Administrative Register of Kentucky

LEGISLATIVE RESEARCH COMMISSION
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IN THIS ISSUE

Public Hearings Scheduled 77

Emergency Regulations Now In Effect:
Department of Fish and Wildlife Resources—Game 77
Department for Human Resources:
Certificate of Need and Licensure Board 79

Amended Regulations Now In Effect:
Board of Psychologists 208
Department of Education:
Kindergartens and Nursery Schools 212
Department of Housing, Buildings and Construction:
Plumbing 213
Department for Human Resources:
Food Stamp Program 215

Regulations Amended After Hearing:
Department of Housing, Buildings and Construction:
Plumbing—Installation Permits 220

Proposed Amendments:
Department of Personnel—Personnel Rules 221
Commission on Human Rights 222
Board of Physical Therapy 223
Department for Natural Resources and Environmental Protection:
Division of Air Pollution 226
Department of Transportation:
Bureau of Vehicle Regulation 243
Bureau of Highways 245
Department of Education:
School District Finance 246
Private and Parochial Schools 247
Department of Labor—Occupational Safety and Health 247
State Racing Commission 249
Department of Housing, Buildings and Construction:
Boilers and Pressure Vessels 259
Department for Human Resources:
Drug Formulary Council 261
Public Assistance 263

Proposed Regulations Received Through August 15:
Department for Natural Resources and Environmental Protection:
Division of Air Pollution 271
Department of Education—School District Finance 283
Department for Human Resources:
Drug Formulary Council 284

Minutes of Administrative Regulation Review Subcommittee 285

CUMULATIVE SUPPLEMENT

Locator Table—Effective Dates ..... B 2
KRS Cross-Reference Table ..... B 5
Cumulative Index ..... B 8

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.

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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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Public Hearings Scheduled

ENERGY REGULATORY COMMISSION

A public hearing will be held at 1 p.m. EDT September 4, 1980 in the Hearing Room of the Energy Regulatory Commission, 730 Schenkel Lane, Frankfort, Kentucky on the following regulation:

807 KAR 50:067. Electric consumer information. [7 Ky.R. 72]

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION

A public hearing will be held from 10 a.m. to 5 p.m. (EDT) October 6 and 7, 1980 in the first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky on the following regulations:

401 KAR 50:015. Documents incorporated by reference. [7 Ky.R. 224]
401 KAR 50:036. Permit and exemption fees. [7 Ky.R. 271]
401 KAR 51:010. Attainment status designation. [7 Ky.R. 226]
401 KAR 51:016. Prevention of significant deterioration. [7 Ky.R. 273]
401 KAR 51:051. New source review for non-attainment purposes. [7 Ky.R. 273]
401 KAR 59:015. New indirect heat exchangers. [7 Ky.R. 227]
401 KAR 59:016. New electric utility steam generating units. [7 Ky.R. 273]
401 KAR 59:018. New stationary gas turbines. [7 Ky.R. 280]
401 KAR 59:020. New incinerators. [7 Ky.R. 232]
401 KAR 59:045. New petroleum refineries. [7 Ky.R. 234]
401 KAR 59:175. New service stations. [7 Ky.R. 238]
401 KAR 61:085. Existing service stations. [7 Ky.R. 239]
401 KAR 61:145. Existing petroleum refineries. [7 Ky.R. 240]

Emergency Regulations Now In Effect

JOHN Y. BROWN, JR., GOVERNOR
Executive Order 80-635
August 1, 1980

EMERGENCY REGULATION
Department of Fish and Wildlife Resources

WHEREAS, the U.S. Fish and Wildlife Service, Department of the Interior, has jurisdiction in the regulation of hunting throughout the several states; and

WHEREAS, all regulation of season framework, daily bag and possession limits, and shooting hours for migratory species, by the Kentucky Department of Fish and Wildlife Resources, must comply with federal regulations; and

WHEREAS, the recent promulgation of federal hunting regulations makes it impossible for the Kentucky Department of Fish and Wildlife Resources to comply with normal filing procedures under Chapter 13 of the Kentucky Revised Statutes; and

WHEREAS, the Commissioner of the Department of Fish and Wildlife Resources, in conjunction with the Secretary of the Development Cabinet, pursuant to Kentucky Revised Statutes 150.300, 150.305, 150.320, 150.330, 150.340, and 150.360, has promulgated the attached Regulation:

NOW, THEREFORE, I, JOHN Y. BROWN, JR., Governor of the Commonwealth of Kentucky, by the authority vested in me by Section 13.085(2) of the Kentucky Revised Statutes, hereby acknowledge the finding of the Department of Fish and Wildlife Resources that an emergency exists and direct that the attached Regulation become effective immediately upon being filed in the Office of the Legislative Research Commission.

JOHN Y. BROWN, JR., Governor
FRANCES JONES MILLS, Secretary of State

CABINET FOR DEVELOPMENT
Department of Fish and Wildlife Resources

301 KAR 2:029E. Doves, woodcock, wilson snipe and teal.

RELATES TO: KRS 150.300, 150.305, 150.320, 150.330, 150.340, 150.360
PURSUANT TO: KRS 13.082
EFFECTIVE: August 7, 1980
EXPIRES: December 15, 1980
NECESSITY AND FUNCTION: In accordance with KRS 150.015, this regulation is necessary for the continued protection and conservation of the migratory birds listed herein, and to insure a permanent and continued supply of the wildlife resource for the purpose of furnishing sport

and recreation for present and future residents of the state. The function of this regulation is to provide for the prudent taking of migratory wildlife within reasonable limits based upon an adequate supply.

Section 1. Seasons: (1) Doves: September 1 through October 31; November 27 through December 5.
(2) Woodcock: October 4 through December 7.
(3) Wilson snipe: October 4 through December 7.
(4) Teal, statewide: September 6 through September 14.

Section 2. Limits:

	Bag Limits	Possession Limits
Doves	12	24
Woodcock	5	10
Wilson snipe	8	16
Teal	4	8

Section 3. Bag and Possession Limits: (1) After two (2) or more days of shooting, possession limits apply to transporting, but do not permit a double bag limit in the field.
(2) The above species (except doves) dressed in the field, or being prepared for transportation, must have one (1) fully feathered wing or head attached to the bird for identification purposes. For further information on the above species, consult Title 50, Code of Federal Regulations, Part 20.

Section 4. Shooting Hours: (1) Doves: from one-half (½) hour before sunrise to one-half (½) hour before sunset prevailing time.
(2) Wilson snipe and woodcock: from one-half (½) hour before sunrise to sunset prevailing time.
(3) Teal: sunrise until sunset prevailing time.

Section 5. Falconry Hunting. The wildlife species listed in this regulation may be pursued and taken by a licensed falconer with any legal hunting raptor during the regular hunting dates listed for each species. All bag and possession limits apply to falconry hunting.

Section 6. Exceptions to Statewide Migratory Bird Seasons on Specified Wildlife Management Areas. Unless excepted below, all sections of this regulation apply to the following areas:
(1) Ballard Wildlife Management Area, located in Ballard County:
(a) Doves: September 1 through October 14. No firearms permitted on this area except during shooting hours.
(b) Woodcock and snipe: Seasons closed.
(2) West Kentucky Wildlife Management Area, located in McCracken County: Doves: September 1 through October 14.
(3) Central Kentucky Wildlife Management Area, located in Madison County:
(a) Doves: September 1 through October 14.
(b) Woodcock and snipe: Seasons closed.
(4) Curtis Gates Lloyd Wildlife Management Area, located in Grant County: Doves: September 1 through October 14.
(5) Land Between the Lakes Wildlife Management Area, located in Lyon and Trigg Counties:
(a) Doves: September 1 through September 30; December 1 through December 5.
(b) Woodcock and snipe: December 1 through December 7.
(6) Fort Campbell Wildlife Management Area, located in Christian and Trigg Counties:
(a) Doves: September 1 through September 28; October 1 through 5, November 27 through December 5. Shooting hours from one-half (½) hour before sunrise to sunset prevailing time.
(b) Woodcock and snipe: November 26 through November 30; December 3 through 7.

Section 7. Closing of Certain Wildlife Management Areas to all Hunting. The following areas are closed to all hunting except as indicated.
(1) Grayson Wildlife Management Area located in Carter and Elliott Counties.
(2) Beaver Creek Wildlife Management Area, including all private inholdings, located in Pulaski and McCreary Counties. Open to gun and archery deer hunting only.
(3) Robinson Forest Wildlife Management Area, located in Breathitt, Perry and Knott Counties.
(4) Redbird Wildlife Management Area, including all private inholdings, located in Leslie and Clay Counties. Open to gun and archery deer hunting only.
(5) Dewey Lake Wildlife Management Area, located in Floyd County: Open to archery deer hunting only.
(6) Cane Creek Wildlife Management Area, including all private inholdings, located in Laurel County.
(7) Mill Creek Wildlife Management Area, located in Jackson County.

Section 8. The provisions of this regulation shall expire on December 15, 1980.

CARL E. KAYS, Commissioner
MIKE BOATWRIGHT, Chairman
ADOPTED: June 2, 1980
APPROVED: JAMES K. NAVOLIO, Deputy Secretary
RECEIVED BY LRC: August 7, 1980 at 2:30 p.m.

JOHN Y. BROWN, JR., GOVERNOR
Executive Order 80-600
July 24, 1980

EMERGENCY REGULATIONS
Department for Human Resources
Certificate of Need and Licensure Board

WHEREAS, the 1980 General Assembly has enacted legislation repealing the current Certificate of Need, Licensure and Regulations Act of 1972 (KRS 216.405 to 216.485) and enacted a new chapter governing the issuance of certificates of need and licensure for heath care facilities (KRS Chapter 216B, effective July 15, 1980); and
WHEREAS, the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board is responsible for promulgating, through the Secretary of the Department for Human Resources, regulations establishing licensure requirements and application procedures; and
WHEREAS, it is imperative that standards of licensure for health facilities and health services remain in effect at all times for the protection of the citizens of the Commonwealth of Kentucky; and

WHEREAS, it must be insured that the regulations promulgated under KRS 216.405 to 216.485 remain in force by repromulgation under KRS Chapter 216B:

NOW, THEREFORE, I, John Y. Brown, Jr., Governor of the Commonwealth of Kentucky, by virtue of the authority vested in me by KRS 13.085(2), do hereby acknowledge the finding by the Secretary of the Department for Human Resources that an emergency exists with respect to the attached regulations promulgated under the authority of the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board and the Secretary for Human Resources, including 902 KAR 20:007E (License and Fee Schedules), 902 KAR 20:020E (Skilled Nursing Facilities), 902 KAR 20:030E (Personal Care Home Services), 902 KAR 20:035E (Personal Care Home Facilities), 902 KAR 20:040E (Family Care Homes), 902 KAR 20:045E (Nursing Home Facilities), 902 KAR 20:047E (Nursing Home Services), 902 KAR 20:050E (Intermediate Care Services), 902 KAR 20:055E (Intermediate Care Facilities), 902 KAR 20:080E (Home Health Agencies), and direct that said regulations shall become effective upon filing with the Legislative Research Commission.

JOHN Y. BROWN, JR., Governor
FRANCES JONES MILLS, Secretary of State

JOHN Y. BROWN, JR., GOVERNOR
Executive Order 80-658
August 7, 1980

EMERGENCY REGULATIONS
Department for Human Resources
Certificate of Need and Licensure Board

WHEREAS, the 1980 General Assembly has enacted legislation repealing the current Certificate of Need, Licensure and Regulations Act of 1972 (KRS 216.405 to 216.485) and enacted a new chapter governing the issuance of certificates of need and licensure for heath care facilities (KRS Chapter 216B, effective July 15, 1980); and

WHEREAS, the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board is responsible for promulgating, through the Secretary of the Department for Human Resources, regulations establishing licensure requirements and application procedures; and

WHEREAS, it is imperative that standards of licensure for health facilities and health services remain in effect at all times for the protection of the citizens of the Commonwealth of Kentucky; and

WHEREAS, it must be insured that the regulations promulgated under KRS 216.405 to 216.485 remain in force by repromulgation under KRS Chapter 216B:

NOW, THEREFORE, I, John Y. Brown, Jr., Governor of the Commonwealth of Kentucky, by virtue of the authority vested in me by KRS 13.085(2), do hereby acknowledge the finding by the Secretary of the Department for Human Resources that an emergency exists with respect to the attached regulations promulgated under the authority of the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board and the Secretary for Human Resources, and direct that the following regulations become effective upon filing with the Legislative Research Commission:

902 KAR 20:010E. Hospital facilities; construction and alteration.
902 KAR 20:015E. Hospital services; operations.
902 KAR 20:017E. Renal dialysis facilities.
902 KAR 20:025E. Extended care and recuperation center services.
902 KAR 20:057E. Health maintenance organizations.
902 KAR 20:059E. Primary care center services.
902 KAR 20:065E. Day health care programs.
902 KAR 20:070E. Outpatient clinics and ambulatory care facilities.
902 KAR 20:075E. Outpatient clinics and ambulatory care services.
902 KAR 20:077E. Group home standards; operation and services.
902 KAR 20:085E. Special services for mentally retarded and developmentally disabled.
902 KAR 20:090E. Community mental health-mental retardation center services.
902 KAR 20:095E. Community mental health-mental retardation center facilities.
902 KAR 20:100E. Ambulatory surgical center facilities.
902 KAR 20:105E. Ambulatory surgical center services.
902 KAR 20:110E. Medical alcohol detoxification centers.
902 KAR 20:115E. Emergency care; ambulance services.

JOHN Y. BROWN, JR., Governor
FRANCES JONES MILLS, Secretary of State

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:007E. License and fee schedule.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1)(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, 216.425
EFFECTIVE: July 24, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for obtaining a license to operate a health facility or health service and establishes the fee schedule for a license.* [This regulation, which relates to the operations and services of Licenses and Fee Schedule, 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. Licenses. (1) No person shall operate any health facility or health service in this Commonwealth without first obtaining the appropriate license therefor.

(2) All applications for licensure shall be filed with the Kentucky Health Facilities and Health Services Certificate

of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40621.

(3) All applicants for licenses shall, as a condition precedent to licensure, be in compliance with the applicable regulations relating to the particular health facility or health service.

(4) All licenses shall expire on December 31 following the date of issuance unless otherwise expressly provided in the license certificate.

(5) Licenses may be renewed upon payment of the prescribed fee provided the particular health facility or health service is in compliance with the applicable provisions of the Certificate of Need and Licensure Board's regulations.

(6) Each license to operate shall be issued only for the person or persons and premises including the number of beds (if applicable) named in the application and shall not be transferable. A new application shall be filed in the event of change of ownership. Change of ownership for licenses shall be defined as follows:

(a) Sole proprietorship: Where a health facility/service is owned by a single individual, a transfer of any part of the title to the facility/service to another person or firm shall constitute a change in ownership.

(b) Partnership: Where a health facility/service is owned by a partnership, the addition, deletion or the substitution of any individual or transfer of any part of the title to the facility/service to another person or firm shall constitute a change in ownership.

(c) Closely held corporation: Where a health facility/service is owned by a corporation of ten (10) or less stockholders, any change of shares of stock or transfer of any part of the title to the facility/service to another person or firm shall constitute a change in ownership.

(d) Proprietary corporation: Where the health facility/service is owned by a corporation of more than ten (10) stockholders, any transfer of any part of the title to the facility/service to another person or firm as well as any consolidation with another corporation or change of name or transfer of any part of the title to the facility/service shall constitute a change in ownership.

(e) Lease: Where any person or firm leases the health facility/service or any part thereof to another person or firm it shall constitute a change in ownership.

(7) Upon the filing of a new application for a license because of change in ownership, the new license shall be automatically issued for the remainder of the current licensure period. No additional fee will be charged for the remainder of the licensure period.

Section 2. Fee Schedule. Except as otherwise specifically provided in other regulations of this chapter, the annual fee (including renewals) for health facilities and services shall be as follows:

(1) Family care homes: $10;

(2) Hospital facilities and services (including all levels of inpatient care): $1.50 per bed, $10 minimum, $300 maximum;

(3) Free-standing skilled nursing facilities and services: $1 per bed, $10 minimum, $300 maximum;

(4) Nursing home facilities and services: $1 per bed, $10 minimum, $300 maximum;

(5) Intermediate care facilities and services: $.50 per bed, $10 minimum;

(6) Personal care homes: $.50 per bed, $10 minimum;

(7) Outpatient clinics and ambulatory care facilities: $15;

(8) Home health agencies: $15;

(9) Emergency care-ambulance services: $15;

(10) Community mental health and mental retardation center facilities and services: $300 per catchment area;

(11) Health maintenance organizations (HMO's): $1 per each 100 individuals covered;

(12) Ambulatory surgical center facilities and services: $15;

(13) Medical Alcohol Emergency Detoxification Service (MAEDS): $.50 per bed, $10 minimum;

(14) Primary care centers: $15;

(15) Adult day health care centers: $15;

(16) Renal dialysis facilities: $.50 per station; $15 minimum;

(17) Group homes: $15.

(18) Rural health clinics: $15.

W. GRADY STUMBO, Secretary
ADOPTED: July 24, 1980
RECEIVED BY LRC: July 24, 1980 at 4:20 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:010E. Hospital facilities; construction and alteration.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the structural specifications for the construction or alteration of hospital facilities.* [This regulation relates to the construction and alteration of hospital facilities. It 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: Hospitals, General: Establishments with organized medical staffs; with permanent facilities that include inpatient beds; and with medical services, including physician services and continuous nursing services, to provide diagnosis and treatment for patients who have a variety of medical conditions, both surgical and nonsurgical.

Section 2. Functions of Hospitals. (1) The primary function of the institution is to provide diagnostic and treatment services for patients who have a variety of medical conditions, both surgical and nonsurgical.

(2) The institution maintains inpatient beds.

(3) There is a governing authority legally responsible for the conduct of the institution.

(4) 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.

(5) There is an organized medical staff to which the governing authority delegates responsibility for maintaining proper standards of medical care.

(6) Each patient is admitted on the medical authority of, and is under the supervision of, a member of the medical staff.

(7) Registered professional nurse supervision and other nursing services are continuous.

(8) A current and complete medical record is maintained for each patient.

(9) Pharmacy service is maintained in the institution and is supervised by a registered pharmacist.

(10) Diagnostic x-ray service, with facilities and staff for a variety of procedures, is maintained in the institution.

(11) Clinical laboratory service, with facilities and staff for a variety of tests and procedures, is maintained in the institution, and anatomical pathology services are regularly and conveniently available.

(12) Operating room and/or obstetrical room service, with facilities and staff, is maintained in the institution except within speciality hospitals, included but not limited to tuberculosis, psychiatric, and etc.

(13) Food served to patients meets their nutritional requirements, and special diets are regularly available.

Section 3. Preparation of Plans and Specifications. After receiving certificate of need approval from the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board, the following procedures and regulations will be followed:

(1) Before construction is begun for the erection of new buildings or alterations to existing buildings or any changes in facilities for a hospital, the licensee or applicant shall submit plans to the licensing agency for approval.

(2) Architectural drawings must bear the seal of an architect registered in the Commonwealth of Kentucky and the mechanical and electrical drawings must bear the seal of a professional engineer registered in the Commonwealth of Kentucky.

(3) Drawings shall not exceed thirty-six (36) by forty-six (46) inches when trimmed.

Section 4. Submission of Plans and Specifications for Hospitals. (1) First stage; schematic plans:

(a) Single line drawings of each floor shall show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room shall be noted. Drawings shall include typical patient room layouts (scaled ½ inch x 1 foot) with dimensions noted. The proposed roads and walks, service and entrance courts, parking and orientation shall be shown in a plot plan.

(b) If the project is an addition, or is otherwise related to existing buildings on the site, the plans shall show the facilities and general arrangements of those buildings.

(2) Second stage; preliminary plans. Preliminary sketch plans shall include the following:

(a) Architectural:

1. Plans of basement, floors, and roof showing space assignment, sizes, and outline of fixed and movable equipment;
2. All elevations and typical sections;
3. Plot plan showing roads, parking, and sidewalks;
4. Areas and bed capacities by floors.

(b) Mechanical:

1. Single line layout of all duct and piping systems;
2. Riser diagrams for multistory construction;
3. Scale layout of boilers and major associated equipment and central heating, cooling, and ventilating units.

(c) Electrical:

1. Plans showing space assignment, sizes and outlines of fixed equipment such as transformers, main switch and switchboards, and generator sets;
2. Simple riser diagram for multistory building construction, showing arrangement of feeders, subfeeders, bus work, load centers, and branch circuit panels.

(d) Outline specifications:

1. General description of the construction, including interior finishes, types and locations of acoustical material, and special floor covering.
2. Description of the air-conditioning, heating, and ventilation systems and their controls; duct and piping systems; and dietary, laundry, sterilizing and other special equipment.
3. General description of electrical service including voltage, number of feeders, and whether feeders are overhead or underground.

(3) Third stage; contract documents:

(a) Working drawings. Working drawings shall be complete and adequate for bid, contract, and construction purposes. Drawings shall be prepared for each of the following branches of the work; architectural, structural, mechanical, and electrical. They shall include the following:

1. Architectural drawings: Approach plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new building structures, roadways, walks, and parking areas; plan of each basement, floor, and roof; elevations of each facade; sections through building; required scale and full-size details; schedule of doors, windows, and room finishes. Equipment: location of all fixed equipment. Layout of typical and special rooms indicating all fixed equipment and major items of movable equipment. Equipment not included in contract shall be so indicated; conveying systems. Details of construction, machine and control spaces necessary, size and type of equipment and utility requirements for the following: dumbwaiters: electric, hand, hydraulic; elevators: freight, passenger, patient; loading dock devices; pneumatic tube systems.
2. Structual drawings: Plans for foundations, floors, roofs, and all intermediate levels with sizes, sections, and the relative location of the various structural members; dimensions of special openings; details of all special connections, assemblies, and expansion joints.
3. Mechanical drawings:

a. Heating, steam piping, and air-conditioning systems. Radiators and steam heated equipment such as sterilizers, warmers, and steam tables; heating and steam mains and branches with pipe sizes; diagram of heating and steam risers with pipe sizes; sizes, types, and capacities of boilers, furnaces, hot water heaters with stokers, oil burners, or gas burners; pumps, tanks, boiler breeching, and piping and boiler room accessories; air-conditioning systems with required equipment, water and refrigerant piping, and ducts; supply and exhaust ventilation systems with heating/cooling connections and piping; air quantities for all room supply and exhaust ventilating duct openings.

b. Plumbing, drainage, and standpipe systems: Size and elevation of: street sewer, house sewer, house drains, street water main, and water service into the building; location and size of soil, waste, and water service with connections to house drains, clean-outs, fixtures, and equipment; size and location of hot, cold and circulating branches, and

risers from the service entrance and tanks; riser diagram for all plumbing stacks with vents, water risers, and fixture connections; gas, oxygen, and vacuum systems; standpipe and sprinkler systems where required; all fixtures and equipment that require water and drain connections.

