated in Step 1. If the period is ten (10) years, the factor is 13.207; and if the period is twenty (20) years, the factor is 34.719.

4. Step 4. Determine the equivalent level premium by accumulating each annual premium payable for the basic policy or rider at five (5) percent interest compounded annually to the end of the period stipulated in Step 1, and dividing the result by the respective factors stated in Step 3 (this amount is the annual premium payable for a level premium plan).

5. Step 5. Subtract the result of Step 3 from Step 4.

6. Step 6. Divide the result of Step 5 by the number of thousands of the equivalent level death benefit to arrive at the life insurance surrender cost index.

(b) Life insurance net payment cost index. The life insurance net payment cost index is calculated in the same manner as the comparable life insurance cost index except that the cash surrender value and any terminal dividend are set at zero (0).

(7) Policy summary. For the purposes of this regulation, "policy summary" means a written statement describing the elements of the policy including but not limited to:

(a) A prominently placed title as follows: "Statement of policy cost and benefit information."

(b) The name and address of the insurance agent, or, if no agent is involved, a statement of the procedure to be followed in order to receive responses to inquiries regarding the policy summary.

(c) The full name and home office or administrative office address of the company in which the life insurance policy is to be or has been written.

(d) The generic name of the basic policy and each rider.

(e) The following amounts, where applicable, for the first five (5) policy years and representative policy years thereafter sufficient to clearly illustrate the premium and benefit patterns, including, but not necessarily limited to, the years for which life insurance cost indexes are displayed and at least one (1) age from sixty (60) through sixty-five (65) or maturity whichever is earlier:

1. The annual premium for the basic policy.

2. The annual premium for each optional rider.

3. Guaranteed amount payable upon death, at the beginning of the policy year regardless of the cause of death other than suicide, or other specifically enumerated exclusions, which is provided by the basic policy and each optional rider, with benefits provided under the basic policy and each rider shown separately.

4. Total guaranteed cash surrender values at the end of the year with values shown separately for the basic policy and each rider.

5. Cash dividends payable at the end of the year with values shown separately for the basic policy and each rider. (Dividends need not be displayed beyond the twentieth (20th) policy year.)

6. Guaranteed endowment amounts payable under the policy which are not included under guaranteed cash surrender values above.

(f) The effective policy loan annual percentage interest rate, if the policy contains this provision, specifying whether this rate is applied in advance or in arrears. If the policy loan interest rate is variable, the policy summary includes the maximum annual percentage rate.

(g) Life insurance cost indexes for ten (10) and twenty (20) years but in no case beyond the premium paying period. Separate indexes are displayed for the basic policy and for each optional term life insurance rider. Such indexes need not be included for optional riders which are limited to benefits such as accidental death benefits, disability waiver of premium, preliminary term death benefits, disability waiver of premium, preliminary term life insurance coverage of less than twelve (12) months and guaranteed insurability benefits nor for basic policies or optional riders covering more than one (1) life.

(h) The equivalent level annual dividend, in the case of participating policies and participating optional term life insurance riders, under the same circumstances and for the same durations at which life insurance cost indexes are displayed.

(i) A policy summary which includes dividends shall also include a statement that dividends are based on the company's current dividend scale and are not guaranteed in addition to a statement in close proximity to the

equivalent level annual dividend as follows: An explanation of the intended use of the equivalent level annual dividend is included in the life insurance buyer's guide.

(j) A statement in close proximity to the life insurance cost indexes as follows: An explanation of the intended use of these indexes is provided in the life insurance buyer's guide.

(k) The date on which the policy summary is prepared. The policy summary must consist of a separate document. All information required to be disclosed must be set out in such a manner as to not minimize or render any portion thereof obscure. Any amounts which remain level for two (2) or more years of the policy may be represented by a single number if it is clearly indicated what amounts are applicable for each policy year. Amounts in paragraph (e) of this subsection shall be listed in total, not on a per thousand nor per unit basis. If more than one (1) insured is covered under one (1) policy or rider, guaranteed death benefits shall be displayed separately for each insured or for each class of insureds if death benefits do not differ within the class. Zero (0) amounts shall be displayed as zero (0) and shall not be displayed as a blank space.