4. Electrical drawings: Electric service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections if located in the building. Location of main switchboard, power panels, light panels, and equipment. Diagram of feeders and conduits with schedule of feeder breakers or switches. Light outlets, receptacles, telephone switchboard, strip boxes, telephone outlets, and branch conduits. Nurses' call systems with outlets for beds, duty stations, door signal light, annunciators, and wiring diagrams. Fire alarm system with stations, signal devices, control board, and wiring diagrams. Emergency electrical system with outlets, transfer switch, sources of supply, feeders and circuits. All other electrically operated systems and equipment.

(b) Specifications. Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanship, finishes and other characteristics of all materials and equipment and shall include:

1. Cover or title sheet;
2. Index;
3. Sections describing materials and workmanship in detail for each class of work.

(c) General conditions include the following requirements: access to work. Representatives of the appropriate state agencies will have access at all reasonable times to the work wherever it is in preparation or progress, and the contractor shall provide proper facilities for such access and inspection.

Section 5. Code and Standards. (1) General. Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances, and regulations which are enforced by city, county, or state jurisdictions.

(2) The following codes and standards will apply where applicable and as adopted by the respective agency authority:

(a) Current Kentucky Standards of Safety regulations applicable to hospitals.

(b) Current Kentucky Plumbing Standards regulations applicable to hospitals.

(c) Current Kentucky standards for air contaminants for incinerators regulations applicable to hospitals.

(d) Current Kentucky standards for elevators regulations applicable to hospitals.

(e) Current Kentucky standards for making buildings and facilities accessible to and usable by the physically handicapped regulations applicable to hospitals.

(f) Current Kentucky standards for radiographic equipment and use regulations applicable to hospitals.

(g) Current Kentucky standards for radioisotope equipment and use regulations applicable to hospitals.

Section 6. Facility Requirements and Special Conditions.

(1) These regulations, except Section 5 which may be administered independent from these regulations, apply to the construction of new facilities and facilities that are being converted to hospitals. Existing facilities will be expected to make a concerted and demonstrated effort to fully comply with these regulations and must provide to the satisfaction of the board that there are valid, reasonable, and specific justifications for not being in full compliance. The board, however, reserves the right to establish deadlines for compliance to standards of significant importance as determined by the board.

(2) These standards are intended for facilites to be licensed as hospitals. There are other separate and unique construction and facility standards applicable only to the specific level of care intended which are not interchangeable.

(3) Hospitals with a capacity of fifty (50) beds or less present special problems. The sizes of the various departments will depend upon the requirements of the hospital. Some functions allotted separate spaces or rooms in these general standards may be combined provided that the resulting plan will not compromise the best standards of safety and of medical and nursing practices. In other respects, the general standards set forth in these regulations, including the area requirements, shall apply.

(4) Facilities shall be available to the public, staff, and patients who may be physically handicapped with special attention given to ramps, drinking fountain height, tilted mirrors, etc.

(5) The number of beds in a nursing unit shall not exceed sixty (60) unless additional services are provided, as deemed necessary by the Certificate of Need and Licensure Board. At least sixty (60) percent of the beds shall be located in rooms designed for one (1) or two (2) beds.

Section 7. Nursing Unit. (1) Patient rooms. Each patient room shall meet the following requirements:

(a) Maximum room capacity: four (4) patients.

(b) Minimum room areas exclusive of toilet rooms, closets, lockers, wardrobes, or vestibules: 100 square feet in one-bed rooms and eighty (80) square feet per bed in multibed rooms.

(c) Multibed rooms shall be designed to permit no more than two (2) beds side by side parallel to the window wall. Not less than a four (4) foot space shall be provided between beds, and at least three (3) foot space between the side of a bed and the nearest wall, fixed cabinet, or heating/cooling element. A minimum of four (4) feet is required between foot of bed and opposite wall, or foot of opposite bed in multibed rooms.

(d) Windows: All patient rooms must have windows that may be opened in an emergency. Sill shall not be higher than three (3) feet above the floor and shall be above grade. Window area to be at least ten (10) percent of patient room floor area.

(e) Nurses' calling stations. (See Section 30(8).)

(f) Lavatory. In single and two-bed rooms with private toilet room, the lavatory may be located in the toilet room. Where two (2) patient rooms share a common toilet, a lavatory shall be provided in each patient room.

(g) Wardrobe or closet for each patient. Minimum clear dimensions: One (1) foot deep by one (1) foot and eight (8) inches wide with full length hanging space; provide clothes rod and shelf.

(h) Cubicle curtains, or equivalent built-in devices shall be provided to furnish complete privacy for each patient at any one time in multibed rooms.

(i) No patient room shall be located more than 120 feet from the nurses' station, the clean workroom, and the soiled workroom. No room shall be used as a patient room where the access is through another patient's room.

(2) Service areas in each nursing unit. The size of each service area will depend on the number and types of beds within the unit and include:

(a) Nurses' station. For nurses' charting, doctors' char-

ting, communications, and storage for supplies and nurses' personal effects.

(b) Nurses' toilet room. Convenient to nurses' station.

(c) Soiled workroom. Shall contain clinical sink, work counter, waste receptacle and soiled linen receptacles.

(d) Medicine area. Provision shall be made for convenient and prompt twenty-four (24) hour distribution of medicine to patients. This may be from a medicine preparation room or unit, a self-contained medicine dispensing unit, or by another approved system. If used, a medicine preparation room or unit shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. A medicine dispensing unit may be located at the nurses' station, in the clean workroom, or in an alcove or other space under direct control of the nursing or pharmacy staff. Controlled substances locker must be under double lock.

(e) Clean linen storage. Enclosed storage space. (May be designated area within the clean workroom.)

(f) Nourishment station. Storage space, sink, hot plate, and refrigerator for serving between-meal nourishments. (May serve more than one (1) nursing unit on the same floor.)

(g) Patient baths. One (1) shower stall or one (1) bathtub for each fifteen (15) beds not individually served.

(h) Stretcher and wheelchair parking area or alcove.

(i) Janitor's closet. Storage of housekeeping supplies and equipment; floor receptor or service sink.

(3) Patient toilet rooms. A toilet room shall be directly accessible from each patient room without going through the general corridor. One (1) toilet room may serve two (2) patient rooms, but not more than four (4) beds. (The lavatory may be omitted from the toilet room if one (1) is provided in each patient room.)

(4) Isolation room. Isolation room(s) for the particular use of those prone to infections as well as those suffering from infections shall be provided. Each isolation room shall have:

(a) Only one (1) patient per room.

(b) Separate toilet room with bath or shower and lavatory for the exclusive use of patient allowing for direct entry from the patient bed area.

(c) Facilities outside and immediately adjacent to the patient room for maintaining aseptic conditions.

Section 8. Newborn Nursery Unit. (1) General. Each nursery shall provide:

(a) Lavatory.

(b) Emergency nurses' call.

(c) Oxygen.

(d) Isolation nursery.

(e) Facilities for viewing the babies.

(2) Full-term nursery. Each room shall contain not more than eight (8) bassinets (this may be increased to sixteen (16) if the extra bassinets are of the isolation type) with a minimum area of twenty-four (24) square feet per regular bassinet (forty (40) square feet per isolation type bassinets). An examination and workroom shall be provided. (One (1) examination and workroom serve up to twenty-four (24) bassinets.)

(3) Premature and special care nursery. A premature nursery is required only for hospitals with twenty-five (25) or more maternity beds. Each nursery shall have a minimum area of forty (40) square feet per bassinet. The premature nursery shall have its own workroom including lavatory. (A work area within the premature nursery may be used but this area shall be in addition to the required bassinet area.)

(4) Formula room. This room is intended for the sole purpose of preparing the infant formula and shall have no direct access to the nursery or workroom. It may be located elsewhere in the hospital. The following shall be provided unless commercially-prepared formula is used:

(a) Work counter with built-in sink with gooseneck-type spout and knee or foot control.

(b) Lavatory.

(c) Hot plate.

(d) Refrigerator.

(e) Sterilizer (autoclave).

(f) Bottle washer.

(5) If commercially prepared formula is to be used or other modifications are proposed in formula preparation and processing, the formula room shall include such space and equipment as are necessary to accommodate formula processing, handling, and storage requirements.

(6) Janitor's closet. This closet shall contain floor receptor or service sink and space for supplies and cleaning equipment.

Section 9. Pediatric Unit. If provided as a separate nursing unit it shall contain: (1) Patient rooms. Pediatric patient rooms shall conform to the same requirements as those for a patient room shown in Section 7(1)(b). In addition, an allowance of forty (40) square feet per bassinet must be provided in nurseries.

(2) Service areas. These areas shall conform to the requirements in Section 7(2) and shall include:

(a) Treatment room. Lavatory.

(b) Education and playroom. Multiuse area for fifty (50) percent of the patients.

(c) Toilet room. For each sex, with minimum ratio of one (1) toilet for each eight (8) beds excluding bassinets.

(d) Storage. For clothes, toys, and equipment.

Section 10. Psychiatric Unit. If included as a separate nursing unit, it should be designed as other nursing units except that care must be taken to provide for patients needing close supervision to prevent the patient's escape, suicide, or hiding. The unit shall contain:

(1) Patient room. Each patient room shall meet the following requirements:

(a) Minimum room areas: 100 square feet in one-bed rooms and eighty (80) square feet per bed in multibed rooms.

(b) Private toilet rooms.

(c) Window: Sill height shall not be higher than three (3) feet above the floor and shall be above grade. Provide detention screens or equivalent.

(2) Service areas. These areas shall conform to the requirements in Section 7(2) and shall include:

(a) Examination and treatment room.

(b) Conference room.

(c) Dining room, recreation room, occupational therapy room shall equal forty (40) square feet per patient combined.

(d) Storage for recreation and occupational therapy equipment.

(e) Storage for patients' belongings.

Section 11. Surgical Suite. (1) General. The suite shall be located to prevent through traffic.

(2) Operating rooms. The number of operating rooms and recovery beds and the sizes of the service areas shall be based on the expected surgical workload. The surgical suite

shall be located and arranged to preclude unrelated traffic through the suite.

(3) Cystoscopy room. This room is required in a facility of over 150 beds. Facilities for dispensing of liquid waste shall be provided. (May be located in area other than the surgical suite.)

(4) Recovery facilities. A separate room with charting space, medication storage and preparation space, and clinical sink is required.

(5) Service areas in each surgical suite. The size of each service area will depend on the surgical workload and shall include:

(a) Surgical supervisor station.

(b) Sterilizing facilities. Near operating room with high-speed autoclave.

(c) Facilities for storage and preparation of medication.

(d) Scrubup facilities. Adjacent to operating rooms.

(e) Soiled workroom. Shall contain counter, clinical sink, waste receptacle, and soiled linen receptacle.

(f) Storage for sterile and unsterile supplies. (May be in clean workroom.)

(g) Anesthesia workroom. For cleaning and storage of equipment.

(h) Storage room for anesthetic agents.

(i) Medical gas and oxygen facilities. (Provide storage room if these services are not piped in.)

(j) Clean workroom. For storage and assembly of supplies; shall contain counter and sink.

(k) Equipment storage room. For surgical and monitoring equipment.

(l) Janitor's closet. Floor receptor or service sink and storage for housekeeping supplies and equipment.

(m) Clothing change areas, lockers, and toilet rooms. For doctors, nurses, orderlies, and other personnel.

(n) A holding area should be designated for patients waiting for surgery which will not obstruct the corridors.

(o) Stretcher alcove.

Section 12. Obstetrical Suite. (1) General. The suite shall be located to prevent through traffic and shall be completely separated from the surgical suite. (See Sections 26, 29 and 30 for special requirements.)

(2) Delivery room. The number required shall be based on the estimated annual birth rate.

(3) Labor room. The number required shall be based on the estimated annual birth rate. A toilet room shall be provided accessible to each labor room.

(4) Recovery room. Shall contain a minimum of two (2) beds; clinical sink; and medication storage and preparation. (May be omitted in hospitals with an annual birth rate of less than 1500.)

(5) Service areas in each obstetrical suite. The size of each service area will depend on the obstetrical workload and the suite shall include:

(a) Supervisor's station.

(b) Sterilizing facilities. Provide with high-speed autoclave. Locate near delivery rooms.

(c) Facilities for storage and preparation of medication.

(d) Scrubup facilities. Adjacent to delivery room.

(e) Soiled workroom. Shall contain counter, clinical sink, waste receptacle, and soiled linen receptacles.

(f) Storage for sterile and unsterile supplies. (May be in clean workroom.)

(g) Anesthesia workroom. For cleaning and storage of equipment.

(h) Storage room for anesthetic agents.

(i) Nitrous oxide and oxygen facilities. (Provide storage room if these services are not piped in.)

(j) Clean workroom. For storage and assembly of supplies; shall contain counter and sink.

(k) Equipment storage room. For surgical and monitoring equipment.

(l) Janitor's closet. Floor receptor or service sink and storage for housekeeping supplies and equipment.

(m) Clothing change areas, lockers, and toilet rooms. For doctors, nurses, orderlies and other personnel.

Section 13. Coronary Care Unit. When coronary care units are planned they shall provide the following:

(1) Single bed patient rooms.

(a) All beds shall be arranged to permit direct visual observation by the nursing staff.

(b) Windows shall be provided so that each patient is cognizant of the outdoor environment.

(c) Opaque curtains when privacy is necessary.

(d) IV solution support for each patient so that the solution is not suspended directly over the patient.

(e) Each bed location shall have oxygen and suction available, two (2) convenience outlets, an examination light and a call system.

(f) Provision for bed lighting suitable for patient reading.

(g) Communication system for nurse to use in an emergency situation without leaving patient bedside.

(h) Toilet facilities shall be directly accessible for each patient. Lavatory spouts should have knee, foot or wrist control.

(i) A locker for the patient's clothing if no closet is available.

(2) Service areas:

(a) Nurses' station:

1. Shall be located to permit direct visual observation of each patient.

2. A desk or counter large enough to provide sufficient work space as well as to accommodate central monitoring equipment and charts.

3. Handwashing facilities shall be available convenient to nurse's station and the drug distribution station.

(b) Emergency equipment.

(c) Drug distribution center: Provision shall be made for the administration of drugs within the unit and shall contain a work counter, refrigerator, and locked storage for biologicals and drugs.

Section 14. Emergency Room Suite. The facilities shall be located to prevent outpatients from traversing inpatient areas and shall include:

(1) Well-marked and sheltered entry with convenient access for ambulances and wheelchairs.

(2) Reception area with telephone, drinking fountain, and toilet rooms.

(3) Admissions and patients' records area.

(4) Examination and treatment room(s). Lavatory.

(5) Emergency room. Clinical sink. (See Sections 26, 29 and 30 for special requirements.)

(6) Storage for sterile supplies.

(7) Wheelchair and stretcher alcove.

(8) Janitor's closet. Floor receptor or service sink and storage for housekeeping supplies and equipment.

Section 15. Radiology Suite. This suite shall contain: (1) Radiographic room (See Section 30 for special requirements).

(2) Film processing room.

(3) Film filing room.

(4) Toilet room. Adjoining each fluoroscopy room.

(5) Dressing area. For ambulatory patients.
(6) Holding area. For stretcher patients.
(7) Waiting space.
(8) Office. With film viewing facilities.

Section 16. Laboratory Suite. Facilities for the following services shall be provided: chemistry, serology, bacteriology, cytology, pathology, and hematology, if not obtained from an outside source shall be provided. The following shall be included:
(1) Glasswashing and sterilizing facilities.
(2) Recording and filing facilities.
(3) Office.
(4) Blood storage facility. (May be located in area other than the laboratory suite.)
(5) Specimen collection room. This room shall be located near the laboratory and contain a water closet and lavatory.
(6) Morgue and autopsy facilities. These facilities shall be provided within the hospital unless otherwise available.

Section 17. Pharmacy or Drug Room. If drugs are used, an adequate supply and other medicinal agents shall be available at all times to meet the requirements of the hospital. They shall be stored in a safe manner and kept properly labeled and accessible. Controlled substances and other dangerous or poisonous drugs shall be handled in a safe manner to protect against their unauthorized use. Controlled substances locker must be under double lock. There shall be adequate refrigeration for biologicals and drugs which require refrigeration. The existing laws, rules and regulations governing drugs and poisons shall be complied with.

Section 18. Dietary Department. The department shall include the following facilities unless commercially prepared dietary service, meals, and/or disposables are to be used. If a commercial service will be used, dietary areas and equipment shall be designed to accommodate the requirements for sanitary storage, processing, and handling.
(1) Food preparation center. Provide lavatory but do not provide mirror.
(2) Food serving facilities. For patients and staff.
(3) Dishwashing room. Provide commercial-type dishwashing equipment and lavatory.
(4) Potwashing facilities.
(5) Refrigerated storage. Three (3) day supply.
(6) Dry storage. Three (3) day supply.
(7) Cart cleaning facilities.
(8) Cart storage area.
(9) Waste disposal facilities.
(10) Canwashing facilities.
(11) Dining facilities.
(12) Dietician's office.
(13) Janitor's closet. Storage for housekeeping supplies and equipment; floor receptor or service sink.
(14) Toilet room. Conveniently accessible for dietary staff.

Section 19. Administration Department. This department shall include: (1) Business office.
(2) Cashier's station.
(3) Information center.
(4) Administrator's office.
(5) Admitting office.
(6) Medical library resources.
(7) Lobby.
(8) Public and staff toilet rooms.
(9) Director of nurses office.
(10) Housekeeper's office or space. (Location optional and may be combined with clean linen room in hospitals of less than 100 beds.)
(11) Conference room (multipurpose).

Section 20. Medical Records Unit. This unit shall include: (1) Active record storage area.
(2) Record review and dictating room.
(3) Work area. For sorting, recording, or microfilming.
(4) Inactive record storage area. (May be omitted if microfilming is used.)

Section 21. Central Medical and Surgical Supply Department. The following areas shall be separated from each other: (1) Receiving and cleanup room. Space for cleaning equipment and disposing or processing of unclean articles shall be provided.
(2) Clean workroom. This room shall be divided into work space, clean storage area, sterilizing facilities, and storage area for sterile supplies.
(3) Unsterile supply storage area. (May be located in an area other than this department.)

Section 22. Laundry. The laundry shall include: (1) Soiled linen room.
(2) Clean linen and mending room.
(3) Linen cart storage.
(4) Lavatories. Accessible from soiled, clean and processing rooms.
(5) Laundry processing room. A supply of clean linens shall be available to meet daily needs of patients.
(6) Janitor's closet. Storage for housekeeping supplies and equipment; floor or service sink.
(7) Storage for laundry supplies. (Subsections (5), (6), (7) need not be provided if laundry is processed outside the hospital.)

Section 23. Central Stores. General storage shall be adequate to meet the needs of the hospital.

Section 24. Employe's Facilities. (1) Female help locker room. This room shall have rest space, lockers, and separate toilet room.
(2) Male help locker room. This room shall have lockers and separate toilet room.

Section 25. Engineering Service and Equipment Areas. The following shall be provided:
(1) Boiler room.
(2) Engineer's office.
(3) Mechanical and electrical equipment room(s).
(4) Maintenance shop(s). At least one (1) room shall be provided.
(5) Storage room for building maintenance supplies.
(6) Storage room for housekeeping equipment. (Need not be provided if space is available in janitor's closet elsewhere.)
(7) Convenient bathing facilities.
(8) Refuse room. For trash storage. Shall be located convenient to service entrance.
(9) Incinerator space. The incinerator shall be in a separate room, or in a designated area within the boiler room, or outdoors.
(10) Yard equipment storage room. For yard maintenance equipment and supplies.

Section 26. Details and Finishes. All details and finishes shall meet the following requirements:

(1) Details:

(a) Exit facilities shall comply with the requirements for exit facilities as listed in "Standards of Safety," adopted by the State Fire Marshal's Office. Doors to patient toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of two (2) feet and ten (10) inches.

(b) Such items as drinking fountains, telephone booths, and vending machines shall be located so that they do not project into the required width of exit corridors.

(c) All doors to patient-room toilets or patient-room bathrooms shall be equipped with hardware which will permit access in any emergency.

(d) All doors opening onto corridors shall be swing-type except elevator doors. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.

(e) No doors shall swing into the corridor except closet doors.

(f) Thresholds and expansion joint covers, if used, shall be flush with the floor.

(g) The location and arrangement of lavatories and sinks with blade handles intended for handwashing purposes shall provide sixteen (16) inches clearance each side of center line of fixture. (See Section 29(5)(a).)

(h) Towel dispensers or other hand drying equipment shall be provided at all lavatories and sinks used for handwashing.

(i) If linen and refuse chutes are used, they shall be designed as follows: (Also see Section 29(2).)

1. Service openings to chutes shall have approved class "B," one and one-half (1½) hour fire doors.

2. Service openings to chutes shall be located in a room or closet of not less than one (1) hour fire-resistive construction, and the entrance door to such room or closet shall be class "C," three-fourths (¾) hour fire door.

3. Minimum diameter of gravity-type chutes shall be two (2) feet.

4. Chutes shall terminate in or discharge directly into a refuse room or linen chute room separate from the incinerator or laundry. Such rooms shall be of not less than two (2) hour fire-resistive construction and the entrance door shall be a class "B," one and one-half (1½) hour fire door.

5. Chutes shall extend at least four (4) feet above the roof and shall be covered by a metal skylight glazed with thin plain glass.

(j) Dumbwaiters, conveyors, and material handling systems shall not open into any corridor or exitway but shall open into a room enclosed by not less than one (1) hour fire-resistive construction. The entrance door to such room shall be a class "C," three-fourths (¾) hour fire door.

(k) Protection requirements of x-ray and gamma-ray installations shall be approved by the Radiation and Product Safety Branch, Office of Consumer Health Protection, Bureau for Health Services, Department for Human Resources.

(l) Ceiling heights:

1. Boiler room. Not less than two (2) feet and six (6) inches above the main boiler header and connecting piping with a minimum height of nine (9) feet.

2. Corridors, storage rooms, patients' toilet rooms, and other minor rooms. Not less than seven (7) feet and six (6) inches.

3. All other rooms. Not less than eight (8) feet.

(m) Boiler rooms, food preparation centers, and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of eighty-five (85) degrees Fahrenheit.

(n) Approved fire extinguishers shall be provided in recessed locations throughout the building in accordance with the requirements of the State Fire Marshal's Office.

(o) Noise reduction criteria. Partition, floor, and ceiling construction in patient care areas shall comply with Table 1, Section 31.

(2) Finishes:

(a) For flame spread requirements, see Section 28(5).

(b) Floors in anesthetizing areas and rooms used for storage of flammable anesthetic agents shall comply with NFPA Standard No. 56A as adopted by the State Fire Marshal's Office for hospitals.

(c) Floors generally shall be easily cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchens and related spaces shall be waterproof and greaseproof. In all areas where floors are subject to wetting, they shall have a nonslip finish.

(d) Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.

(e) Walls generally shall be washable and in the immediate area of plumbing fixtures, the finish shall be moistureproof. Wall bases in dietary areas shall be free of spaces that can harbor insects.

(f) Wall bases in any areas used for surgical and obstetrical procedures shall be integral with either the wall or the floor surface material and shall be without voids that can harbor harmful bacteria.

(g) All ceilings shall be washable or easily cleanable except that ceilings shall be washable in operating suites, delivery suites, dietary areas, and nurseries. This requirement does not apply to boiler rooms, mechanical and building equipment rooms, shops, and similar spaces.

(h) Ceilings shall be acoustically treated in corridors, in patient areas, nurses' stations, labor rooms, nourishment stations, dining areas, and dayrooms. Special attention shall be given to sound transmission from boiler rooms, mechanical rooms, and kitchen, to patient bedroom areas.

Section 27. Elevators. Elevator requirements shall conform to the current standards for elevators adopted by the Division of Labor Standards, Department of Labor.

(1) Elevators, where required. All hospitals where either patients' beds or a critical facility, such as operating, delivery, diagnostic, recreation, patient dining, or therapy rooms are located on other than the first floor, shall have electric or electrohydraulic elevators as follows:

(a) Number of elevators:

1. At least one (1) hospital-type elevator shall be installed where one (1) to fifty-nine (59) patient beds are located on any floor other than the first. (For purposes of these requirements, the first floor is that floor first reached from the main front entrance.)

2. At least two (2) hospital-type elevators shall be installed where sixty (60) to 200 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than that containing the patient beds.

3. At least three (3) hospital-type elevators shall be installed where 201 to 350 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than that containing the patient beds.

4. For hospitals with more than 350 beds, the number of elevators shall be determined from a study of the hospital plan and the estimated vertical transportation requirements.

(b) Cars and platforms shall be constructed of noncombustible material, except that fire-retardant-treated material may be used if all exterior surfaces of the car are covered with metal. Cars of hospital-type elevators shall have inside dimensions that will accommodate a patient's bed and attendant and shall be at least five (5) feet wide by seven (7) feet and six (6) inches deep. The car door shall have a clear opening of not less than three (3) feet and eight (8) inches.

(c) Leveling. Elevators shall have automatic leveling of the two-way automatic maintaining type with accuracy within plus or minus one-half (½) inch.

(d) Operation. Elevators (except freight elevators) shall be equipped with two-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

(2) Field inspection and tests. The contractor shall be required to cause inspections and tests to be made and shall deliver to the owner written certification that the installation meets the requirements set forth in this section and all pertinent safety requirements.

Section 28. Construction Including Fire-Resistive Requirement. (1) Foundations shall rest on natural solid ground if a satisfactory soil is available at reasonable depths. Proper soil-bearing values shall be established in accordance with recognized standards. If solid ground is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement, except that one (1) story buildings may rest on a fill designed by a soils engineer. When engineered fill is used, site preparation and all grading shall be done under the direct full-time supervision of the soils engineer. The soils engineer shall issue a final report on the grading operation and a certification of compliance with the job specifications. All footings shall extend to a depth not less than one (1) foot below the estimated maximum frost line.

(2) Construction shall meet the standards of safety adopted by the State Fire Marshal's Office.

(3) Fire safety approval. Prior to final approval of plans and specifications by the state licensure agency, the plans and specifications must be approved by the State Fire Marshal's Office or their authorized representative.

(4) One (1) story buildings. One (1) story buildings shall be of not less than one (1) hour fire-resistive construction throughout, with the following exceptions:

(a) Walls enclosing stairways, elevator shafts, chutes and other vertical shafts, boiler rooms, and storage rooms of 100 square feet or greater area shall be of two (2) hour fire-resistive construction.

(b) Heavy timber construction may be used in gymnasiums, chapels, auditoriums, and administration areas provided that these areas are so located as to be free-standing buildings or if attached to the main building, are suitably fire separated therefrom, do not form a major circulation element in the facility, and not serve as a required means of egress.

(5) Multistory buildings:

(a) For all buildings more than one (1) story in height, the structural framework and building elements shall be an appropriately fire-resistive combination of materials using steel, concrete, or masonry. Load-bearing walls may be used only for exterior walls, fire walls, and vertical shafts.

(b) Bearing walls and walls enclosing stairways, elevator shafts, chutes and other vertical shafts, boiler rooms, and storage rooms of 100 square feet or greater area shall be of two (2) hour fire-resistive construction.

(c) Nonload-bearing corridor partitions shall be of one (1) hour fire-resistive construction.

(d) Columns, girders, trusses, floor construction, including beams, shall be of not less than one and one-half (1½) hour fire-resistive construction.

(e) Beams supporting masonry shall be individually protected with not less than two (2) hour fire-resistive construction.

(f) Nonload-bearing partitions other than corridor partitions shall be of one (1) hour fire-resistive construction and may utilize fire-retardant treated wood studs.

(6) Fire-resistive ratings shall be determined in accordance with the American Society of Testing and Materials, Standard E119-73, filed herein by reference.

(7) Interior finish of walls and ceilings of all exitways, storage rooms, and areas of unusual fire hazard shall have a flame spread rating of not more than twenty-five (25); all other areas shall have a flame spread rating of not more than seventy-five (75), except that up to ten (10) percent of the aggregate wall and ceiling area may have a finish with a rating up to 200. Floor finish materials shall have a flame spread rating of not more than seventy-five (75). Flame spread ratings for each specific product shall be determined by an independent testing laboratory in accordance with the American Society of Testing and Materials, Standard E84-70, filed herein by reference.

Section 29. Mechanical Requirements. (1) General: Prior to completion of the contract and final acceptance of the facility, the architect and/or engineer shall obtain from the contractor certification that all mechanical systems have been tested and that the installation and performance on these systems conform to the requirements of the plans and specifications.

(2) Incinerators and refuse chutes. Incinerators shall be gas, electric, or oil-fired and shall be capable of, but need not be limited to, complete destruction of pathological wastes. The design and installation must comply with current Kentucky standards for control of air contaminants for incinerators regulations applicable to hospitals. Design and construction of refuse chutes shall be in accordance with Part III of the NFPA Standard No. 82 as adopted by the State Fire Marshal's Office for hospitals.

(3) Steam and hot water systems:

(a) Boilers. If boilers are used, a minimum of two (2) must be provided; the combined capacity of the boilers, based upon the published Steel Boiler Institute or Institute of Boiler and Radiator Manufacturer's net rating, must be able to supply 150 percent of the normal requirements of all systems and equipment.

(b) Boiler accessories. Boiler feed pumps, condensate return pumps, fuel oil pumps, and circulating pumps shall be connected and installed to provide standby service when any pump breaks down.

(c) Valves. Supply and return mains and risers of space heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return end.

(d) Covering. Boilers, smoke breeching, steam supply piping, high pressure steam return piping, and hot water space heating supply and return piping shall be insulated with insulation having a flame spread rating of twenty-five (25) or less and a smoke-developed rating of fifty (50) or less.

(4) Air-conditioning, heating, and ventilating systems:

(a) Temperature and humidities:

1. The systems shall be designed to provide the temperatures and humidities shown below:

Area Designation	Temp. F.	RH
Operating	70-76*	50-60
Delivery	70-76	50-60
Recovery	75	50-60
Nursery (observation)	75	50
Nursery (full-term)	75	50
Nursery (premature)	75-80*	50-60*
Intensive Care	75-80*	30-60

* Variable range required

2. For all other occupied areas, a minimum temperature of seventy-two (72) degress Fahrenheit shall be provided at winter design conditions.

(b) Ventilation system details. All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown on Table 2, Section 30, shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates if they are required to meet design conditions.

1. Outdoor ventilation air intakes, other than for individual room units, shall be located as far away as practicable but not less than twenty-five (25) feet from the exhausts from any ventilating system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than eight (8) feet above the ground level or, if installed through the roof, three (3) feet above roof level.

2. The ventilation systems shall be designed and balanced to provide the general pressure relationship to adjacent areas as shown in Table 2, Section 30.

3. All air supplied to sensitive areas such as operating and delivery rooms and nurseries shall be delivered at or near the ceiling of the area served and all air exhausted from the area shall be removed near floor level. At least two (2) exhaust outlets shall be used in all operating and delivery rooms. Exhaust outlets shall be located not less than three (3) inches above the floor.

4. Room supply air inlets, recirculation, and exhaust air outlets installed in nonsensitive areas shall be located not less than three (3) inches above the floor.

5. Corridors shall not be used to supply air to or exhaust air from any room, except that exhaust air from corridors may be used to ventilate bathrooms, toilet rooms, or janitor's closets opening directly on corridors.

6. Filters. The ventilation systems serving sensitive areas such as operating rooms, delivery rooms, nurseries, isolation rooms and laboratory sterile rooms, and circulated central air systems serving other hospital areas, shall be equipped with a minimum of two (2) filter beds. Filter bed #1 shall be located upstream of the conditioning equipment and shall have a minimum efficiency of thirty (30) percent. Filter bed #2 shall be located downstream of the conditioning equipment and shall have a minimum efficiency of ninety (90) percent.

7. Central systems using 100 percent outdoor air and serving other than sensitive areas, except as noted in subparagraph 14 of this paragraph, shall be provided with filters rated at eighty (80) percent efficiency.

8. The above filter efficiencies shall be warranted by the manufacturer and shall be based on the National Bureau of Standards Dust Spot Test Method with Atmospheric Dust.

9. The exhausts from all laboratory hoods in which infectious or radioactive materials are processed shall be equipped with filters having a ninety-nine (99) percent efficiency based on the DOP (dioctyl-phthalate) test method.

10. Filter frames shall be durable and carefully dimensioned, and shall provide an air-tight fit with the enclosing ductwork. All joints between filter segments and the enclosing ductwork shall be gasketed or sealed to provide a positive seal against air leakages.

11. A manometer shall be installed across each filter bed serving central air systems.

12. Ducts shall be constructed of iron, steel, aluminum, or other approved metal or materials such as clay or asbestos cement.

13. Ducts which penetrate construction intended for x-ray or other ray protection shall not impair the effectiveness of the protection.

14. Duct linings, coverings, vapor barriers, and the adhesives used for applying them shall have a flame spread classification of not more than twenty-five (25) and a smoke-developed rating of not more than fifty (50).

15. Acoustical lining materials shall not be used in the interior of duct systems serving sensitive areas such as operating and delivery rooms, nurseries, and isolation rooms.

16. Ducts which pass through fire walls shall be provided with approved automatic fire doors on both sides of the wall except that three-eighths (3/8) inch steel plates may be used in lieu of fire doors for openings not exceeding one (1) foot and six (6) inches in diameter. An approved fire damper shall be provided on each opening through each fire partition and on each opening through the walls of a vertical shaft. Ducts which pass through a required smoke barrier shall be provided with dampers which are actuated by products of combustion other than heat. Access for maintenance shall be provided at all dampers.

17. Cold-air ducts shall be insulated wherever necessary to maintain the efficiency of the system or to minimize condensation problems.

18. Laboratories shall be provided with outdoor air at a rate of two (2) air changes per hour. If this ventilation rate does not provide the air required to ventilate fume hoods and safety cabinets, additional air shall be provided. A filter with ninety (90) percent efficiency shall be installed in the air supply system at its entrance to the media transfer room.

19. Laboratory hoods for general use shall have a minimum average face velocity of seventy-five (75) feet per minute. Hoods in which infectious or highly radioactive materials are processed shall have a face velocity of 100 feet per minute and each shall have an independent exhaust system with the fan installed at the discharge point of the system. Hoods used for processing infectious materials shall be equipped with a means of disinfection.

20. Duct systems serving hoods shall be constructed of corrosion-resistant material. Duct systems serving hoods in which highly radioactive materials and strong oxidizing agents are used shall be constructed of stainless steel for minimum distance of ten (10) feet from the hood and shall be equipped with washdown facilities.

21. The air from dining areas may be used to ventilate the food preparation areas only after it has passed through a filter with eighty (80) percent efficiency.

22. Exhaust hoods in food preparation centers shall have a minimum exhaust rate of 100 cubic feet per minute per square foot of hood face area. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-actuated fan controls. Clean-out openings shall be provided every twenty (20) feet in horizontal exhaust duct systems serving hoods.

23. The ventilation system for anesthesia storage rooms shall conform to the requirements of NFPA Standard No.

56A as adopted by the State Fire Marshal's Office for hospitals.

24. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and reasonable temperatures in the rooms and in adjoining areas. (See Section 26(1)(m) for additional boiler room, food preparation center, and laundry ventilation requirements.)

(5) Plumbing and other piping systems. All plumbing systems shall be installed in accordance with the requirements of current Kentucky plumbing standards regulations applicable to hospitals. (See Section 5(2).)

(a) Plumbing fixtures:

1. The material used for plumbing fixtures shall be of non-absorptive acid-resistant material.

2. Lavatories and sinks required in patient care areas shall have the water supply spout mounted so that its discharge point is a minimum distance of five (5) inches above the rim of the fixture. All fixtures used by medical and nursing staff and all lavatories used by patients and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose they shall not exceed four and one-half (4½) inches in length, except that handles on scrub sinks and clinical sinks shall be not less than six (6) inches long.

3. Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(b) Water supply systems:

1. Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods.

2. Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

3. Hot, cold, and chilled water piping, and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior vapor barrier.

4. Backflow preventers shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as laboratory and janitor's sinks, bedpan flushing attachments, and autopsy tables.

5. Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

6. Bedpan flushing devices shall be provided in each patient toilet room and in the soiled workroom.

7. Hot water distribution systems shall be arranged to provide hot water at each fixture at all times.

8. An auxiliary water supply shall be available to provide potable water in emergencies.

(c) Hot water heaters and tanks:

1. The hot water heating equipment shall have a sufficient capacity to supply water at the temperature and amounts indicated below:

	Use		
	Clinical	Dietary	Laundry
Gal/hr/bed	6½	4	4½
Temp. F.	125	180	180

2. Storage tank(s) shall be provided and shall be fabricated of non-corrosive metal, or lined with non-corrosive material.

(d) Drainage systems:

1. Drain lines from sinks in which acid wastes may be poured shall be fabricated from an acid-resistant material.

2. Piping over operating and delivery rooms, nurseries, food preparation centers, food serving facilities, food storage areas, and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of necessary overhead piping systems.

3. Floor drains shall not be installed in operating and delivery rooms.

4. Building sewers shall discharge into a community sewerage system. Where such a system is not available, a facility providing sewage treatment which conforms to applicable local and state regulations is required.

(e) Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in areas such as: central soiled linen holding rooms, maintenance shops, trash rooms, bulk storage, and laundry and trash chutes. Storage rooms of less than 100 square-foot area and spaces used for storage of nonhazardous materials are excluded from this requirement. Sprinkler heads shall be installed at the top and at alternate floor levels of trash and laundry chutes.

(f) Nonflammable medical gas systems. Nonflammable medical gas system installations shall be in accordance with the requirements of NFPA Standard No. 56-F as adopted by the State Fire Marshal's Office for hospitals.

(g) Plumbing approval. Prior to final licensure approval of the plans and specifications by the state licensure agency, the plumbing plans and specifications must be approved by the Division of Plumbing, Department for Housing, Buildings and Construction.

Section 30. Electrical Requirements. (1) General:

(a) All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriters' Laboratories, Inc., or other similarly established standards.

(b) The contractor shall be responsible for testing all electrical installations and systems and shall show that the equipment is correctly installed and operates as planned or specified. A written record of tests of conductive floors, ground contact, indicators, and radiation protection shall be supplied to the owner.

(2) Special feeders and circuits. Fixed and mobile x-ray units shall be connected by means of independent feeders or circuits.

(3) Switchboard and power panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and distribution panel-boards shall be enclosed or guarded to provide a dead front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(4) Distribution panelboards. Lighting and appliance panelboards shall be provided for the circuits on each floor. This requirement does not apply to emergency system circuits.

(5) Lighting:

(a) All spaces occupied by people, machinery, and equipment within buildings, and the approaches thereto, and parking lots shall have electric lighting.

(b) Patients' bedrooms shall have general lighting and night lighting. A reading light shall be provided for each patient. A fixed receptacle type night light mounted approximately sixteen (16) inches above the floor, with the switch located at patient room door, shall be provided in each patient room. Patients' reading lights and other fixed lights not switched at the door shall have switch controls convenient for use at the luminaire. All switches for controls of light in patient areas shall be of the quiet operating type.

(c) Operating and delivery rooms shall have general lighting for the room in addition to local lighting provided by special lighting units at the surgical and obstetrical tables. Each special lighting unit for local lighting at tables shall be connected to an independent circuit.

(d) Provisions shall be made for the night lighting of corridors. (See Table 3, Section 31, for levels of illumination for various areas.)

(6) Receptacles. (Convenience outlets):

(a) Anesthetizing locations. Each operating, delivery, and emergency room shall have at least three (3) receptacles of the interchangeable type. In locations where mobile x-ray is used, an additional receptacle, distinctively marked for x-ray use, shall be fed by an independent ungrounded circuit.

(b) Bedroom. Each patient bedroom shall have duplex receptacles as follows: one (1) on each side of the head of each bed (for parallel adjacent beds, only one (1) receptacle is required between the beds); receptacles for luminaries and motorized beds, if used; and one (1) receptacle on another wall.

(c) Corridors. Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends of corridors.

(d) Pediatric units. Receptacles in patient rooms shall be of the safety type. Receptacles in corridors shall be of safety type or shall be controlled by switches located at a nurses' station or other supervised location.

(7) Equipment installation in special areas:

(a) Installation in hazardous areas. In areas where flammable anesthetic agents are used, such as operating, delivery, emergency, and anesthesia induction rooms, and rooms for storage of flammable gases, all electrical equipment and devices including receptacles, wiring and conductive flooring installations shall comply with NFPA Standard No. 56A as adopted by the State Fire Marshal's Office for hospitals.

(b) X-ray and gamma-ray installations. X-ray stationary installations and mobile equipment shall conform to the current Kentucky standards for radiographic and radioisotope equipment and use regulations applicable to hospitals.

(c) X-ray film illuminator. Viewing panels shall be installed in each operating room and in the x-ray viewing room.

(8) Nurses' calling system. For patients' use at each bed, nurses' calling stations shall be provided that will register a call from the patient at the nurses station and actuate a visual signal at the patient room door, in the clean workroom, soiled workroom, and nourishment stations of the nursing unit. In multicorridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two (2) or more calling stations indicating lights shall be provided at each calling station. Nurses' calling systems which provide two (2) way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operating. An emergency calling station shall be provided convenient for patients' use at each patient toilet, bath, or shower room. An emergency nurses' calling station shall be provided for nurses' use in each operating, emergency, and intensive nursing care room, and wards for mental patients. In addition, an emergency nurses' call system shall be provided for nurses' use in delivery and recovery rooms, and in nurseries where adequate nursing personnel (two (2) or less) are not available to manage emergency situations.

(9) Fire alarms and fire detector systems. The design and installation of these systems must be approved by the State Fire Marshal's Office.

(10) Emergency electric service:

(a) General. To provide electricity during an interruption of the normal electric supply that could affect the medical care, treatment, or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

(b) Sources. The source of this emergency electric service shall be as follows:

1. An emergency generating set, when the normal service is supplied by one or more central station transmission lines;

2. An emergency generating set or a central station transmission line, when the normal electric supply is generated on the premises.

(c) Emergency generating set. The required emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. Exception: A system of prime movers which are ordinarily used to operate other equipment and alternately used to operate the emergency generator(s) will be permitted provided that the number and arrangement of the prime movers is such that when one (1) of them is out of service (due to breakdown or for routine maintenance), the remaining prime mover(s) can operate the required emergency generator(s) and provided that the connection time requirements described in paragraph (e) of this subsection are met. The emergency generator set shall be sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system. The power factor rating of the generator shall be not less than eighty (80) percent.

(d) Emergency electrical connections. Emergency electric service shall be provided to circuits as follows:

1. Lighting:

a. Exitways and all necessary ways of approach thereto, including exit signs and exit direction signs, exterior of exits, exit doorways, stairways, and corridors;

b. Surgical, obstetrical, and emergency room operating lights.

c. Nursery, laboratory, recovery room, intensive care areas, nursing station, medication preparation area, and labor rooms.

d. Generator set location, switch-gear location, and boiler room;

e. Elevator (if required for emergency);

f. Night light in patient rooms.

2. Equipment. Essential to life, safety and for protection of important equipment or vital materials:

a. Nurses' calling system;

b. Alarm system including fire alarm actuated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire detection systems, pag-

ing or speaker systems if intended for issuing instructions during emergency conditions, and alarms required for nonflammable medical gas systems, if installed.

c. Fire pump, if installed.

d. Receptacles for incubators for infants.

e. Pump for central suction system.

f. Sewerage or sump lift pump, if installed.

g. Receptacles for blood bank refrigerator.

h. Receptacles in operating, recovery, intensive care, and delivery rooms except those for x-ray. At least one (1) duplex receptacle in each nursery.

i. Duplex receptacles in patient corridors; and at least one (1) receptacle in each patient room.

j. One (1) elevator, where elevators are used to transport patients to operating and delivery rooms or from these rooms to nursing areas on another floor.

k. Equipment such as burners and pumps necessary for operation of one (1) or more boilers and their necessary auxiliaries and controls, required for heating and sterilization.

l. Ventilation of operating and delivery rooms.

m. Equipment necessary for maintaining telephone service.

n. One (1) electric sterilizer, if installed.