Section 3. Disclosure requirements. (1) The insurer shall provide, to all prospective purchasers, a "Buyer's Guide" and a "Policy Summary" prior to accepting the applicant's initial premium or premium deposit, unless the policy for which application is made contains an unconditional refund provision of at least ten (10) days or unless the policy summary contains such an unconditional refund offer, in which event the "Buyer's Guide" and "Policy Summary" must be delivered with the policy or prior to delivery of the policy.

(2) The insurer shall provide a "Buyer's Guide" and a "Policy Summary" to any prospective purchaser upon request.

(3) In the case of policies whose equivalent level death benefit does not exceed $5,000, the requirement for providing a "Policy Summary" will be satisfied by delivery of a written statement containing the information described in Section 2 (7)(b), (c), (d), (e), 1, 2, 3, (f), (g), (j), and (k).

Section 4. General rules. (1) Each insurer shall maintain at its home office or principal office, a complete file containing one (1) copy of each document authorized by the insurer for use pursuant to this regulation. Such file shall contain one (1) copy of each authorized form for a period of three (3) years following the date of its last authorized use.

(2) An agent shall inform the prospective purchaser, prior to commencing a life insurance sales presentation, that he is acting as a life insurance agent and inform the prospective purchaser of the full name of the insurance company which he is representing to the buyer. In sales situations in which an agent is not involved, the insurer shall identify its full name.

(3) Terms such as financial planner, investment advisor, financial consultant, or financial counseling shall not be used in such a way as to imply that the insurance agent is generally engaged in an advisory business in which compensation is unrelated to sales unless such is actually the case.

(4) Any reference to policy dividends must include a statement that dividends are not guaranteed.

(5) A system or presentation which does not recognize the time value of money through the use of appropriate interest adjustments shall not be used for comparing the cost of two (2) or more life insurance policies. Such a system may be used for the purpose of demonstrating the cash-flow pattern of a policy if such presentation is accompanied by a statement disclosing that the presentation does not recognize that, because of interest, a dollar in the future has less value than a dollar today.

(6) A presentation of benefits shall not display guaranteed and non-guaranteed benefits as a single sum unless they are shown separately in close proximity thereto.

(7) A statement regarding the use of the life insurance cost indexes shall include an explanation to the effect that the indexes are useful only for the comparison of the relative costs of two (2) or more similar policies.

(8) A life insurance cost index which reflects dividends or an equivalent level annual dividend shall be accompanied by a statement that it is based on the company's current dividend scale and is not guaranteed.

(9) For the purposes of this regulation, the annual premium for a basic policy or rider, for which the company reserves the right to change the premium, shall be the maximum annual premium.

Section 5. Failure to Comply. Failure of an insurer to provide or deliver a "Buyer's Guide," or a "Policy Summary" as provided in Section 3 shall constitute an omission which misrepresents the benefits, advantages, conditions or terms of an insurance policy.

Section 6. Effective Date. This regulation shall apply to all solicitations of life insurance which commence on or after July 1, 1978.

HAROLD B. McGUFFEY, Commissioner
ADOPTED: November 10, 1978
APPROVED: JAMES E. GRAY, Secretary
RECEIVED BY LRC: December 19, 1977 at 3:30 p.m.
PUBLIC HEARING: A public hearing on this proposed regulation is scheduled at 9 a.m. EST March 7, 1978 in Room G-2, Capital Plaza Tower, Frankfort, Kentucky 40601.

ADMINISTRATIVE REGULATION REVIEW SUBCOMMITTEE

Minutes of January 4, 1978 Meeting

(Subject to Subcommittee approval at its next meeting on February I, 1978)

In order that the Administrative Regulation Review Subcommittee members' terms would run concurrent with the terms of the members of the General Assembly, Representative William T. Brinkley and Senator Donald L. Johnson submitted their resignations effective January 2, 1978. Representative Albert Robinson's term had expired on December 31, 1977.

The Legislative Research Commission re-appointed all three members and on motion of Representative Robinson, Representative Brinkley was re-named Chairman.

Chairman Brinkley called the regularly scheduled meeting to order on January 4, 1978 at 11 a.m., in Room 9 of the Capitol. The minutes of the December 7 meeting were approved. Present were:

Members: Representative William T. Brinkley, Chairman and Representative Albert Robinson.