3. Heating. Where electricity is the only source of power normally used for space heating, the emergency service shall provide for heating of operating, delivery, labor, recovery, intensive care, nurseries, and patient rooms. Emergency heating of patient rooms will not be required under either of the following conditions: (i) the design temperature is higher than twenty (20) degrees Fahrenheit, based on the Median of Extremes as shown in the current edition of the ASHRAE Handbook of Fundamentals; or (ii) the hospital is supplied by at least two (2) utility service feeders, each supplied by separate generating sources, or a network distribution system fed by two (2) or more generators, with the hospital feeders so routed, connected, and protected that a fault any place between the generators and the hospital will not likely cause an interruption of more than one (1) of the hospital service feeders.

(e) Details. The emergency electrical system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within ten (10) seconds through one (1) or more primary automatic transfer switches to all emergency lighting; all alarms; blood banks; nurses' call; equipment necessary for maintaining telephone service; pump for central suction system; and receptacles in operating and delivery rooms, patient corridors, recovery rooms, intensive care nursing areas, and nurseries. All other lighting and equipment required to be connected to the emergency system shall either be connected through the above described primary automatic transfer switching or shall be subsequently connected through other automatic or manual transfer switching. Receptacles connected to the emergency system shall be distinctively marked for identification. Storage-battery-powered lights, provided to augment the emergency lighting or for continuity of lighting during the interim of transfer switching immediately following an interruption of the normal service supply, shall not be used as a substitute for the requirement of a generator. Where fuel is normally stored on the site, the storage capacity shall be sufficient for twenty-four (24) hour operation. Where fuel is normally piped underground to the site from a utility distribution system, storage facilities on the site will not be required.

Section 31. Table 1—Sound Transmission Limitations for Partitions and Floors in General Hospitals. Table 2—Pressure Relationships and Ventilation of Certain Hospital Areas. Table 3—Lighting Levels for Hospitals.

Table 1. Sound Transmission Limitations for Partitions and Floors in General Hospitals

Location	Airborne Sound Transmission Class (STC) a*		Impact Noise Rating (INR) b*
	Partitions	Floors	Floors
Patients' room to patients' room	45	45	Minus 2
Corridor to patients' room	40	45	Plus 5c*
Public space to patients' room d*	50	50	Plus 5c*
Service areas to patients' room e*	55	55	Plus 10c*

a* Sound transmission class (STC) shall be determined by tests in accordance with methods set forth by the American Society of Testing and Materials, Standard E90-70, filed herein by reference.

b* Impact noise rating (INR) shall be determined in accordance with criteria set forth in HUD-TS-24 "A Guide to Airborne Impact and Structureborne Noise Control in Multifamily Dwellings" filed herein by reference.

c* Impact noise limitation applicable only when corridor, public space, or service area is over patients' room.

d* Public space includes lobbies, dining rooms, recreation rooms, treatment rooms, and similar spaces.

e* Service areas include kitchens, elevators, elevator machine rooms, laundries, garages, maintenance rooms, boiler and mechanical equipment rooms, and similar space of high noise or vibration or both. Mechanical equipment located on the same floor or above patients' rooms, offices, nurses' stations, and similar occupied spaces shall be effectively isolated from such spaces with respect to noise and vibration.

Note: The requirements set forth in this table assume installation methods which will not appreciably reduce the efficiency of the assembly as tested. Location of electrical receptacles, grilles, ductwork, and other mechanical items, and blocking and sealing of partitions at floors and ceilings shall not compromise the sound isolation required.

Table 2. Pressure Relationships and Ventilation of Certain Hospital Areas

Area Designation	Pressure Relationship to Adjacent Areas	All Supply Air From Outdoors	Minimum Air Changes of Outdoor Air per Hour
Operating room	P	—	5
Emergency operating room	P	—	5
Delivery room	P	—	5
Nursery	P	—	5
Recovery	O	—	2
Intensive Care	P	—	2
Patient room	O	—	2
Patient area corridor	O	—	2
Isolation room	O	—	2
Isolation anteroom	O	—	2
Treatment room	O	—	2
X-ray, fluoroscopy room	N	—	2
X-ray, treatment room	O	—	2
Physical therapy and hydrotherapy	N	—	2
Soiled workroom	N	—	2
Clean workroom	P	—	2
Autopsy and darkroom	N	—	2
Toilet room	N	—	—
Bedpan room	N	—	—
Bathroom	N	—	—
Janitor's closet	N	—	—
Sterilizer equipment room	N	—	—
Linen and trash chute rooms	N	—	—
Laboratory, general (1)	N	—	2
Laboratory, media transfer (2)	P	—	2
Food preparation centers (3)	O	—	2
Dishwashing room	N	—	—
Dietary dry storage	O	—	—
Laundry, general	O	—	2
Soiled linen sorting and storage	N	—	—
Clean linen storage	P	—	2
Anesthesia storage (4)	O	—	—
Central medical and surgical supply:			
Soiled or decontamination room	N	—	2
Clean workroom	P	—	2
Unsterile supply storage	O	—	2

P = Positive N = Negative O = Equal — = Optional

(1) See Sec. 29(4)(b)14. and Sec. 29(4)(b)15. for additional requirements.
(2) See Sec. 29(4)(b)18. for additional requirements.
(3) See Sec. 29(4)(b)18. for exceptions.
(4) See Sec. 29(4)(b)19. for additional requirements.

Table 2. Continued

Area Designation	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Room
Operating room	12	—	No
Emergency operating room	12	—	No
Delivery room	12	—	No
Nursery	12	—	No
Recovery	6	Yes	No
Intensive care	6	—	No
Patient room	2	—	—
Patient area corridor	4	—	—
Isolation room	6	Yes	No
Isolation anteroom	6	Yes	No
Treatment room	6	—	No
X-ray, fluoroscopy room	6	Yes	No
X-ray, treatment room	6	—	—
Physical therapy and hydrotherapy	6	—	—
Soiled workroom	4	—	No
Clean workroom	4	—	—
Autopsy and darkroom	12	Yes	No
Toilet room	10	Yes	No
Bedpan room	10	Yes	No
Bathroom	10	Yes	No
Janitor's closet	10	Yes	No
Sterilizer equipment room	10	Yes	No
Linen and trash chute rooms	10	Yes	No
Laboratory, general (1)	6	—	—
Laborarory, media transfer (2)	4	—	No
Food preparation centers (3)	10	Yes	No
Dishwashing room	10	Yes	No
Dietary dry storage	2	—	No
Laundry, general	10	Yes	No
Soiled linen sorting and storage	10	Yes	No
Clean linen storage	2	—	—
Anesthesia storage (4)	8	Yes	No
Central medical and surgical supply:			
Soiled or decontamination room	4	—	No
Clean workroom	4	—	—
Unsterile supply storage	2	—	—

Table 3. Lighting Levels for Hospitals

Area	Footcandles*
Administrative and lobby areas, day	50
Administrative and lobby areas, night	20
Barber and beautician areas	50
Chapel or quiet area	30
Corridors and interior ramps	20
Corridor night lighting	3
Dining area and kitchen	30
Doorways	10
Examination and treatment room	
General	50
Examining table	100
Exit stairways and landings	5
Janitor's closet	15
Nurses' station, general, day	50
Nurses' station, general, night	20
Nurses' desk, for charts and records	70
Nurses' medicine cabinet	100
Occupational therapy	30
Patient care unit (or room), general	10
Patient care room, reading	30
Patient care room, night light (variable)	.5 to 1.5
Physical therapy	20
Recreation area (floor level)	50
Stairways other than exits	30
Toilet and bathing facilities	30
Utility room, general	20
Utility room, work counter	50
Worktable, (occupational therapy, etc.)	100

*Minimum on task at anytime.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:015E. Hospital services; operations.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of hospitals and the services to be provided by hospitals.* [This regulation, which relates to the operations and services of Hospital Services, 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: Hospitals, General: Establishments with organized medical staffs with permanent facilities that include inpatient beds; and with medical services, including physician services and continuous nursing services, to provide diagnosis and treatment for patients who have a variety of medical conditions, both surgical and nonsurgical.

Section 2. The Essential Characteristics of a Hospital: The essential characteristics of a hospital are as follows: (1) The primary function of the institution is to provide diagnostic and treatment services for patients who have a variety of medical conditions, both surgical and nonsurgical.
(2) The institution maintains inpatient beds.
(3) There is a governing authority legally responsible for the conduct of the institution.
(4) 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.
(5) There is an organized medical staff to which the governing authority delegates responsibility for maintaining proper standards of medical care.
(6) Each patient is admitted on the medical authority of, and is under the supervision of, a member of the medical staff.
(7) Registered, professional nurse supervision and other nursing services are continuous.
(8) A current and complete medical record is maintained for each patient.
(9) Pharmacy service is maintained in the institution and is supervised by a registered pharmacist.
(10) Diagnostic x-ray service, with facilities and staff for a variety of procedures, is maintained in the institution.
(11) Clinical laboratory service, with facilities and staff for a variety of tests and procedures, is maintained in the institution, and anatomical pathology services are regularly and conveniently available.
(12) Operating room and/or obstetrical room service, with facility and staff, is maintained in the institution except within specialty hospitals, included but not limited to tuberculosis, psychiatric, etc.
(13) Food service to patients meets their nutritional requirements, and special diets are regularly available.

Section 3. Minimum Standards for Operation: The following minimum standards of operation as set forth in this regulation shall apply to all hospitals: (1) Food service. The hospital shall comply with the existing laws, rules and regulations governing the handling of food and food products in the State of Kentucky. The facilities shall be adequate to serve as many patients as the hospital accommodates.
(2) Garbage disposal:
(a) The garbage disposal system must be approved by the Bureau for Health Services. Adequate provision shall be made to prevent obvious odors, the spread of disease and unsanitary conditions resulting from the improper handling of garbage and other refuse.
(b) All containers for garbage shall be made of metal or other impervious material and shall be watertight, rodent proof, and have tight fitting covers.
(c) All garbage from tuberculosis hospitals or tuberculosis wards of other hospitals or institutions shall be disposed of in accordance with the following provisions: by incineration on the grounds of the hospital or institution, or by some other method which is approved in writing by the Bureau for Health Services. All garbage that is to be sold or used as feed for livestock shall be treated on the grounds by heating to a temperature of at least 212 degrees

Fahrenheit and held there at least thirty (30) minutes in apparatus and by methods approved in writing by the Bureau for Health Services.

(3) Laundry and noise control. The hospital shall make provision for the proper cleaning of linen and other washable goods with special provision for handling contaminated linen. Hospitals maintaining and operating laundries shall provide ventilation for the elimination of steam and odors and proper insulation to prevent the transmission of noises to patient areas.

(4) Sanitation:

(a) All bedside equipment shall be cleaned after each use. All bedpans and urinals shall be sterilized after each use unless assigned to an individual patient. Approved methods of sterilizing such equipment may be one (1) of the following: submersion in boiling water for a minimum of thirty (30) minutes; autoclaving at fifteen (15) pounds steam pressure for twenty (20) minutes; live steam sterilization for bedpans in an approved bedpan washer-sterilizer or submersion for two (2) minutes in a chlorine rinse which contains at least 100 parts per million of available chlorine.

(b) The bed linens shall be changed at least once every three (3) days or when obviously soiled.

(5) Rodent control. The premises must be kept free from rodent and insect infestation. Bath and toilet facilities must be maintained in a clean and sanitary condition at all times.

(6) Drug and controlled substances. An adequate supply of drugs and other medicinal agents shall be available at all times to meet the requirements of the hospital. They shall be stored in a safe manner and kept properly labeled and accessible. Narcotics and other controlled substances and poisons shall be handled in a safe manner to protect against their unauthorized use. There shall be adequate refrigeration for biologicals and drugs which require refrigeration. The existing laws, rules and regulations governing controlled substances and poisons shall be complied with.

(7) X-ray facilities. If x-ray facilities are provided in any hospital, there shall be ample space for the x-ray equipment, film storage, view boxes and dark room equipment. Proper precautions to protect patients and hospital personnel against undue radiation shall be taken.

(8) Laboratory; morgue. If a laboratory is provided, there shall be ample space, equipment and supplies to meet the requirements of the hospital. If unembalmed bodies are held for more than twenty-four (24) hours, a proper well ventilated morgue with refrigerated compartments shall be provided.

(9) Complementary departments. If there are operating and delivery rooms, they shall be provided with adequate equipment to meet the requirements of the hospital both in quality and in quantity.

(10) Patient accommodations:

(a) The hospital shall provide suitable accommodations for all its patients. There shall be adequate floor space, furnishings, bed linens, and such other utensils, equipment and supplies as is reasonably required for the proper care of the patients accommodated. Proper precaution shall be taken to prevent the spread of disease. There shall be provision for the proper sterilization of supplies, utensils and equipment and for storing them in a clean, convenient and orderly manner. An adequate system for bed patients to use in calling nurses and attendants shall be maintained.

(b) A satisfactory bed and mattress and one (1) or more pillows of at least fifteen (15) inches by twenty (20) inches shall be provided for each patient. There shall be at least one (1) chair per patient in all patient rooms. There shall be at least one (1) employee awake and on duty at all times in each institution. In cases where restraints are used to prevent injury to the patients or personnel, these restraints shall be of a type which can be quickly removed in case of fire. Doors to patient rooms shall not be locked when the rooms are occupied, except in psychiatric or detention units.

(11) Water supply. The water supply shall be approved by the Department for Natural Resources and Environmental Protection. There shall be an ample supply of hot water available at all times for general use.

(12) Isolation and quarantine facilities. All of the existing laws, rules and regulations of the Department for Human Resources shall be complied with as related to the control of the spread of communicable diseases. If patients are accepted with communicable diseases, suitable isolation and quarantine facilities shall be provided. Every effort shall be made to prevent the spread of disease in the hospital and to prevent the spread of disease from patients in the hospital to persons outside the hospital. Every reasonable safeguard shall be provided for the maintaining and protection of the health of the personnel of the hospital. Dishes and eating utensils used by patients having, or suspected of having, a communicable disease, shall be handled separately from other soiled dishes and eating utensils, and in such a way as to protect hospital personnel and patients from infection.

(13) Employee health examination. No person who is infected with a communicable disease shall be employed in any hospitals. Prior to employment, or immediately following, each person shall submit to a test for tuberculosis to determine his freedom from communicable tuberculosis. All employees shall have an annual test for tuberculosis. Nothing in this section shall affect any rule or regulation of any hospital which requires other examinations or tests to determine their employees' freedom from other communicable diseases.

(14) Reports. Each institution shall furnish an annual report to the Department for Human Resources on forms supplied by the department for this purpose. This report shall consist of the total number of admissions per year, the total number of discharges per year, bed capacity, average percentage of bed occupancy, total patient days, average length of patient stay in the hospital, and such other statistical information that is requested.

(15) Medical records:

(a) Organization: The responsibility for supervision, filing and indexing of medical records shall be delegated to a responsible employee of the hospital.

(b) Indexing: Medical records shall be properly indexed and systematically filed for ready access to properly authorized persons.

(c) Ownership: Records of patients are the property of the institution and shall not be taken from the hospital except by court order. This does not preclude the routing of the patient's record or portion thereof, including x-ray film, to physicians for consultation. Medical records shall be made available, when requested, for inspection by duly authorized representatives of the licensing board.

(d) Content: Adequate and complete medical records shall be prepared for all patients admitted to the hospital (or newborn delivered in the hospital). All notes shall be legibly written or typed and signed. A minimum medical record shall include the following information:

1. Name and address of person or agency responsible for patient;

2. Identification data (name, address, age, sex, marital status);

3. Date of admission;
4. Date of discharge;
5. Referring and attending physicians' names;
6. History and physical examinations;
7. Special examinations, if any, such as consultations, clinical, laboratory, x-ray;
8. Provisional or working diagnosis;
9. Doctor's orders, dated and signed by the physician;
10. Progress notes, dated and signed by the physician;
11. Nurses' notes;
12. Complete surgical record signed by the operating surgeon, including anesthesia record, preoperative diagnosis, operative procedure and findings, postoperative diagnosis and tissue diagnosis by a qualified pathologist on all specimens surgically removed;
13. Temperature chart including pulse and respiration;
14. Final diagnosis;
15. Condition on discharge; and
16. In case of death, autopsy findings, if performed.

(e) Physician's responsibility: It shall be the responsibility of each attending physician or dentist to complete and sign the medical record of each patient as soon as practicable after discharge.

(f) Orders for medication: All medical records shall contain the orders for medication and treatment written in ink and signed by the prescribing physician or dentist, and if given verbally, undersigned by him upon his next visit to the institution. A record of medication administered to the patient shall be included in the record.

(g) Retention of records: All medical 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 concerned based upon all relevant factors.

(16) Fire control or disaster plan. The hospital 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 helpless patients, frequency of fire drills, and assignment of specific tasks and responsibilities to the personnel of each shift.

(a) The plan shall be developed with the assistance of qualified fire and safety experts.

(b) All personnel shall be trained to perform assigned tasks.

(c) Simulated drills testing the effectiveness of the plan shall be conducted on each shift at least three (3) times a year.

(d) The plan shall be posted throughout the facility.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:017E. Renal dialysis facilities.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.

NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of renal dialysis facilities and the services to be provided by renal dialysis facilities.* [This regulation, which relates to the operation and services of renal dialysis 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. The purpose of this regulation is to prescribe minimum standards for the operation of renal dialysis facilities.]

Section 1. Definitions. As used in this regulation, the following terms shall have the meanings set forth below:
(1) "Dialysis" means a process by which dissolved substances are removed from a patient's body by diffusion from one (1) fluid compartment to another across a semipermeable membrane. The two (2) types of dialysis which are currently in common clinical practice are hemodialysis and peritoneal dialysis.

(2) "End state renal disease (ESRD)" means that stage of renal impairment which is virtually always irreversible and permanent, and requires dialysis or kidney transplantation to ameliorate uremic symptoms and maintain life.

(3) "Renal dialysis facility" means a freestanding or hospital based, public or private facility that is established, equipped, and operated primarily to furnish dialysis service(s) to chronic end stage renal disease patients.

(4) "Renal dialysis center" means a hospital unit which is approved to furnish the full spectrum of diagnostic, therapeutic (including inpatient dialysis furnished directly or under arrangement), and rehabilitative services, except renal transplantation, required for the care of ESRD dialysis patients. This regulation does not apply to renal dialysis centers unless they include units to furnish outpatient services to chronic end stage renal disease patients.

(5) "Renal transplantation center" means a hospital unit which is approved to furnish directly transplantation and other medical and surgical specialty services required for the care of the ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement. A renal transplantation center may also be a renal dialysis center. This regulation does not apply to renal transplantation centers unless they include units to furnish outpatient services to chronic end stage renal disease patients.

(6) "Self-care dialysis training" means a program which trains ESRD patients or their helpers, or both, to perform dialysis.

(7) "Governing body" means that body with the legal authority and responsibility for the governance and operation of the facility. In a hospital based renal dialysis facility the governing body of the hospital may serve as the governing body of the renal dialysis facility.

(8) "Administrator" means that person responsible for the overall management of the facility; enforcement of rules and regulations relative to patient health care and safety and to the protection of patient rights. The administrator shall be responsible for planning, organizing, and directing those responsibilities delegated to him by the governing body. In hospital based facilities the hospital administrator or another member of the hospital's staff designated by the hospital administrator may serve as the administrator of the renal dialysis facility. The administrator of the renal dialysis facility must meet the qualifications specified in Section 4(1)(a) or Section 4(1)(b) of this regulation.

Section 2. Licensure, Certificate of Need, and Reports. (1) No person shall maintain a renal dialysis facility or provide renal dialysis services in a facility so designated, without having first obtained a license from the Certificate of Need and Licensure Board. All renal dialysis facilities shall comply with the provisions of this regulation to qualify for a license or for the renewal thereof.

(2) Upon submission of a properly completed license application form together with a prescribed fee, a renal dialysis facility 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 is appropriate, may be issued a license by the Certificate of Need and Licensure Board.

(3) A renal dialysis facility, as herein defined, shall not operate without first obtaining a certificate of need.

(4) The license shall be posted in a conspicuous place in the facility.

(5) Each renal dialysis 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, on forms supplied by the department.

Section 3. Governing Body. (1) All renal dialysis facilities shall have a governing body that has the full legal authority and responsibility for the operation of the facility.

(2) The governing body shall appoint an administrator who is responsible for the overall management of the facility.

(3) The governing body, through the administrator of the facility, shall be responsible for maintaining and implementing written personnel policies and procedures that support sound patient care and promote good personnel practices.

(4) The governing body shall adopt written bylaws to govern and enable the medical staff to carry out its responsibilities. These bylaws, rules and regulations include, but are not limited to, the following provisions:

(a) Statements concerning the necessary qualifications for staff membership.

(b) A delineation of those cases or instances in which consultations with other physicians are desirable.

(c) Provisions for examination of all patients either prior to or upon admission as a dialysis patient.

(d) A statement that the physicians' orders shall be in writing and signed by the physician.

(e) Provisions for keeping accurate and complete medical records.

Section 4. Administration and Operation. (1) The administrator of the renal dialysis facility shall be appointed by the facility's governing body. The administrator must:

(a) Hold at least a baccalaureate degree or its equivalent and have at least one (1) year of experience in an ESRD unit; or

(b) Be a qualified registered nurse or qualified physician director pursuant to Section 5, subsections (2) and (3) of this regulation.

(2) The administrator serves on a full-time or part-time basis in accordance with the scope of the facility's operations and administrative needs.

(3) The administrator enforces the rules and regulations relative to the level of health care and safety of patients, and to the protection of their personal and property rights; and plans, organizes, and directs those responsibilities delegated to him/her by the governing body.

(4) The administrator shall provide liaison between the governing body and the professional staff.

(5) The facility shall have permanent facilities and maintain regularly scheduled hours during which dialysis services are available.

(6) Disclosure of ownership. The ownership of the renal dialysis facility shall be fully disclosed to the licensing board.

(7) Compliance with federal, state, and local laws. The renal dialysis facility shall be in compliance with all applicable federal, state, and local laws and regulations.

(8) Affiliation agreements. A renal dialysis facility shall have affiliation agreements or arrangements in writing with renal dialysis centers and renal transplantation centers which provide the following:

(a) In the case of renal transplantation centers agreements shall provide for medical and surgical specialty services required for the care of ESRD patients, including transplantation and inpatient dialysis furnished directly or under arrangement.

(b) In the case of renal dialysis centers affiliation agreements shall provide the basis for effective working relationships under which inpatient hospital care or other hospital services are available promptly to the dialysis facility's patients when needed. The agreements between renal dialysis facilities and renal dialysis centers shall provide in writing that:

1. Timely transfer or referral of patients between the renal dialysis facility and the renal dialysis center will be effected whenever it is determined to be medically appropriate by the physicians at the facility and the center.

2. Patient care plans and medical and other information necessary or useful in the care and treatment of patients transferred or referred between facilities will be interchanged within one (1) working day of the transfer or referral.

Section 5. Personnel. (1) Medical staff. There shall be a medical staff organized and approved by the governing body which shall be responsible for the quality of all medical care provided to patients in the facility and for the ethical and professional practices of its members.

(2) There shall be a medical director responsible for supervising the staff of the facility. The medical director shall be a board eligible or certified nephrologist, internist, or pediatrician with at least twelve (12) months experience or training in the care of ESRD patients. The medical director shall be a full or part-time staff member and in his absence a similarly qualified medical staff member shall be either in the unit or immediately available in the community whenever patients are being dialyzed.

(3) The facility shall employ at least one (1) full time licensed registered nurse who is responsible for nursing services. The registered nurse shall be licensed to practice in Kentucky; and

(a) Have at least twelve (12) months of experience in clinical nursing and an additional six (6) months of experience in nursing care of ESRD patients; or

(b) Have eighteen (18) months of experience in nursing care of ESRD patients.

(c) The nurse responsible for self-care dialysis training shall have at least three (3) months of the total eighteen (18) months required ESRD experience in training patients in self-care.

(4) The facility shall employ or have contracts for services with the following ancillary personnel:

(a) A dietician who:
1. Is registered by the American Dietetic Association and has at least one (1) year of experience in clinical nutrition; or
2. Has a baccalaureate or advanced degree with major studies in food and nutrition or dietetics and has at least one (1) year of experience in clinical nutrition.
(b) A medical record practitioner who has graduated from a program for medical record administrators or technicians accredited by the Council on Medical Education of the American Medical Association and the American Medical Record Association; and who is certified as a Registered Records Administrator or an Accredited Record Technician by the American Medical Record Association.
(c) A social worker licensed to practice in Kentucky, who has completed a course of study with specialization in clinical practice at, and holds a masters degree from, a graduate school of social work accredited by the Council on Social Work Education.

Section 6. Minimum Service Requirements. (1) Each patient is admitted on the medical authority of, and is under the supervision of, the medical director. When absent from the facility the medical director shall designate a qualified physician to be responsible for admission and supervision of patients.
(2) On duty personnel. Whenever patients are undergoing dialysis, a qualified medical staff member shall be on duty as indicated in Section 5, subsection (2), of this regulation. In addition, a nurse experienced in rendering ESRD care shall be on duty to oversee ESRD patient care and an adequate number of personnel are present to meet the needs of patients. Adequate numbers of personnel are also readily available to meet medical and non-medical emergencies.
(3) Laboratory services. All renal dialysis facilities shall have access to laboratory facilities and services (other than the speciality of tissue pathology and histocompatibility testing), to meet the needs of the ESRD patients. All services shall be performed either by a J.C.A.H. accredited hospital or by a laboratory licensed by the Department for Human Resources pursuant to KRS Chapter 333.
(4) Medical records:
(a) A current and complete medical record shall be maintained for each patient.
(b) Organization. A member of the facility's staff shall be designated to serve as supervisor of medical records services. The supervisor of medical records shall be responsible for the proper documentation, completion and preservation of all the facility's medical records.
(c) Indexing. Medical records shall be properly indexed and systematically filed.
(d) Ownership. Records of patients are the property of the facility and shall not be removed from the facility's jurisdiction and safekeeping except in accordance with a court order or subpoena.
(e) Availability. Records of patients shall be available for inspection only to a member of the professional staff, the patient, or an authorized individual acting in behalf of the patient. This shall not preclude the record being used for research or statistical investigation, providing that the patient's confidentiality under the law is protected.
(f) Content. Adequate and complete medical records shall be prepared for all patients admitted to the facility. A minimum medical record shall include, but not be limited to the following information:
1. Name and address of person or agency responsible for the patient;
2. Identification data (name, address, age, sex, marital status);
3. Date of admission;
4. Date of transfer to renal transplantation center if applicable;
5. Referring and attending physicians' name;
6. History and physical examination record prior to the initial treatment;
7. Documentation of a prescribed plan of treatment;
8. Special examinations, such as consultations, clinical, laboratory, x-ray;
9. Doctor's orders, dated and signed;
10. Nurses' notes;
11. Dialysis chart including pulse, respiration and blood pressure;
12. Psycho-social evaluation and treatment plan developed by the social worker.
(g) Orders for medication. All medical records shall contain the orders for medication and treatment written in ink and signed by the prescribing physician. A record of medication administered to the patient shall be included in the record and signed by the person administering the medication.
(h) Retention of records. All medical records shall be retained for a minimum of five (5) years from the date the patient was last seen in the facility or in the case of a minor, three (3) years after the patient reaches the age of majority under state law, whichever is longest.
(5) Pharmaceutical services:
(a) The facility shall have provisions for promptly and conveniently obtaining prescribed drugs and biologicals from licensed community or institutional pharmacies.
(b) The facility shall provide appropriate methods and procedures for storage, control and administering of drugs and biologicals.
(c) All medications shall be administered by licensed medical or nursing personnel in accordance with the Medical and Nurse Practice Acts. Each dose administered shall be properly recorded in the medical record.
(6) Social services. Social services are provided by a qualified social worker pursuant to Section 5, subsection (4)(c), of this regulation. The social worker shall be responsible for each patient's psycho-social evaluation and treatment, participating in team review of patient progress and recommending changes in treatment based on the patient's current psycho-social needs, providing casework and group work services to patients and their families, financial advice, referrals for vocational rehabilitation and identifying community social agencies and other resources and assisting patients and their families to utilize them.
(7) Dietetic services. The nutritional needs of each patient shall be evaluated by the attending physician and the qualified dietician. The dietician, in consultation with the attending physician, shall be responsible for assessing the nutritional and dietetic needs of each patient, recommending therapeutic diets, counseling patients and their families on prescribed diets, and monitoring adherence and response to diets.
(8) Self-care dialysis support services. Renal dialysis facilities which offer self-care dialysis training shall make the following services available (either directly, under agreement or by arrangement with another ESRD facility) upon completion of the patients' training:
(a) Surveillance of the patients' home adaptation, including provisions for visits to the home or the facility;
(b) Consultation for the patient with a qualified social worker and a qualified dietician;
(c) A record keeping system which assures continuity of care;

(d) Installation and maintenance of equipment;
(e) Testing and appropriate treatment of the water;
(f) Ordering of supplies on an ongoing basis;
(g) Hepatitis control.

Section 7. Physical Environment. (1) Building and equipment:

(a) All electrical and other equipment used in the facility shall be maintained free of defects which could be a potential hazard to patients or personnel. There shall be a planned program of preventive maintenance of equipment used in dialysis and related procedures in the facility.

(b) Water used for dialysis purposes shall be analyzed periodically and treated as necessary to maintain a continuous water supply that is biologically and chemically compatible with acceptable dialysis techniques. Records of test results and equipment maintenance shall be maintained at the facility.

(2) Favorable environment for patients and staff:

(a) There shall be written policies and procedures in effect for preventing and controlling hepatitis and other infections. These policies shall include, but are not limited to, appropriate procedures for surveillance and reporting of infections, housekeeping, handling and disposal of waste and contaminants, and sterilization and disinfection, including the sterilization and maintenance of equipment.

(b) All in-facility patients shall be tested for hepatitis prior to the initial dialysis and every two (2) months thereafter. If dialysis of confirmed carriers of hepatitis is performed in the facility a unit which is adequately isolated from other units in the facility shall be used. Confirmed carriers of hepatitis may also be dialysed in an adjacent or separate facility utilized only for hepatitis carriers, or in the patients' home.

(c) Each facility utilizing a central-batch delivery system shall provide either on the premises or through affiliation agreements sufficient individual delivery systems for the treatment of any patient requiring special dialysis solutions.

(3) Contamination prevention. The facility shall employ appropriate techniques to prevent cross contamination between the unit and adjacent hospital or public areas including but not limited to, food service areas, laundry, disposal of solid waste and blood-contaminated equipment, and disposal of contaminants into sewage systems. Waste storage and disposal shall be carried out in accordance with applicable local laws and acceptable public health standards.

(4) Emergency preparedness. Written policies and procedures shall specifically define the handling of emergencies which may threaten the health or safety of patients. Such emergencies would exist during a fire or natural disaster or during functional failures in equipment. Specific emergency preparedness procedures shall exist for different kinds of emergencies. Such procedures shall be reviewed and tested at least twice annually and revised as necessary by, or under the direction of, the administrator of the facility. All personnel shall be knowledgeable and trained in their respective roles in emergency situations. The plan for handling emergencies shall be posted in appropriate places in the facility.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:020E. Skilled nursing facilities; construction and alteration.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1)(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: July 24, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the structural specifications for the construction or alteration of skilled nursing facilities.* [This regulation, which relates to the construction and alteration of Skilled Nursing 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: Skilled Nursing Facilities, General. Establishments with organized medical staffs; with permanent facilities that include inpatient beds; and with medical services, to provide treatment for patients who require inpatient care but are not in an acute phase of illness, who currently require primarily convalescent or restorative services, and who have a variety of medical conditions.

Section 2. Essential Characteristics for Classification. (1) The primary function of the institution is to provide treatment for patients who require inpatient care but who are not in an acute phase of illness; who currently require primarily convalescent or restorative services; and who have a variety of medical conditions.

(2) There are arrangements for transfer of patients in need of hospital care for acute phases of illness.

(3) The institution maintains inpatient beds.

(4) There is a governing authority legally responsible for the conduct of the institution.

(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) There is an organized medical staff of the institution, or one that serves the institution through an affiliation, to which the governing authority delegates responsibility for maintaining proper standards of medical care.

(7) Each patient is admitted on the medical authority of, and is under the supervision of, a physician.

(8) A current and complete medical record is maintained for each patient.

(9) Registered professional nurse supervision and other nursing services are continuous.

(10) Diagnostic x-ray service and clinical laboratory service are regularly and conveniently available.

(11) There is control of the storage and dispensing of controlled substances and other medication.

(12) Food served to patients meets their nutritional requirements, and special diets are regularly available.

Section 3. Preparation of Plans and Specifications. (1) Before construction is begun for the erection of new buildings or alterations to existing buildings or any change in facilities, for a nursing home, the licensee or applicant shall submit plans to the licensing agency for approval.

(2) Architectural drawings must bear the seal of an architect registered in the Commonwealth of Kentucky and mechanical and electrical drawings must bear the seal of a professional engineer registered in the Commonwealth of Kentucky.

(3) Drawings shall not exceed thirty-six (36) inches by forty-six (46) inches when trimmed.

Section 4. Submission of Plans and Specifications. (1) First stage; schematic plans:

(a) Single line drawings of each floor shall show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room shall be noted. Drawings shall include typical patient room layouts (scaled ¼″ = 1′0″) with dimensions noted. The proposed roads and walks, service and entrance courts, parking and orientation shall be shown in a plot plan.

(b) If the project is an addition, or is otherwise related to existing buildings on the site, the plans shall show the facilities and general arrangements of those buildings.

(2) Second stage; preliminary plans. Preliminary sketch plans shall include the following:

(a) Architectural:

1. Plans of basement, floors, and roof showing space assignment sizes and outline of fixed and movable equipment;
2. All elevations and typical sections;
3. Plot plan showing roads, parking, and sidewalks;
4. Areas and bed capacities by floors.

(b) Mechanical:

1. Single line layout of all duct and piping systems;
2. Riser diagrams for multistory construction;
3. Scale layout of boilers and major associated equipment and central heating, cooling, and ventilating units.

(c) Electrical:

1. Plans showing space assignment, sizes and outlines of fixed equipment, such as transformers, main switch and switchboards, and generator sets;
2. Simple riser diagram for multistory building construction, showing arrangement of feeders, subfeeders, bus work, load centers, and branch circuit panels.

(d) Outline specifications:

1. General description of the construction, including interior finishes, types and locations of acoustical material, and special floor covering;
2. Description of the air-conditioning, heating, and ventilation systems and their controls, duct and piping systems; and dietary, laundry, sterilizing, and other special equipment;
3. General description of electrical service including voltage, number of feeders, and whether feeders are overhead or underground.

(3) Third stage; contract documents:

(a) Working drawings. Working drawings shall be complete and adequate for bid, contract, and construction purposes. Drawings shall be prepared for each of the following branches of the work: architectural, structural, mechanical, and electrical. They shall include the following:

1. Architectural drawings:

a. Approach plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new building structures, roadways, walks, and parking areas;

b. Plan of each basement, floor and roof;

c. Elevations of each facade;

d. Sections through building;

e. Required scale and full-size details;

f. Schedule of doors, windows, and room finishes;

g. Equipment. Location of all fixed equipment. Layout of typical and special rooms indicating all fixed equipment and major items of movable equipment. Equipment not included in contract shall be so indicated;

h. Conveying systems. Details of construction machine and control spaces necessary, size and type of equipment, and utility requirements for the following: dumbwaiters; electric, hand, hydraulic; elevators: freight, passenger, patient; loading dock devices; pneumatic tube systems.

2. Structural drawings:

a. Plans for foundations, floors, roofs, and all intermediate levels with sizes, sections, and the relative location of the various structural members;

b. Dimensions of special openings;

c. Details of all special connections, assemblies, and expansion joints.

3. Mechanical drawings:

a. Heating, steam piping, and air-conditioning systems. Radiators and steam heated equipment, such as sterilizers, warmers, and steam tables; heating and steam mains and branches with pipe sizes; diagram of heating and steam risers with pipe sizes, sizes types, and capacities of boilers, furnaces, hot water heaters with stokers, oil burners, or gas burners; pumps, tanks, boiler breeching, and piping and boiler room accessories; air-conditioning systems with required equipment, water and refrigerant piping, and ducts; supply and exhaust ventilation systems with heating/cooling connections and piping; air quantities for all room supply and exhaust ventilating duct openings.

b. Plumbing, drainage, and standpipe systems. Size and elevation of: street sewer, house sewer, house drains, street water main, and water service into the building; location and size of soil, waste, and water service with connections to house drains, clean-outs, fixtures, and equipment; size and location of hot, cold and circulating branches, and risers from the service entrance, and tanks; riser diagram of all plumbing stacks with vents, water risers, and fixture connections; gas, oxygen, and vacuum systems; standpipe and sprinkler systems where required; all fixtures and equipment that require water and drain connections.

4. Electrical drawings:

a. Electrical service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections if located in the building;

b. Location of main switchboard, power panels, light panels, and equipment. Diagram of feeders and conduits with schedule of feeder breakers or switches;

c. Light outlets, receptacles, switches, power outlets, and circuits;

d. Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets, and branch conduits;

e. Nurses' call systems with outlets for beds, duty stations, door signal light, annunciators, and wiring diagrams;

f. Emergency electrical system with outlets, transfer switch, sources of supply, feeders, and circuits;

g. All other electrically operated systems and equipment.

(b) Specifications. Specifications shall supplement the

drawings to fully describe types, sizes, capacities, workmanship, finishes and other characteristics of all materials and equipment and shall include:

1. Cover or title sheet;
2. Index;
3. Sections describing materials and workmanship in detail for each class of work;
4. General conditions, which must contain the following requirements: Access to the work. Representatives of the appropriate state agencies will have access at all reasonable times to the work wherever it is in preparation or progress, and the contractor shall provide proper facilities for such access and inspection.

(4) Fourth stage. All plans and specifications must be approved by the State Fire Marshal's Office and the state licensure agency prior to commencement of construction.

Section 5. Code and Standards. (1) General. Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances, and regulations which are enforced by city, county, or state jurisdictions.

(2) The following codes and standards will apply where applicable and as adopted by the respective agency authority:

(a) Current Kentucky standards of safety regulations applicable to extended care and recuperation center facilities.

(b) Current Kentucky plumbing standards regulations applicable to extended care and recuperation center facilities.

(c) Current Kentucky standards for air contaminants for incinerators regulations applicable to extended care and recuperation center facilities.

(d) Current Kentucky standards for elevators regulations applicable to extended care and recuperation center facilities.

(3) Prior to occupancy, facility must have final approval from appropriate agencies.

Section 6. Facility Requirements and Special Conditions. (1) This regulation, except Section 5 which may be administered independent from this regulation, apply to the construction of new facilities and facilities that are being converted to skilled nursing facilities. Existing facilities will be expected to make a concerted and demonstrated effort to fully comply with this regulation and must prove to the satisfaction of the board that there are valid, reasonable, and specific justification for not being in full compliance. The board, however, reserves the right to establish deadlines for compliance to standards of significant importance as determined by the board.

(2) Facilities shall be available to the public, staff, and patients who may be physically handicapped with special attention given to ramps, drinking fountain height, tilted mirrors, etc.

(3) The number of beds in a nursing unit shall not exceed sixty (60) unless additional services are provided, as deemed necessary by the state agency. At least two (2) rooms per nursing unit shall be designed for single person occupancy (one (1) bed) and shall have private toilet rooms with bath. At least sixty (60) percent of the beds shall be located in rooms designed for one (1) or two (2) beds.

Section 7. Nursing Unit. (1) Patient Rooms. Each patient room shall meet the following requirements:

(a) Maximum room capacity: four (4) residents;

(b) Minimum room area exclusive of closet, toilet rooms, lockers, wardrobes, and vestibules: 100 square feet in one (1) bed rooms and eight (80) square feet per bed in multibed rooms;

(c) Multibed rooms shall be designed to permit no more than two (2) beds side by side parallel to the window wall. Not less than a four (4) foot space shall be provided between beds, and at least three (3) foot space between the side of a bed and the nearest wall, fixed cabinet, or heating/cooling element. A minimum of four (4) feet is required between foot of bed and opposite wall, or foot of opposite bed in multibed rooms;

(d) Window. All patient rooms must have windows opening to the outside. Sill shall not be higher than three (3) feet above the floor and shall be above grade. Window area to be at least ten (10) percent of patient room floor area;

(e) Nurses' calling station(s), (See Section 17(6));

(f) Lavatory. In single and two (2) bed rooms with private toilet room, the lavatory may be located in the toilet room. Where two (2) patient rooms share a common toilet, a lavatory shall be provided in each patient room;

(g) Wardrobe or closet for each patient. Minimum clear dimensions: one (1) foot and ten (10) inches deep by one (1) foot and eight (8) inches wide with full length hanging space; provide clothes rod and shelf;

(h) Cubicle curtains, or equivalent built-in devices, for complete privacy for each patient at any one time in multibed rooms;

(i) No patient room shall be located more than 120 feet from the nurses' station, the clean workroom, and the soiled workroom. No room shall be used as a patient room where the access is through another patient's room.

(2) Patient toilet rooms:

(a) A toilet room shall be directly accessible from each patient room and from each central bathing area without going through the general corridor. One (1) toilet room may serve two (2) patient rooms but not more than four (4) beds. The minimum dimensions of any room containing only a water closet shall be three (3) feet by five (5) feet; bedpan flushing devices must be provided in each toilet room.

(b) Water closets must be easily usable by wheelchair patients. Grab bars shall be provided at all water closets.

(c) At least one (1) toilet for each sex shall be provided for training purposes and access by wheelchairs. This shall be accessible from the nursing corridor and may be part of the bathing area. Minimum size, five (5) feet by six (6) feet.

(d) Doors to toilet rooms shall have a minimum width of two (2) feet and ten (10) inches to admit a wheelchair.

(3) Service areas in each nursing unit. The size of each service area will depend on the number and types of beds within the unit and shall include:

(a) Nurses' station. For nurses' charting, doctors' charting, communications, and storage for supplies and nurses' personal effects;

(b) Nurses' toilet room. Convenient to nurses' station;

(c) Clean workroom. For storage and assembly of supplies for nursing procedures; shall contain work counter and sinks, and small sterilizer;

(d) Soiled workroom. Shall contain clinical sink, work counter with two compartment sink, waste receptacles, and soilded linen receptacles; and a bedpan washing device;

(e) Medicine room. Adjacent to nurses' station; with sink, refrigerator, locked storage, and facilities for preparation and dispensing of medication. (May be designated area within clean workroom if a self-contained cabinet is provided.) Controlled substances locker must be under double lock and wired to warning light at nurses' station;

(f) Clean linen storage. Enclosed storage space. (May be a designated area within the clean workroom.);
(g) Nourishment station. Storage space, sink, hot plate and refreigerator for serving between-meal nourishments. (May serve more than one (1) nursing unit on the same floor.);
(h) Equipment storge room. For storage of "IV" stands, inhalators, air mattresses, walkers, and similar bulky equipment;
(i) Patient baths. Provide separate bathing facilities for each sex. One (1) shower stall or one (1) bathtub required for each fifteen (15) beds not individually served. There shall be at least one (1) free standing bathtub in each bathroom. Grab bars shall be provided at all bathing fixtures. Each bathtub or shower enclosure in central bathing facilities shall provide space for the private use of bathing fixture, for dressing, and for a wheelchair and attendant. Showers in central bathing facilities shall not be less than four (4) feet square, without curbs, and designed to permit use from a wheelchair. Soap dishes in showers and bathrooms shall be recessed. (See training toilet requirement below);
(j) Stretcher and wheelchair parking area or alcove;
(k) Janitor's closet. Storage of housekeeping supplies and equipment. Floor receptor or service sink.
(4) Special purpose room(s). For consultation, examination and treatment, and therapeutic and nursing procedures. May serve more than one (1) nursing unit on the same floor. Provide lavatory, storage, and space for treatment table. Minimum floor area nine (9) feet by eleven (11) feet.
(5) Patient's dining, TV viewing and recreation areas:
(a) The total areas set aside for these purposes shall be not less than thirty (30) square feet per bed for the first fifty (50) beds and twenty (20) square feet per bed for all beds in excess of fifty (50). Additional space shall be provided for outpatients if they participate in a day care program;
(b) Storage shall be provided for recreational equipment and supplies. (Wall cabinets and closets.)

Section 8. Therapy Units. (1) Physical therapy unit. Recommended if staffing available. The following shall be provided (depending on the program):
(a) Office. (May also serve for occupational therapy office);
(b) Exercise and treatment areas. Provide sink or lavatory and cubicle curtains around treatment areas;
(c) Hydrotherapy areas. Provide cubicle curtains around treatment areas;
(d) Storage for supplies and equipment;
(e) Toilet rooms. Located for convenient access by physical therapy patients. (May also serve occupational therapy patients.);
(2) Occupational therapy unit. May be omitted in facilities of less than 100 beds.
(a) Office space. (May be shared with physical therapy office.);
(b) Therapy area. Provide sink or lavatory;
(c) Storage for supplies and equipment;
(d) Toilet room. (Not required if other toilet facilities are convenient.).
(3) Personal care room. Provide space with shampoo sink and space for barber chair.