Guests: Eugene Perkins, Arthur S. Curtis, Jr., and Thomas H. Glover, Department for Natural Resources and Environmental Protection; Andrew Cammack, Environmental Quality Commission; Bob Watkins and Robert W. Keats, Louisville-Jefferson County Metropolitan Sewer District; Representatives Robert A. Jones and J. W. Boatwright, Jr.; Charles Weiter, Louisville and Jefferson County Health Department; Kenneth E. Hollis, Department of Labor; Charles Henry, Department of Transportation; Carl B. Larsen and J. M. Alverson, Kentucky Harness Racing Commission; L. Wayne Tune, State Board of Architects; J. H. Voige, Board of Pharmacy; Tommy Manning, Department of Education.

LRC Staff: Mabel D. Robertson, Ollie Fint, Joe Hood, Garnett Evins, Grant Winston and Barbara Gaffey.

Press: Herb Sparrow, U. P. I.

The following regulations were deferred at the request of the issuing agencies:

401 KAR 1:105, Division of Plumbing, Subsurface sewerage disposal systems; and 902 KAR 20:007, Certificate of Need and Licensure Board, License and fee schedule.

806 KAR 50:205, Fire Marshal, Recreational vehicles, was deferred by the subcommittee because the Fire Marshal's office did not have a representative present to speak to the regulation.

201 KAR 19:040, Board of Examiners and Registration of Architects, Types of examination, was deferred by the subcommittee with the suggestion that the board consider deleting the requirements that graduates of a college of architecture take the equivalency examination that is required of non-graduates for licensing.

704 KAR 4:010, Health and Physical Education Programs, Physical education, was deferred by the subcommittee as they questioned the department's redelegation of authority as possibly being unconstitutional.

On motion of Representative Robinson, seconded by Chairman Brinkley the following regulations were approved and ordered filed:

EXECUTIVE DEPARTMENT FOR FINANCE AND ADMINISTRATION
Division of Occupations and Professions
Board of Pharmacy
201 KAR 2:015. Continuing education.
Board of Examiners and Registration of Architects
201 KAR 19:025. Application for examination.
201 KAR 19:030. Examination; general provisions.
201 KAR 19:045. Qualifying and professional examinations.
201 KAR 19:050. Re-examination; reconsideration.
201 KAR 19:085. Fees.

DEPARTMENT OF TRANSPORTATION
Bureau of Highways
Traffic
603 KAR 5:096. Highway classifications.

DEPARTMENT OF EDUCATION
Bureau of Instruction
Private and Parochial Schools
704 KAR 6:010. Approval of regular day schools; attendance.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Labor
Labor Standards; Wages and Hours
803 KAR 1:035. Hearing procedure.
Kentucky Harness Racing Commission
Harness Racing Rules
811 KAR 1:200. Administration of purses and payments.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Drug Formulary
902 KAR 1:015. Tripelennamine Hydrochloride.
902 KAR 1:017. Amoxicillin Trihydrate.
902 KAR 1:020. Ampicillin.
902 KAR 1:030. Erythromycin.
902 KAR 1:035. Chlorpheniramine Maleate.
902 KAR 1:040. Penicillin-G.
902 KAR 1:050. Penicillin-V.
902 KAR 1:060. Sodium Pentobarbital.
902 KAR 1:070. Sodium Secobarbital.
902 KAR 1:080. Acetaminophen.
902 KAR 1:081. Acetaminophen with Codeine.
902 KAR 1:100. Reserpine.
902 KAR 1:110. Diphenhydramine.
902 KAR 1:130. Chlorpromazine Hydrochloride.
902 KAR 1:140. Sulfisoxazole.
902 KAR 1:150. Hydrochlorothiazide Tablet.
902 KAR 1:160. Oxytetracycline Hydrochloride.
902 KAR 1:170. Propoxyphene Hydrochloride.
902 KAR 1:180. Tetracycline Hydrochloride.
902 KAR 1:190. Meprobamate Tablet.
902 KAR 1:200. Phenazopyridine Hydrochloride.
902 KAR 1:230. Dimenhydrinate Tablet.
902 KAR 1:250. Dextroamphetamine Sulfate Tablet.
902 KAR 1:280. Chloral Hydrate Capsules.
902 KAR 1:300. Dioctyl Sodium Sulfosuccinate Capsule.
902 KAR 1:316. Amitriptyline Hydrochloride Tablet.
902 KAR 1:330. Niacin.

The meeting adjourned at noon to meet again on February 1, 1978, at 10 a.m., in the Capitol.

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