Section 9. Dietary Department. If a commercial service will be used or meals will be provided by an adjacent hospital, dietary areas and equipment shall be designed to accommodate the requirements for sanitary storage, processing, and handling, otherwise the following will be provided:
(1) Food preparation center. Provide lavatory but do not provide mirror;
(2) Food serving facilities. For patients and staff;
(3) Dishwashing room. Provide commercial-type dishwashing equipment and a lavatory;
(4) Potwashing facilities;
(5) Refrigerated storage. Three (3) day supply;
(6) Dry storage. Three (3) day supply;
(7) Cart cleaning facilities;
(8) Cart storage area;
(9) Waste disposal facilities;
(10) Canwashing facilities;
(11) Staff dining facilities;
(12) Patient dining facilities; (See Section 7(5).)
(13) Dietician's office. (May be omitted in facilities with less than 100 beds if desk space is provided in kitchen.);
(14) Janitor's closet. Storage for housekeeping supplies and equipment; floor receptor or service sink;
(15) Toilet room. Conveniently accessible for dietary staff. Must have two (2) door separation from food preparation area or dining areas.

Section 10. Administration Department. (1) Business office;
(2) Lobby and information center;
(3) Administrator's office;
(4) Admitting and medical records areas;
(5) Public and staff toilet rooms;
(6) Director of nurses' office. (May be omitted in facilities of less than 100 beds.)
(7) Housekeeper's office or space. (Location optional and may be combined with clean linen room in nursing homes of less than 100 beds.)

Section 11. Laundry. (1) Soiled linen room;
(2) Clean linen and mending room;
(3) Linen cart storage;
(4) Lavatories. Accessible from soiled, clean, and processing rooms;
(5) Laundry processing room. Commercial type equipment shall be sufficient to take care of seven (7) days needs within the workweek;
(6) Janitor's closet. Storage for housekeeping supplies and equipment; floor receptor or service sink;
(7) Storage for laundry supplies. (Items of subsections (5), (6), and (7) need not be provided if laundry is processed outside the facility.)

Section 12. Storage and Service Areas. (1) Central storage room(s). Provide at least ten (10) square feet per bed for first fifty (50) beds; and five (5) square feet per bed for all beds over fifty (50), to be concentrated in one area.
(2) Locker rooms. Provide locker rooms with water closets, and lavatories for staff and volunteers and rest space for females.
(3) Engineering service and equipment areas. The following shall be provided:
(a) Boiler room;
(b) Engineer's office. (May be omitted in nursing homes of less than 100 beds.);
(c) Mechanical and electrical equipment room(s). (Can be combined with boiler room.);
(d) Maintenance shop(s). At least one (1) room shall be provided;
(e) Storage room for building maintenance supplies and paint storage;

(f) Storage room for housekeeping equipment. (Need not be provided if space is available in janitor's closets or elsewhere.);

(g) Toilet and shower rooms. (May be omitted in facilities of less than 100 beds.);

(h) Incinerator space. The incinerator if required shall be in a separate room, or in a designated area within the boiler room, or outdoors;

(i) Refuse room. For holding trash prior to disposal. Shall be located convenient to service entrance;

(j) Yard equipment storage room. For yard maintenance equipment and supplies.

Section 13. Details and Finishes. A high degree of safety for the occupants in minimizing the incidence of accidents shall be provided. Hazards such as sharp corners shall be avoided. All details and finishes shall meet the following requipments: (1) Details:

(a) Required egress corridors and corridors used in transporting patients shall have a minimum width of eight (8) feet. Minimum width of doors to all rooms needing access for beds or stretchers shall be three (3) feet and eight (8) inches. Doors to patient toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of two (2) feet and ten (10) inches.

(b) Such items as drinking fountains, telephone booths and vending machines shall be located so that they do not project into the required width of exit corridors.

(c) Handrails with ends returned to the walls shall be provided on both sides of corridors used by patients in nursing homes with a clear distance of one and one-half (1½) inches between handrail and wall.

(d) All doors to patient room toilet rooms and patient room bathrooms shall swing outward or shall be equipped with hardware which will permit access in any emergency.

(e) All doors opening onto corridors shall be swing-type except elevator doors. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.

(f) No doors shall swing into the corridor except closet doors.

(g) Thresholds and expansion joint covers, if used, shall be flush with the floor.

(h) Grab bars and accessories in patient toilet, shower, and bath rooms shall have sufficient strength and anchorage to sustain a load of 250 pounds for five (5) minutes.

(i) Lavatories intended for use by patients shall be installed to permit wheelchairs to slide under.

(j) The location and arrangement of lavatories and sinks with blade handles intended for handwashing purposes shall provide sixteen (16) inches clearance each side of center line of fixture.

(k) Mirrors shall be arranged for convenient use by patients in wheelchairs as well as by patients in standing position.

(l) Towel dispensers shall be provided at all lavatories and sinks used for handwashing.

(m) If linen and refuse chutes are used, they shall be designed as follows:

1. Minimum diameter of gravity-type chutes shall be two (2) feet;

2. Chutes shall extend at least four (4) feet above the roof and shall be covered by a metal skylight glazed with thin plain glass or plastic.

(n) Ceiling heights:

1. Boiler room. Not less than two (2) feet and six (6) inches above the main boiler header and connecting piping with adequate headroom under piping for maintenance and access; nine (9) feet minimum;

2. Corridors, storage rooms, patients' toilet room, and other minor rooms. Not less than seven (7) feet and six (6) inches.

3. All other rooms. Not less than eight (8) feet.

(o) Boiler room, food preparation centers, and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of eighty-five (85) degrees Fahrenheit.

(p) Noise reduction criteria. The ceilings of the following areas shall be acoustically treated:

1. Corridors in patient areas;
2. Nurses' stations;
3. Utility rooms;
4. Floor pantries;
5. Lobbies and recreation areas.

(q) Special attention shall be given to sound transmission from boiler rooms, mechanical rooms, and kitchen, to patient bedroom areas.

(2) Finishes:

(a) Floors generally shall be easily cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchen and related spaces shall be waterproof and greaseproof. In all areas where floors are subject to wetting, they shall have a nonslip finish. Carpeting is not permitted in the following areas: kitchen, dishwasing room, soiled utility room, janitor's closet, soiled linen rooms, storage room, bathrooms, public toilet rooms, patient toilet rooms, hydrotherapy rooms, treatment room, and any other room where the floor is subject to repeated wetting or soiling by urine or feces.

(b) Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.

(c) Walls generally shall be washable and in the immediate area of plumbing fixtures, the finish shall be moistureproof. Wall bases in dietary areas shall be free of spaces that can harbor insects.

(d) Ceilings generally shall be washable or easily cleanable. This requirement does not apply to boiler rooms, mechanical and building equipment rooms, shops and similar spaces.

(e) For acoustic ceilings, see Section 13(1)(r).

Section 14. Elevators. (1) Elevators, where required. All facilities where either patient beds or inpatient facilities such as diagnostic, recreation, patient dining or therapy rooms are located on other than the first floor, shall have electric or eletrohydraulic elevators as follows:

(a) Number of elevators:

1. At least one (1) hospital-type elevator shall be installed where one (1) to fifty-nine (59) patient beds are located on any floor other than the first. (For purposes of these requirements, the first floor is that floor first reached from the main front entrance.);

2. At least two (2) elevators, one (1) of which shall be hospital-type, shall be installed where sixty (60) to 200 patient beds are located on floors, other than the first, or where inpatient facilities are located on a floor other than those containing the patient beds;

3. At least three (3) elevators, one (1) of which shall be hospital-type, shall be installed where 201 to 350 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than those containing patient beds;

4. For facilities with more than 350 beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

(b) Cars and platforms. Cars of hospital-type elevators shall have inside dimensions that will accommodate a patient's bed and attendants and shall be at least five (5) feet wide by seven (7) feet and six (6) inches deep; car doors shall have a clear opening of not less than three (3) feet and eight (8) inches. Cars of all other required elevators shall have a clear opening of not less than three (3) feet.

(c) Leveling. Elevators shall have automatic leveling of the two (2) way automatic maintaining type with accuracy within plus or minus one-half (½) inch.

(d) Operation. Elevators (except freight elevators) shall be equipped with a two (2) way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

(2) Field inspection and tests. The contractor shall be required to cause inspections and tests to be made and shall deliver to the owner written certification that the installation meets the requirements set forth in this section.

Section 15. Construction. Foundations shall rest on natural solid ground if a satisfactory soil is available at reasonable depths. Proper soil bearing values shall be established in accordance with recognized standards. If solid ground is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement.

Section 16. Mechanical Requirements. (1) General. Prior to completion of the contract and final acceptance of the facility, the architect and/or engineer shall obtain from the contractor certification that all mechanical systems have been tested and that the installation and performance of these systems conform to the requirements of the plans and specifications.

(2) Incinerators and refuse chutes. Incinerators shall be gas, electric, or oil-fired and shall be capable of, but need not be limited to complete destruction of pathological wastes. The design and installation must comply with current regulations for incinerators and air contaminants applicable to extended care and recuperation center facilities.

(3) Steam and hot water systems:

(a) Boilers. If boilers are used, a minimum of two (2) must be provided; the combined capacity of boilers, based upon the published Steel Boiler Institute or Institute of Boiler and Radiator Manufacture's net rating, must be able to supply 150 percent of the normal requirements of all systems and equipment.

(b) Boiler accessories. Boiler feed pumps, condensate return pumps, fuel oil pumps, and circulating pumps shall be connected and installed to provide standby service when any pump breaks down.

(c) Valves. Supply and return mains and risers of space heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply return end.

(4) Air-conditioning, heating, and ventilating systems.

(a) Temperatures. A minimum temperature of seventy-five (75) degrees Fahrenheit shall be provided for all occupied areas at winter design conditions.

(b) Ventilation system details. All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown on Table 1, Section 18, shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates if they are required to meet design conditions.

1. Outdoor ventilation air intakes, other than for individual room units, shall be located as far away as practicable but not less than twenty-five (25) feet from any ventilating system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than eight (8) feet above the ground level or, if installed through the roof, three (3) feet above roof level.

2. The ventilation systems shall be designed and balanced to provide the general pressure relationship to adjacent areas as shown in Table 1, Section 18.

3. Room supply air inlets, recirculation, and exhaust air outlets installed in nonsensitive areas shall be located not less than three (3) inches above the floor.

4. Corridors shall not be used to supply air to or exhaust air from any room, except that exhaust air from corridors may be used to ventilate bathrooms, toilet rooms, or janitor's closets opening directly on corridors.

5. Filters. Central systems designed for recirculation of air shall be equipped with a minimum of two (2) filter beds. Filter bed # 1 shall be located upstream of the conditioning equipment and shall have a minimum efficiency of thirty (30) percent. Filter bed # 2 shall be located downstream of the conditioning equipment and shall have a minimum efficiency of ninety (90) percent. Central air systems using 100 percent outdoor air shall be provided with filters rated at eighty (80) percent efficiency. The above filter efficiencies shall be warranted by the manufacturer and shall be based on the National Bureau of Standards Dust Spot Test Method with Atmospheric Dust.

a. The exhausts from all laboratory hoods in which infectious or radioactive materials are processed shall be equipped with filters having a ninety-nine (99) percent efficiency based on the DOP (dioctylphthalate) test method.

b. Filter frames shall be durable and carefully dimensioned and shall provide an air-tight fit with the enclosing ductwork. All joints between filter segments and the enclosing ductwork shall be gasketed and sealed to provide a positive seal against air leakage.

6. A manometer shall be installed across each filter bed serving central air systems.

7. Ducts shall be constructed of iron, steel, aluminum, or other approved metal or materials such as clay or asbestos cement.

8. Cold-air ducts shall be insulated wherever necessary to maintain the efficiency of the system or to minimize condensation problems.

9. The air from dining areas may be used to ventilate the food preparation areas only after it has passed through a filter with eighty (80) percent efficiency.

10. Exhaust hoods in food preparation centers shall have a minimum exhaust rate of 100 cubic feet per minute per square foot of hood face area. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-actuated fan controls. Clean-out openings shall be provided every twenty (20) feet in horizontal exhaust duct systems serving hoods.

11. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and reasonable temperatures in the rooms and in adjoining areas.

12. See Section 13(1)(p) for additional boiler room, food preparation center, and laundry ventilation requirements.

(5) Plumbing and other piping systems. All plumbing systems shall be installed in accordance with the requirements of current Kentucky plumbing standards regulations applicable to skilled nursing facilities.

(a) Lavatories and sinks required in patient care areas shall have the water supply spout mounted so that its discharge point is a minimum distance of five (5) inches above the rim of the fixture. All fixtures used by medical and nursing staff, and all lavatories used by patients and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall not exceed four and one-half (4½) inches in length, except that handles on clinical sinks shall be not less than six (6) inches long.

(b) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(6) Water supply system:

(a) Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods.

(b) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(c) Hot, cold and chilled water piping and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior vapor barrier.

(d) Backflow preventers (vacuum breakers) shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as janitor's sinks and bedpan flushing attachments.

(e) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

(f) Bedpan flushing devices. (See Section 7(2)(a).)

(g) Hot water distribution systems shall be arranged to provide hot water at each fixture at all times.

(h) Plumbing fixtures which require hot water and which are intended for patient use shall be supplied with water which is controlled to provide a maximum water temperature of 110 degrees Fahrenheit at the fixture.

(i) Piping over food preparation centers, food serving facilities, food storage areas, and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of, or condensation from, necessary overhead piping systems.

(7) Hot water heaters and tanks:

(a) The hot water heating equipment shall have sufficient capacity to supply the water at the temperature and amounts indicated below:

	Use		
	Clinical	Dietary	Laundry
Gal/hr/bed	6½	4	4½
Temp. F.	110	180	180

(b) Storage tank(s) shall be provided and shall be fabricated of corrosion-resistant metal, or have noncorrosive lining.

(8) Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in areas such as: central soiled linen holding rooms, maintenance shops, trash rooms, bulk storage rooms, attics accessible for storage. Storage room of less than 100 square foot area and spaces used for storage of nonhazardous materials are excluded from this requirement. Sprinkler heads shall be installed at the top and at alternate floor levels of trash and laundry chutes.

(9) Plumbing approval. Prior to final approval of the plans and specifications by the state licensure agency, the plumbing plans and specifications must be approved by the Division of Plumbing, Department of Housing, Buildings and Construction.

Section 17. Electrical requirements. (1) General:

(a) All materials including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriters' Laboratories, Inc., or other similarly established standards.

(b) The contractor shall be responsible for testing all electrical installations and systems and shall show that the equipment is correctly installed and operated as planned or specified.

(c) The electrical installations must conform to local codes where they exist or to the National Electrical Code (see Section 5(2)). Inspections and final approval must be obtained from the State Fire Marshal's Office.

(2) Switchboard and power panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboard and distribution panelboards shall be enclosed or guarded to provide a dead-front type assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions. All breakers and switches are to be indexed.

(3) Distribution panelboards. Lighting and appliance panelboards shall be provided for the circuits on each floor. All circuits are to be indexed at panelboard. This requirement does not apply to emergency system circuits.

(4) Lighting:

(a) All spaces occupied by people, machinery, and equipment within buildings, and the approaches thereto, and parking lots shall have electric lighting.

(b) Patients' bedrooms shall have general lighting and night lighting. A reading light shall be provided for each patient. A fixed receptacle type nite light mounted approximately sixteen (16) inches above the floor, with the switch located at patient room door, shall be provided in each patient room. Patients' reading lights and other fixed lights not switched at the door shall have switch controls convenient for use at the luminaire. All switches for control of light in patient areas shall be of the quiet operating type.

(c) Provisions shall be made for the nite lighting of corridors. (See Section 18, Table 2 for levels of illumination for various areas.)

(5) Receptacles. (Convenience outlets):

(a) Bedroom. Each patient bedroom shall have duplex receptacles as follows: one (1) each side of the head of each bed (for parallel adjacent beds, only one (1) receptable is required between the beds); receptacles for luminaries, television and motorized beds, if used, and one (1) receptacle on another wall.

(b) Corridors. Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends of corridors.

(6) Nurses' calling system. A nurses' calling station shall be installed at each patient bed and in each patient toilet,

bath, and shower room. The nurses' call in toilet, bath, or shower rooms shall be an emergency call. All calls shall register at the nurses' station and shall actuate a visible signal in the corridor at the patients' door, in the clean workroom, soiled workroom, and nourishment station of the nursing unit. Nurses' call systems which provide two (2) way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operative.

(7) Emergency electric service:

(a) General. To provide electricity during an interruption of the normal electric supply that could affect the nursing care, treatment, or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

(b) Sources. The source of this emergency electric service shall be as follows:

1. An emergency generating set, when the normal service is supplied by one or more central station transmission lines;

2. An emergency generating set or a central station transmission line, when the normal electric supply is generated on the premises.

(c) Emergency generating set. The required emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. The emergency generator set shall be sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system. The power factor rating of the generator shall be not less than eighty (80) percent.

(d) Emergency electrical connections. Emergency electric service shall be provided to circuits as follows:

1. Lighting:

a. Exitways and all necessary ways of approach thereto, including exit signs and exit direction signs, exterior of exits, exit doorways, stairways, and corridors;

b. Dining and recreation rooms;

c. Nursing station and medication preparation area;

d. Generator set location, switch-gear location, and boiler room;

e. Elevator (if required for emergency);

f. Night light in patient room;

2. Equipment. Essential to life safety and for protection of important or vital materials;

a. Nurses' calling system;

b. Sewerage or sump lift pump, if installed;

c. All required duplex receptacles in patient corridors; and at least one (1) receptacle in each patient room;

d. One (1) elevator, where elevators are used for vertical transportation of patients. Provide manual switch-over to operate other elevators;

e. Equipment such as burners and pumps necessary for operation of one or more boilers and their necessary auxiliaries and controls, required for heating and sterilization;

f. Equipment necessary for maintaining telephone service.

3. Heating. Where electricity is the only source of power normally used for space heating, the emergency service shall provide for heating of patient rooms. Emergency heating of patient rooms will not be required in areas where the facility is supplied by at least two (2) utility service feeders, each supplied by separate generating sources or a network distribution system fed by two (2) or more generators, with the facility feeders so routed, connected, and protected that a fault any place between the generators and the facility will not likely cause an interruption of more than one (1) of the nursing home service feeders.

(e) Details. The emergency system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within ten (10) seconds through one (1) or more primary automatic transfer switches to all emergency lighting; all alarms; nurses' call; equipment necessary for maintaining telephone service; and receptacles in patient corridors. All other lighting and equipment required to be connected to the emergency system shall either be connected through the above described primary automatic transfer switching or shall be subsequently connected through other automatic or manual transfer switching. Receptacles connected to the emergency system shall be distinctively marked for identification. Storage-battery-powered lights shall not be used as a substitute for the requirement of a generator. Where fuel is normally stored on the site, the storage capacity shall be sufficient for twenty-four (24) hour operation of required emergency electric services. Where fuel is normally piped underground to the site from a utility distribution system, storage facilities on the site will not be required.

Section 18. Tables. Table 1, Pressure Relationships and Ventilation of Certain Skilled Nursing Facilities Areas; and Table 2, Lighting Levels for Skilled Nursing Facilities.

Table 1. Pressure Relationships and Ventilation of Certain Skilled Nursing Facilities Areas

Area Designation	Pressure Relationship to Adjacent Areas	All Supply Air From Outdoors	Minimum Air Changes of Outdoor Air per Hour
Patient room	0	—	2
Patient area corridor	0	—	4
Treatment room	0	Yes	6
Physical therapy and hydrotherapy	-	—	6
Dining and recreation areas	0	—	4
Soiled workroom	-	—	4
Clean workroom	+	Yes	4
Toilet room	-	—	—
Bedpan room	-	—	—
Bathroom	-	—	—
Janitor's closet	-	—	—
Sterilizer equipment room	-	—	—
Linen and trash chute rooms	-	—	—
Food preparation center	0	Yes(1)	10
Dishwashing room	-	—	—
Dietary dry storage	0	—	—
Laundry, general	0	Yes	10
Soiled linen sorting and storage	-	—	—
Clean linen storage	+	—	2

+ = Positive - = Negative 0 = Equal — = Optional

(1) Section 16(4)(b)11 for exceptions

Table 1. Continued

Area Designation	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Area
Patient room	2	—	—
Patient area corridor	4	—	—
Treatment room	6	Yes	No
Physical therapy and hydrotherapy	6	—	—
Dining and recreation areas	4	—	—
Soiled workroom	4	Yes	No
Clean workroom	4	—	—
Toilet room	10	Yes	No
Bedpan room	10	Yes	No
Bathroom	10	Yes	No
Janitor's closet	10	Yes	No
Sterilizer equipment room	10	Yes	No
Linen and trash chute rooms	10	Yes	No
Food preparation center	10	Yes	No
Dishwashing room	10	Yes	No
Dietary dry storage	2	—	No
Laundry, general	10	Yes	No
Soiled linen sorting and storage	10	Yes	No
Clean linen storage	2	—	—

Table 2. Lighting Levels for Skilled Nursing Facilities

Area	Footcandles*
Administrative and lobby areas, day	50
Administrative and lobby areas, night	20
Barber and beautician areas	50
Chapel or quiet area	30
Corridors and interior ramps	20
Corridor night lighting	3
Dining area and kitchen	30
Doorways	10
Exit stairways and landings	5
Janitor's closet	15
Nurses' station, general, day	50
Nurses' station, general, night	20
Nurses' desk, for charts and records	70
Nurses' medicine cabinet	100
Patient care unit (or room), general	10
Patient care room, reading	30
Patient care room, night light (variable)	.5 to 1.5
Recreation area (floor level)	50
Stairways other than exits	30
Toilet and bathing facilities	30
Utility room, general	20
Utility room, work counter	50

*Minimum on task at anytime.

W. GRADY STUMBO, Secretary
ADOPTED: July 24, 1980
RECEIVED BY LRC: July 24, 1980 at 4:20 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:025E. Extended care and recuperation center services.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of extended care and recuperation centers and the services to be provided by extended care and recuperation centers.* [This regulation, which relates to the operations and services of Extended Care and Recuperation Center Services 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: Extended Care and Recuperation Center Services, General: Establishments with medical staffs; with permanent facilities that include inpatient beds; and with medical services, including physician services and continuous nursing services, to provide treatment for patients who require inpatient care but are not in an acute phase of illness, who currently require primarily convalescent or restorative services, and who have a variety of medical conditions.

Section 2. Essential Characteristics for an Extended Care and Recuperation Center Services: The essential characteristics for extended care and recuperation center services are as follows:

(1) The primary function of the institution shall be to provide treatment for patients who require inpatient care but who are not in an acute phase of illness; who currently require primarily convalescent or restorative services; and who have a variety of medical conditions.

(2) There shall be arrangements for transfer of patients in need of hospital care for acute phases of illness.

(3) The institution shall maintain inpatient beds.

(4) There shall be a governing authority legally responsible for the conduct of the institution.

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

(6) There shall be medical staff of the institution, or one that serves the institution through an affiliation, to which the governing authority shall delegate responsibility for maintaining proper standards of medical care.

(7) Each patient shall be admitted on the medical authority of, and shall be under the supervision of a physician.

(8) A current and complete medical record shall be maintained for each patient.

(9) Registered professional nurse supervison and other nursing services shall be continuous.

(10) Diagnostic x-ray service and clinical laboratory service shall be regularly and conveniently available.

(11) There shall be control of the storage and dispensing of controlled substances and other medications.

(12) Food served to patients shall meet their nutritional requirements, and special diets shall be regularly available.

Section 3. Administrative Management: The facility shall have an effective governing body legally responsible for the conduct of the facility, which designates an administrator and establishes administrative policies. However, if the facility does not have an organized governing body, the persons legally responsible for the conduct of the facility shall carry out or have carried out the functions herein pertaining to the governing body.

(1) Governing body. There shall be a governing body which assumes full legal responsibility for the overall conduct of the facility. The ownership of the facility shall be fully disclosed to the state licensure agency. In the case of corporations, the corporate offices shall be made known. The governing body shall be responsible for compliance with the applicable laws and regulations of legally authorized agencies.

(2) Full-time administrator. The governing body shall appoint a full-time administrator who shall be qualified by training and experience and shall delegate to him the internal operation of the facility in accordance with established policies.

(a) The administrator shall be at least twenty-one (21) years old, shall be capable of making mature judgments, and shall have no physical or mental disabilities or personality disturbances which interfere with carrying out his responsibilities.

(b) The administrator shall be licensed as a nursing home administrator as provided by KRS 216A.070.

(c) The administrator's responsibilities for procurement and direction of competent personnel shall be clearly defined.

(d) An individual competent and authorized to act in the absence of the administrator shall be designated.

(e) The administrator may be a member of the governing body.

(3) Personnel policies. There shall be written personnel policies, practices, and procedures that adequately support sound patient care. Current employee records shall be maintained and include a resume of each employee's training and experience. Files shall contain evidence of adequate health supervision such as results of pre-employment and periodic physical examination, including T.B. test, and records of all illnesses and accidents occurring on duty. Work assignments shall be consistent with qualifications.

(4) Notification of changes in patient status. There shall be appropriate written policies and procedures relating to notification of responsible persons in the event of significant changes in patient status, patient charges, billings, and other related administrative matters. Patients shall not be transferred or discharged without prior notification of next of kin or sponsor. Information describing the care and services provided by the facility shall be accurate and not misleading.

Section 4. Patient Care Policies: There shall be policies to govern the skilled nursing care and related medical or other services provided, which shall be developed with the advice of professional personnel, including one (1) or more physicians and one (1) or more registered professional nurses. A physician, a registered professional nurse, or a medical staff shall be responsible for the execution of these policies.

(1) Polices regarding nursing and medical care:

(a) The facility has written policies which shall be developed with the advice of (and with provision for review of such policy from time to time by) a group of professionals, including at least one (1) or more physicians and one (1) or more registered professional nurses, to govern the skilled nursing care and related medical or other services it provides. Policies shall reflect awareness of and provision for meeting the total needs of patients. These shall be reviewed at least annually and cover at least the following:

1. Admission, transfer, and discharge policies including categories of patients accepted and not accepted by the facility.
2. Physician services.
3. Nursing services.
4. Dietary services.
5. Restorative services.
6. Pharmaceutical services.
7. Diagnostic services.
8. Dental services.
9. Social services.
10. Patient activities.
11. Clinical records.
12. Transfer agreement.
13. Utilization review.

(b) The group of professional personnel responsible for patient care policies shall include health personnel such as social workers, dieticians, pharmacists, speech pathologists and audiologists, physical and occupational therapists, and mental health personnel. Pharmacy policies and procedures shall be developed with the advice of a subgroup of physicians and pharmacists, serving as a pharmacy and therapeutics committee.

(c) Some members of this group shall be neither owners nor employees of the facility.

(d) The group shall meet at regularly scheduled intervals and minutes of each meeting shall be recorded.

(e) The group may serve one (1) or more facilities.

(2) Responsibilities: Execution of patient care policies. The facility shall have a physician, a registered professional nurse, or a medical staff responsible for the execution of patient care policies established by the professional group referred to in this section. If the organized medical staff is responsible, an individual physician shall be designated to maintain compliance with overall patient care policies. If a registered professional nurse is responsible, the facility shall make available an advisory physician from whom she receives medical quidance.

Section 5. Physician Services: Patients in need of skilled nursing care shall be admitted only upon the recommendation of a physician; their health care shall continue under the supervision of a physician; and the facility shall have a physician available to furnish necessary medical care in case of emergency.

(1) Medical findings and physicians' orders. There shall be made available to the facility, prior to or at the time of admission, patient information which includes current medical findings, diagnosis, rehabilitation potential, a summary of the course of treatment followed in the hospital, and orders from a physician for the immediate care of the patient.

(a) If the above information is not available in the facility upon admission of the patient, it shall be obtained by the facility within forty-eight (48) hours after admission.

(b) If medical orders for the immediate care of a patient are unobtainable at the time of admission, the physician with responsibility for emergency care shall give temporary orders.

(c) A current hospital discharge summary containing the above information shall not be acceptable.

(2) Supervision by physician. The facility shall have a requirement that the health care of every patient is under the supervision of a physician who, based on an evaluation of the patient's immediate and long-term needs, prescribes a planned regimen of medical care which covers indicated medications, treatments, restorative services, diet, special procedures recommended for the health and safety of the patient, activities, plans for continuing care and discharge.

(a) The medical evaluation of the patient shall be based on a physical examination done within forty-eight (48) hours of admission unless such examination was performed within five (5) days prior to admission.

(b) The charge nurse and other appropriate personnel involved in the care of the patient shall assist in planning his total program of care.

(c) The patient's total program of care shall be reviewed and revised at intervals appropriate to his needs. Attention shall be given to special needs of patients such as foot, sight, speech, and hearing problems.

(d) Orders concerning medications and treatments shall be in effect for the specified number of days indicated by the physician but in no case exceed a period of thirty (30) days unless recorded in writing by the physician.

(e) Telephone orders shall be accepted only when necessary and only by licensed nurses. Telephone orders shall be written into the appropriate clinical record by the nurse receiving them and shall be countersigned by the physician within forty-eight (48) hours.

(f) Patients shall be seen by a physician at least once every thirty (30) days. There shall be evidence in the clinical record of the physicians visits to the patient at appropriate intervals.

(g) There shall be evidence in the clinical record that the physician has made arrangements for the medical care of the patient in the physician's absence.

(h) To the extent feasible, each patient or his sponsor shall designate a personal physician.

(3) Availability of physicians for emergency care. The facility shall provide for having one or more physicians available to furnish necessary medical care in case of emergency if the physician responsible for the care of the patient is not immediately available. A schedule listing the names and telephone numbers of these physicians and the specific days each shall be on call shall be posted in each nursing station. There shall be established procedures to be followed in an emergency, which cover immediate care of the patient, persons to be notified, and reports to be prepared.

Section 6. Nursing Services: The facility shall provide twenty-four (24) hour nursing services which shall be sufficient to meet the nursing needs of all patients. There shall be at least one (1) registered professional nurse employed full-time and responsible for the total nursing service. There shall be a registered professional nurse or practical nurse who is a graduate of a state approved school of practical nursing in charge of nursing activities during each tour of duty. The terms "licensed practical nurse(s)" and "practical nursing" as used in this section are synonymous with "licensed vocational nurse(s)" and vocational nursing.

(1) Full-time nursing. There shall be at least one (1) registered professional nurse employed full-time. If there is only one (1) registered professional nurse, she shall serve as director of the nursing service, shall work full-time during the day, and shall devote full-time to the nursing service of the facility. If the director of nursing has administrative responsibility for the facility, she shall have a professional nurse assistant so that there shall be the equivalent of a full-time director of nursing service. The director of nursing shall be trained or experienced in areas such as nursing service, administration, rehabilitation nursing, psychiatric or geriatric nursing.

(2) Director of nursing service. The director of the nursing service shall be responsible for:

(a) Developing and/or maintaining nursing service objectives, standards of nursing practice, nursing procedures manuals, and written job descriptions for each level of nursing personnel;

(b) Recommending to the administrator the number and level 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 personnel;

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

(e) Participating in the development and implementation of patient care policies and bringing patient care problems requiring changes in policy to the attention of the professional policy advisory groups;

(f) Coordinating nursing services with other patient care services such as physician, physical therapy, occupational therapy, and dietary;

(g) Planning and conducting orientation programs for new nursing personnel and continuing inservice education for all nursing personnel;

(h) Participating in the selection of prospective patients in terms of nursing services they need and nursing competencies available;

(i) Assuring that a nursing care plan shall be established for each patient and that his plan shall be reviewed and modified as necessary;

(j) Assuring that registered professional nurses, licensed practical nurses' aides and orderlies are assigned duties consistent with their training and experience.

(3) Supervising nurse. Nursing care shall be provided by or under the supervision of a full-time registered professional nurse currently licensed to practice in the state. The supervising nurse shall be trained or experienced in areas such as nursing administration and supervision, rehabilitation nursing, psychiatric or geriatric nursing. The supervising nurse shall make daily rounds to all nursing units performing such functions as visiting each patient, reviewing clinical records, medication cards, patient care plans, and staff assignments, and to the greatest degree possible accompanying physicians when visiting patients.

(4) Charge nurse. There shall be at least one (1) registered professional nurse or qualified licensed practical nurse who is a graduate of a state approved school of practical nursing on duty at all times and in charge of the nursing activities during each tour of duty.

(a) A state approved school of practical nursing shall be one whose standards of education meet those set by the appropriate state nurse licensing authority.

(b) It shall be desirable that the nurse in charge of each tour of duty be trained or experienced in areas such as nursing administration and supervision, rehabilitation nursing, psychiatric or geriatric nursing.

(c) The charge nurse shall have the ability to recognize

significant changes in the condition of patients and to take necessary action.

(d) The charge nurse shall be responsible for the total nursing care of patients during her tour of duty.

(5) Twenty-four (24) hour nursing service. There shall be twenty-four (24) hour nursing service with a sufficient number of nursing personnel on duty at all times to meet the total needs of patients. Nursing personnel shall include registered professional nurses, licensed practical nurses, aides and orderlies. The amount of nursing time available for patient care shall be exclusive of non-nursing duties. Sufficient nursing time shall be available to assure that each patient:

(a) Shall receive treatments, medication, and diets as prescribed;

(b) Shall receive proper care to prevent decubiti and shall be kept comfortable, clean and well-groomed;

(c) Shall be protected from accident and injury by the adoption of indicated safety measures;

(d) Shall be treated with kindness and respect.

(6) Restorative nursing care. There shall be an active program of restorative nursing care directed toward assisting each patient to achieve and maintain his highest level of self-care and independence.

(a) Restorative nursing care initiated in the hospital shall be continued immediately upon admission to the extended care facility.

(b) Nursing personnel shall be taught restorative nursing measures and shall practice them in their daily care of patients. These measures shall include:

1. Maintaining good body alignment and proper positioning of bedfast patients;

2. Encouraging and assisting bedfast patients to change positions at least every two (2) hours, day and night to stimulate circulation and prevent decubiti and deformities;

3. Making every effort to keep patients active and out of bed for reasonable periods of time, except when contraindicated by physician's orders, and encouraging patients to achieve independence in activities of daily living by teaching self care, transfer and ambulation activities;

4. Assisting patients to adjust to their disabilities, to use their prosthetic devices, and to redirect their interests if necessary;

5. Assisting patients to carry out prescribed physical therapy exercises between visits of the physical therapist.

(c) Consultation and instruction in restorative nursing available from state or local agencies shall be utilized.

(7) Dietary supervision. Nursing personnel shall be aware of the dietary needs and food and fluid intake of patients. Nursing personnel shall observe that patients are served diets as prescribed. Patients needing help in eating shall be assisted promptly upon receipt of meals. Adaptive self help devices shall be provided to contribute to the patient's independence in eating. Food and fluid intake of patients shall be observed and deviations from normal shall be reported to the charge nurse. Persistent unresolved problems shall be reported to the physician.

(8) Nursing care plan. There shall be written nursing care plans for each patient based on the nature of illness, treatment prescribed, long and short term goals and other pertinent information.

(a) The nursing care plan shall be a personalized, daily plan for individual patients. It shall indicate what nursing care is needed, how it can best be accomplished for each patient, how the patient likes things done, what methods and approaches are most successful, and what modifications are necessary to insure best results.

(b) Nursing care plans shall be available for use by all nursing personnel.

(c) Nursing care plans shall be reviewed and revised as needed.

(d) Relevant nursing information from the nursing care plan shall be included with other medical information when patients are transferred.

(9) Inservice educational program. There shall be a continuing education program in effect for all nursing personnel in addition to a thorough job orientation for new personnel. Skill training for non-professional nursing personnel shall begin during the orientation period. Planned inservice programs shall be conducted at regular intervals for all nursing personnel. All patient care personnel shall be instructed and supervised in the care of emotionally disturbed and confused patients, and shall be helped to understanding the social aspects of patient care. Skill training shall include demonstration, practice, and supervision of simple nursing procedures applicable in the individual facility. It shall also include simple restorative nursing procedures to be followed in emergencies. Opportunities shall be provided for nursing personnel to attend training courses in restorative nursing and other educational programs related to the care of long-term patients.

Section 7. Dietary Services: The dietary service shall be directed by a qualified individual and shall meet the daily dietary needs of patients. A facility which has a contract with an outside food management company may be found to meet this requirement provided the company has a dietician who serves, as required by the scope and complexity of the service, on a full-time, part-time or consultant basis to the facility, and provided the company maintains regulations as listed herein and shall provide for continuing liaison with the medical and nursing staff of the facility for recommendations on dietetic policies affecting patient care.

(1) Dietary supervisions. A person designated by the administrator shall be responsible for the total food service of the facility. If this person is not a professional dietician, regularly scheduled consultation from a professional dietician or other person with suitable training shall be obtained. A professional dietician shall meet the American Dietetic Association's qualification standards. Other persons with suitable training shall be graduates of baccalaureate degree programs with major studies in food and nutrition. The person in charge of the dietary service shall participate in regular conferences with the administrator and other supevisors of patient services. This person shall make recommendations concerning the quantity, quality and variety of food purchased. This person shall be responsible for the orientation, training and supervision of food service employees, and shall participate in their selection and in the formulation of pertinent personnel policies. Consultation obtained from self-employed dieticians or dieticians employed in voluntary or official agencies shall be acceptable if provided on a frequent and regularly scheduled basis.

(2) Adequacy of diet staff. A sufficient number of food service personnel shall be employed and their working hours shall be scheduled to meet the dietary needs of the patients. There shall be food service employees on duty over a period of twelve (12) or more hours. Food service employees shall be trained to perform assigned duties and shall participate in selected inservice education programs. In the event food service employees are assigned duties outside the dietary department, these duties shall not interfere

with the sanitation, safety, or time required for dietary work assignments. Work assignments and duty schedules shall be posted.

(3) Hygiene of diet staff. Food service personnel shall be in good health and practice hygienic food handling techniques. Food service personnel shall keep their hands and fingernails clean at all times. Routine health examinations shall at least meet local and state codes for food health service personnel. Where food handler's permits are required, they shall be current. Personnel having symptoms of communicable diseases or open infected wounds shall not be permitted to work.

(4) Adequacy of diet. The food and nutritional needs of patients shall be met in accordance with physician's orders, and, to the extent medically possible, shall meet the dietary allowances of the Food and Nutrition Board of the National Research Council adjusted for age, sex, and activity. A daily food guide for adults may be based on the following allowances:

(a) Milk: Two (2) or more cups.

(b) Meat group: Two (2) or more servings of beef, veal, pork, lamb, poultry, fish, eggs. Occasionally dry beans, nuts, or dry peas may be served as alternates.

(c) Vegetable and fruit group: Four (4) or more servings. A citrus fruit or other fruit and vegetable important for Vitamin C; a dark green or deep yellow vegetable for Vitamin A, at least every other day; other fruits and vegetables including potatoes.

(d) Bread and cereal group: Four (4) or more servings of whole grain, enriched or restored.

(e) Other foods to round out meals and snacks, to satisfy individual appetites and provide additional calories.

(5) Therapeutic diets. Therapeutic diets shall be prepared and served as prescribed by the attending physician. Therapeutic diet orders shall be planned, prepared, and served with supervision or consultation from a qualified dietician. A current diet manual recommended by the state licensure agency shall be readily available to food service personnel and supervisors of nursing service. Persons responsible for therapeutic diets shall have sufficient knowledge of food values to make appropriate substitutions when necessary.

(6) Quality of food. At least three (3) meals or their equivalent shall be served daily, at regular times, with not more than a fourteen (14) hour span between a substantial evening meal and breakfast. Between meal or bedtime snacks of nourishing quality shall be offered. If the "four (4) or five (5) meals a day" plan is in effect, meals and snacks shall provide nutritional value equivalent to the daily food guide previously described.

(7) Planning of menus. Menus shall be planned in advance and food sufficient to meet the nutrition needs of patients shall be prepared as planned for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value. Menus shall be written at least one (1) week in advance. The current week's menu shall be in one or more accessible places in the dietary department for easy use by workers purchasing, preparing, and serving foods. Menus shall provide a sufficient variety of foods served in adequate amounts at each meal. Menus shall be different for the same days of each week and shall be adjusted for seasonal changes. Records of menus served shall be filed and maintained for thirty (30) days. Supplies of staple foods for a minimum of a one (1) week period and of perishable foods for a minimum of a two (2) day period shall be maintained on the premises. Records of food purchased for preparation shall be on file.

(8) Preparation of food. Food shall be prepared by methods that conserve nutritive value, flavor, and appearance, and shall be attractively served at the proper temperatures and in a form to meet individual needs. A file of tested recipes, adjusted to appropriate yield, shall be maintained. Food shall be cut, chopped or ground to meet individual needs. If a patient refuses food served, substitutes shall be offered. Effective equipment shall be provided and procedures established to maintain food at proper temperature during serving. Table service shall be provided for all who can and will eat at a table including wheelchair patients. Trays provided bedfast patients shall rest on firm supports such as overbed tables. Sturdy tray stands of proper height shall be provided patients able to get out of bed.

(9) Maintenance of sanitary conditions. Sanitary conditions shall be maintained in the storage, preparation and distribution of food. Effective procedures for cleaning all equipment and work areas shall be followed consistently. Dishwashing procedures and techniques shall be well developed, understood and carried out in compliance with state and local health codes. Written reports of inspections by state or local health authorities shall be on file at the facility with notation made of action taken by the facility to comply with any recommendations. Waste which is not disposed of by mechanical means shall be kept in leak proof nonabsorbent containers with close fitting covers and shall be disposed of daily in a manner that will prevent transmission of disease, a nuisance, a breeding place for flies, or a feeding place for rodents. Containers shall be thoroughly cleaned inside and out each time emptied. Dry or staple food items shall be stored off the floor in a ventilated room not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents, or vermin. Handwashing facilities including hot and cold water, soap, individual towels, preferably paper towels, shall be provided in kitchen areas.

Section 8. Restorative Services: Restorative services shall be provided upon written order of the physician.

(1) Medical director. Restorative services shall be provided only upon written order by the physician, who shall indicate anticipated goals and shall be responsible for general medical direction of such services as part of the total care of the patient. The physician shall prescribe specific modalities to be used and frequency of physical and occupational therapy services.

(2) Maintenance of patient's functions. At a minimum, restorative nursing care designed to maintain function or improve the patient's ability to carry out the activities of daily living shall be provided by the facility.

(3) Therapy services. If restorative services beyond restorative nursing care are offered, whether directly or through cooperative arrangements with appropriate agencies such as hospitals, rehabilitation centers, state or local health departments, or independently practicing therapists, these services shall be given or supervised by therapists, meeting the qualifications set out below. When supervision is less than full-time, it shall be provided on a planned basis and shall be frequent enough, in relation to the staff therapist's training and experience to assure sufficient review of individual treatment plans and progress.

(a) Physical therapy shall be given or supervised by a therapist who is licensed in the Commonwealth of Kentucky.

(b) Physical therapy shall include such services as:

1. Assisting the physician in his evaluation of patients by applying muscle, nerve, joint, and functional ability tests;

2. Treating patients to relieve pain, develop or restore functions, and maintain maximum performance, using physical means such as exercise, massage, heat, water, light, and electricity.

(c) Speech therapy shall be given or supervised by a therapist who meets one (1) of the following requirements:

1. Has been granted a certificate of clinical competence in the appropriate area (Speech Pathology or Audiology) by the American Speech and Hearing Association; or

2. Meets the equivalent educational requirements and work experience necessary for such certificate; or

3. Has completed the academic and practicum requirements for certification and shall be in the process of accumulating the necessary supervised work experience required for certification; or

4. Has a basic certificate of provisional basic certification and is in the process of acquiring four (4) years of sponsored professional experience.

(d) Speech therapy shall be service in speech pathology or audiology, and may include:

1. Cooperation in the evaluation of patients with speech, hearing, or language disorders;

2. Determination and recommendation of appropriate speech and hearing services;

3. Provision of necessary rehabilitative services for patients with speech, hearing, and language disabilities.

(e) Occupational therapy shall be given or supervised by a therapist who is registered by the American Occupational Therapy Association or is a graduate of a program approved by the Council on Medical Education of the American Medical Association in collaboration with the American Occupational Therapy Association and is in the process of accumulating supervised clinical experience required for registration.

(f) Occupational therapy shall include duties such as:

1. Assisting the physician in his evaluation of the patient's level of function by applying diagnostic and prognostic tests.

2. Guiding the patient in his use of therapeutic creative and self care activities for improving functions.

(g) Other personnel providing restorative services shall be trained and work under professional supervision in accordance with accepted professional practices. For example, an occupational therapy assistant shall have successfully completed a training course approved by the American Occupational Therapy Association, shall be certified by that body as a certified occupational therapy assistant, and shall receive supervision from a qualified occupational therapist.

(h) In a facility with an organized rehabilitation service using a multi-disciplinary team approach to meet all the needs of the patient, and where all therapists' services are administered under the direct supervision of a physician qualified in physical medicine who will determine the goals and limits of the therapists' work, and prescribes modalities and frequency of therapy, persons with qualifications other than those described in subsection (3)(a), (c) and (e) of this section could be assigned duties appropriate to their training and experience.

(i) Therapists shall collaborate with the facility's medical and nursing staff in developing the patient's total plan of care.

(j) Therapists shall participate in the facility's inservice education programs.

(4) Ambulation and therapeutic equipment. Commonly used ambulation and therapeutic equipment necessary for services offered shall be available for use in the facility. Recommended ambulation equipment includes such items as parallel bars, hand rails, wheelchairs, walkers, walkerettes, crutches and canes. The therapists shall advise the administrator concerning the purchase, rental, storage and maintenance of equipment and supplies.

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 the 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 licensed pharmacist shall be employed to administer the pharmacy department.

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

(c) If the facility does not have a pharmacy department, but does maintain a supply of drugs:

1. The consultant pharmacist shall be responsible for the control of all bulk drugs and maintain records of their receipt and disposition.

2. The consultant pharmacists shall dispense drugs from the drug supply, properly label them and make them available to appropriate licensed nursing personnel. Wherever possible, the pharmacist in dispensing drugs shall work from the prescriber's original order or direct copy.

3. Provisions shall be made for emergency withdrawal of medications from the drug supply.

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

(e) The facility shall have written policies covering pharmaceutical services which shall be developed with the advice of a group of professional personnel and which shall be reviewed at least annually. Pharmacy policies and procedures shall be preferably developed with the advice of a subgroup of physicians and pharmacists serving as a pharmacy and therapeutic's committee.

(2) Conformance with physician's orders. All medications administered to patients shall be ordered in writing by the patient's physician. Oral orders shall be given only to a licensed nurse, immediately reduced to writing, signed by the nurse and countersigned by the physician within forty-eight (48) hours. Medications not specifically limited as to time or number of doses, when ordered, shall be automatically stopped in accordance with written policy approved by the physician or physicians responsible for advising the facility on its medical administrative policies. The charge nurse and the prescribing physician together shall review monthly each patient's medications. 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 only on the written authorization of the physician.

(3) Administration of medications. All medications shall be administered by licensed medical or nursing personnel in accordance with the Medical Act (KRS 311.530 to

311.620) and Nurse Practice Act (KRS Chapter 314). Each dose administered shall be recorded in the clinical record.

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

(b) In administering medications, medication cards or other state approved systems shall be used and checked against the physician's orders.

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

(d) Self-administration of medications by patients shall not be permitted except for emergency drugs on special order of the patient's physician or in a predischarge program under the supervision of a licensed nurse.

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

(f) Up-to-date medication reference texts and 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. Patients' 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, precription number, name and strength of drug, date of issue, expiration date of all time dated drugs and name and address and telephone number of pharmacy issuing the drug. It is advisable that the manufacturer's name and the lot or control number of the medication also appear on the label.

(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.

(d) Separately locked, securely fastened boxes (or drawers) within the medicine cabinet shall be provided for storage of controlled substances, barbiturates, amphetamines and other dangerous drugs subject to the Controlled Substances Act (KRS Chapter 218A).

(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) Poisons and 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) Control of controlled substances, etc. 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 Substances Acts, and other legend drugs (KRS Chapter 218A). 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. Diagnostic Services: The facility shall have provisions for obtaining required clinical laboratory, x-ray and other diagnostic services. Provisions for diagnostic services: The facility shall have provisions for promptly and conveniently obtaining required clinical laboratory, x-ray and other diagnostic services. Such services may be obtained from a physician's office, a laboratory which is part of a licensed hospital or a laboratory which is approved to provide these services as an independent laboratory. If the facility provides its own diagnostic services, these shall meet the applicable laws and regulations. All diagnostic services shall be provided only on the request of a physician. The physician shall be notified promptly of the test results. Arrangements shall be made for the transportation of patients, if necessary, to and from the source of service. Simple tests, such as those customarily done by nursing personnel for diabetic patients may be done in the facility. All reports shall be included in the clinical record.

Section 11. Dental Services: The facility shall assist patients to obtain regular and emergency dental care. Provision for dental care: Patients shall be assisted to obtain regular and emergency dental care. An advisory dentist shall provide consultation, participate in inservice education, recommend policies concerning oral hygiene, and shall be available in case of emergency. The facility, when necessary, shall arrange for the patient to be transported to the dentist's office. Nursing personnel shall assist the patient to carry out the dentist's recommendations.

Section 12. Social Services: (1) Provision for medically related social needs. The medically related social needs of the patient shall be identified, and services provided to meet them, in admission of the patient, during his treatment and care in the facility, and in planning for his discharge.

(a) As a part of the process of evaluating a patient's need for services in a facility and whether the facility can offer appropriate care, emotional and social factors shall be considered in relation to medical and nursing requirements.

(b) As soon as possible after admission, there shall be evaluation, based on medical, nursing and social factors, of the probable duration of the patient's need for care and a plan shall be formulated and recorded for providing such care.

(c) Where there are indications that financial help will be needed arrangements shall be made promptly for referral to an appropriate agency.

(d) Social and emotional factors related to the patient's illness, to his response to treatment and to his adjustment to care in the facility shall be recognized and appropriate action shall be taken when necessary to obtain casework services to assist in resolving problems in these areas.

(e) Knowledge of the patient's home situation, financial resources, community resources available to assist him, and pertinent information related to his medical and nursing requirements shall be used in making decisions regarding his discharge from the facility.

(2) Staff members responsible for social services. There shall be a designated member of the staff of the facility who will take resonsibility when medically related social problems shall be recognized for action necessary to solve them. There shall be a full-time or part-time social worker employed by the facility, or there shall be a person on the staff who is suited by training and/or experience in related

fields to find community resources to deal with the social problems. The staff member responsible for this area of service shall have information promptly available on health and welfare resources in the community. If the facility does not have a qualified social worker on its staff, there shall be an effective arrangement with a public or private agency, which may include the local welfare department, to provide social service consultation. A qualified social worker shall be a graduate of a school of social work accredited by the Council on Social Work Education.

(3) Social services training of staff. There shall be provisions for orientation and inservice training of staff directed toward understanding emotional problems and social needs of sick and infirm aged persons and recognition of social problems of patients and the means of taking appropriate action in relation to them. Either a qualified social worker on the staff, or one from outside the facility, shall participate in training programs, case conferences, and arrangements for staff orientation to community services and patient needs.

(4) Confidentiality of social data. Pertinent social data, and information about personal and family problems related to the patient's illness and care shall be made available only to the attending physician, appropriate members of the nursing staff, and other key personnel who are directly involved in the patient's care, or to recognized health or welfare agencies. There shall be appropriate policies and procedures for assuring the confidentiality of such information.

(a) The staff member responsible for social services shall participate in clinical staff conferences and/or confers with the attending physician prior to admission of the patient, at intervals during the patient's stay in the facility, and prior to discharge of the patient, and there shall be evidence in the record of such conferences.

(b) The staff member and nurses responsible for the patient's care confer frequently and there shall be evidence of effective working relationships between them.

(c) Records of pertinent social information and of action taken to meet social needs shall be maintained for each patient; signed social service summaries shall be entered promptly in the patient's clinical record for the benefit of all staff involved in the care of the patient.

Section 13. Patient Activities: Activities suited to the needs and interests of patients shall be provided as an important adjunct to the active treatment program and to encourage restoration to self-care and resumption of normal activities. Provision for patient activity: Provision shall be made for purposeful activities which are suited to the needs and interests of patients.

(1) An individual shall be designated as being in charge of patient activities. This individual shall have experience and/or training in directing group activities.

(2) The activity leader shall use, to the fullest possible extent, community, social and recreational opportunities.

(3) Patients shall be encouraged but not forced to participate in such activities. Suitable activities are provided for patients unable to leave their rooms.

(4) Patients who are able and who wish to do so are assisted to attend religious services.

(5) Patient's request to see their clergymen shall be honored and space shall be provided for privacy during visits.

(6) Visiting hours shall be flexible and posted to permit and encourage visiting friends and relatives.

(7) The facility shall make available a variety of supplies and equipment adequate to satisfy the individual interests of patients. Examples of such supplies and equipment are: books and magazines, daily newspapers, games, stationery, radio and television and the like.

Section 14. Clinical Records: A clinical record shall be maintained for each patient admitted, in accordance with accepted professional principles.

(1) Maintenance of clinical records. The facility shall maintain a separate clinical record for each patient admitted with all entries kept current, dated and signed.

(a) Identification and summary sheet(s) including patient's name, social security number, marital status, age, sex, home address, and religion; names, addresses, and telephone numbers of referral agency (including hospital from which admitted), personal physician, dentist, and next of kin or other responsible person; admitting diagnosis, final diagnosis, condition on discharge and disposition and any other information needed to meet state requirements;

(b) Initial medical evaluation including medical history, physical examination, diagnosis, and estimation of restorative potential;

(c) Authentication of hospital diagnoses, in the form of a hospital summary discharge sheet or a report from the physician who attended the patient in the hospital or a transfer form used under a transfer agreement;

(d) Physician's orders, including all medications, treatment, diet, restorative and special medical procedures required for the safety and well being of the patient;

(e) Physician's progress notes describing significant changes in the patient's condition, written at the time of each visit;

(f) Nurses' notes containing observations made by the nursing personnel;

(g) Medication and treatment record including all medications, treatments, and special procedures performed for the safety and well being of the patient;

(h) Laboratory and x-ray reports;

(i) Consultation reports;

(j) Dental report;

(k) Social service notes;

(l) Patient care referral reports.

(2) Retention of records. All clinical records of discharged patients shall be completed promptly and filed and retained and such additional information as is deemed necessary by the governing body of the facility for five (5) years. The facility shall have policies providing for the retention and safekeeping of patients' clinical records by the governing body for the required period of time in the event that the facility discontinues operation. If the patient is transferred to another health care facility, a copy of the patient's clinical record or an abstract thereof shall accompany the patient.

(3) Confidentiality of records. All information contained in the clinical records shall be treated as confidential and shall be disclosed only to authorized persons.

(4) Staff responsibility for records. If the facility does not have a full or part-time medical record librarian, an employee of the facility shall be assigned the responsibility for assuring that records are maintained, completed and preserved. The designated individual shall be trained by, and shall receive regular consultation from a person skilled in record maintenance and preservation.

Section 15. Transfer Agreement: The facility shall have in effect a transfer agreement.

(1) Patient transfer. The transfer agreement shall provide reasonable assurance that transfer of patients will be

effected between the hospital and the facility whenever such transfer is medically appropriate as designated by the attending physician. The agreement shall be with a hospital close enough to the facility to make the transfer of patients feasible. The transfer agreement facilitates continuity of patient care and expedites appropriate care for the patient. The agreement shall be made on a one-to-one basis or on a community-wide basis. The latter arrangement could provide for a master agreement to be signed by each hospital and facility. When the transfer agreement is on a community-wide basis, it shall reflect the mutual planning and agreement of hospitals, facilities and other related agencies. The institutions shall provide to each other information about their resources sufficient to determine whether the care needed by a patient is available. Where the transfer agreement specifies restrictions with respect to the types of services available in the hospital or the facility and/or the types of patients or health conditions that will not be accepted by the hospital or the facility, or shall include any other criteria relating to the transfer of patients (such as priorities for persons on waiting lists), such restrictions or criteria shall be the same as those applied by the hospital or facility to all potential inpatients of the hospital or facility. When a transfer agreement has been in effect over a period of time, a sufficient number of patient transfers between the two (2) institutions shall have occurred to indicate that the transfer agreement is effective.

(2) Interchanges of information. The transfer agreement shall provide reasonable assurance that there will be interchange of medical and other information necessary or useful in the care and treatment of individuals transferred between the institutions, or in determining whether such individuals can be adequately cared for otherwise than in either of such institutions.

(a) The agreement shall establish responsibility for the prompt exchange of patient information to enable each institution to determine whether it can adequately care for the patient and to assure continuity of patient care.

(b) Medical information transferred shall include current medical findings, diagnosis, rehabilitation potential, a brief summary of the course of treatment followed in the hospital or facility, nursing and dietary information useful in the care of the patient, ambulation status, and pertinent administrative and social information.

(c) The agreement shall provide for the transfer of personal effects, particularly money and valuables, and for the transfer of information related to these items.

(3) Execution of agreement. The transfer agreement shall be in writing and signed by the individuals authorized to execute such agreement on behalf of the institutions, or, in case the two (2) institutions are under common control, there shall be a written policy or order signed by the person or body which controls them. When the hospital and facility are not under common control, the terms of the transfer agreement shall be established jointly by both institutions. Each institution participating in the agreement shall maintain a copy of the agreement.

(4) Specification of responsibilities. The transfer agreement shall specify the responsibilities each institution assumes in the transfer of patients and information between the hospital and the facility. The agreement establishes responsibility for notifying the other institution promptly or the impending transfer of a patient; arranging for appropriate and safe transportation; and arranging for the care of patients during transfer.

(5) Presumed agreement where necessary for provision of services. A facility which does not have a transfer agreement in effect but which is found by the state licensing agency to have attempted in good faith to enter into a transfer agreement with a hospital sufficiently close to the facility to make feasible the transfer between them of patients and medical and other information, shall be considered to have such an agreement in effect if and for so long as it is also found that to do so is in the public interest and essential to assuring extended care services for patients in the community eligible for benefits.

(a) If there is only one (1) hospital in the community, the facility shall have attempted in good faith to enter into a transfer agreement with that hospital.

(b) If there are several hospitals in the community, the facility shall have exhausted all reasonable possibilities of entering into a transfer agreement with these hospitals.

(c) The facility shall have copies of letters, records of conferences, and other evidence to support its claim that it has attempted in good faith to enter into a transfer agreement.

(d) The state agency shall have found that hospitals in the community have, in fact, refused to enter into a transfer agreement with the facility in question.

(e) The state agency shall take into consideration the availability of facilities in the community and the expected need of such services.

Section 16. Housekeeping Services: The facility shall provide the housekeeping and maintenance services necessary to maintain a sanitary and comfortable environment.

(1) Housekeeping services. The facility shall provide sufficient housekeeping and maintenance personnel to maintain the interior and exterior of the facility in a safe, clean, orderly, and attractive manner. Nursing personnel shall not be assigned housekeeping duties.

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

(b) Floors shall be cleaned regularly. Polishes on floors shall provide a nonslip finish; throw or scatter rugs shall not be used except for nonslip entrance mats.

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

(d) Deodorizers shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.

(e) Storage areas, attics, and cellars shall be kept free and safe from accumulations of extraneous materials such as refuse, discarded furniture and old newspapers. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.

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

(2) Pest control. The facility shall be maintained free from insects and rodents. 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 company. Care shall be taken to use the least toxic and least flammable effective insecticides and rodenticides. These compounds shall be stored in nonpatient areas and in nonfood preparation and storage areas. Poisons shall be under lock. Windows and doors shall be appropriately screened during the insect breeding season. Harborages and entrances for insects and rodents shall be eliminated. Garbage and trash shall be stored in areas separate from those used for the prepara-

tion and storage of food and shall be removed from the premises in conformity with state and local practices. Containers shall be cleaned regularly.

(3) Linen. The facility shall have available at all times a quantity of linen essential for the proper care and comfort of patients. Linens shall be handled, stored, and processed so as to control the spread of infection. The linen supply shall be at least three (3) times the usual occupancy. Clean linen and clothing shall be stored in clean, dry, dust-free areas easily accessible to the nurses' station. Soiled linen shall be stored in separate well-ventilated areas, and is not permitted to accumulate in the facility. Soiled linen and clothing shall be stored separately in suitable bags or containers. Soiled linen shall not be sorted, laundered, rinsed, or stored in bathrooms, patient rooms, kitchens, or food storage areas.

Section 17. Disaster Plan: The facility shall have written procedures to be followed in case of fire or other disaster. Disaster plan: The facility shall have a written procedure to be followed in case of fire, explosion or other emergency. It specifies persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes, procedures for evacuating helpless patients, frequency of fire drills, and assignment of specific tasks and responsibilities to the personnel of each shift. The plan shall be developed with the assistance of qualified fire and safety experts. All personnel shall be trained to perform assigned tasks. Simulated drills testing the effectiveness of the plan shall be conducted on each shift at least three (3) times a year. The plan shall be posted throughout the facility.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

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

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1)(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: July 24, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of personal care homes and the services to be provided by personal care homes.* [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. Certificate of Need, Licensure and Reports. (1) A personal care home shall not operate without first obtaining a certificate of need, unless operating prior to July 1, 1972.

(2) No person shall maintain a personal care home, without having first obtained a license from the Certificate of Need and Licensure Board. All personal care homes shall comply with the provisions of this regulation to qualify for a license or for the renewal thereof.

(3) Upon submission of a properly completed license application form together with a prescribed fee, a personal care home 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 is appropriate, may be issued a license by the Certificate of Need and Licensure Board.

(4) The license shall be posted in a conspicuous place in the facility.

(5) All applicants for license renewal, shall have submitted inventory and utilization reports required by the Certificate of Need and Licensure Board.

Section 3. 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) Written transfer agreements:

(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 medication ordered by physicians for self-administration by residents under their care.

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

Section 4. 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.

(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.

(5) Patient rights: Patient rights shall be provided for pursuant to KRS 216.510 to 216.525.

Section 5. 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 Controlled Substances Enforcement Branch, Kentucky Department for Human Resources, 275 East Main Street, Frankfort, Kentucky 40621. 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 the 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 (noninfectious) 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) There shall be a written policy of approved technique used in the care of residents who are isolated because of a "temporary" communicable disease.

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

Section 6. 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, ballpoint, 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's discharge destination;

(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 therapist 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 7. 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 8. 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 Department for Natural Resources and Environmental Protection. 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 Department for Natural Resources and Environmental Protection.

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

(2) Orders 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 (1) 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 10. Care and Welfare. (1) Upon admission the resident 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) Toilet articles, such as towels, brushes, and combs, shall not be used in common.

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

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

(5) 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.

(6) 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.

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

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

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

(10) 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.

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

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

Section 11. 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.

W. GRADY STUMBO, Secretary
ADOPTED: July 24, 1980
RECEIVED BY LRC: July 24, 1980 at 4:20 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:035E. Personal care homes; construction and alteration.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1)(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: July 24, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate*

health facilities and health services. This regulation provides for the licensure requirement for the structural specifications for the construction or alteration of personal care homes. [This regulation, which relates to the construction and alteration of Personal 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 construction and alteration of personal care homes.

Section 2. Definitions. Personal care homes are establishments with permanent facilties 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 3. Essential Characteristics of Personal Care Homes. The essential characteristics 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) 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. 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 4. Preparation of Plans and Specifications. After receiving certificate of need approval from the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board, the following procedures and regulations will be followed:

(1) Before construction is begun for the erection of new buildings or alterations to existing buildings or any changes in facilities, for a personal care facility, the licensee or applicant shall submit plans to the licensing agency for approval.

(2) Architectural drawings must bear the seal of an architect registered in the Commonwealth of Kentucky and the mechanical and electrical drawings must bear the seal of a professional engineer registered in the Commonwealth of Kentucky.

(3) Drawings shall not exceed thirty-six (36) inches by forty-six (46) inches when trimmed.

Section 5. Submission of Plans and Specifications. (1) First stage; schematic plans (Required only if facility exceeds 100 beds).

(a) Single line drawings of each floor shall show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room shall be noted. Drawings shall include typical resident room layouts (scaled ¼″ = 1′0″) with dimensions noted. The proposed roads and walks, service and entrance courts, parking and orientation shall be shown in a plot plan.

(b) If the project is an addition, or is otherwise related to existing buildings on the site, the plans shall show the facilities and general arrangments of those buildings.

(2) Second stage; preliminary plans. Preliminary sketch plans shall include the following:

(a) Architectural:

1. Plans of basement, floors, and roof showing space assignment, sizes and outline of fixed and movable equipment;
2. All elevations and typical sections;
3. Plot plan showing roads, parking, and sidewalks;
4. Areas and bed capacities by floors.

(b) Mechancial:

1. Single line layout of all duct and piping systems;
2. Riser diagrams for multistory construction;
3. Scale layout of boilers and major associated equipment and central heating, cooling, and ventilating units.

(c) Electrical:

1. Plans showing space assignment, sizes and outlines of fixed equipment such as transformers, main switch and switchboards, and generator sets.
2. Simple riser diagram for multistory building construction, showing arrangement of feeders, subfeeders, bus work, load centers, and branch circuit panels.

(d) Outline specifications:

1. General description of the construction, including interior finishes, types and locations of acoustical material, and special floor covering;

2. Description of the air-conditioning, heating, and ventilation systems and their controls, duct and piping systems; and dietary, laundry, and other special equipment.

3. General description of electrical service including voltage, number of feeders, and whether feeders are overhead or underground.

(3) Third stage; contract documents:

(a) Working drawings. Working drawings shall be complete and adequate for bid, contract, and construction purposes. Drawings shall be prepared for each of the following branches of the work: architectural, structural, mechanical, and electrical. They shall include the following:

1. Architectural drawings:

a. Approach plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new building structures, roadways, walks, and parking areas;

b. Plan of each basement, floor and roof;

c. Elevations of each facade;

d. Sections through building;

e. Required scale and full-size details;

f. Schedule of doors, windows, and room finishes;

g. Equipment. Location of all fixed equipment. Layout of typical and special rooms indicating all fixed equipment and major items of movable equipment. Equipment not included in contract shall be so indicated;

h. Conveying systems. Details of construction, machine and control spaces necessary, size and type of equipment, and utility requirements for the following: dumbwaiters: electric, hand, hydraulic; elevators: freight, passenger, patient; loading dock devices; pneumatic tube systems.

2. Structural drawings:

a. Plans for foundations, floors, roofs, and all intermediate levels with sizes, sections, and the relative location of the various structural members;

b. Dimensions of special openings;

c. Details of all special connections, assemblies, and expansion joints.

3. Mechanical drawings:

a. Heating, steam piping, and air-conditioning systems; radiators and steam heating equipment, such as warmers and steam tables; heating and steam mains and branches with pipe sizes; diagram of heating steam risers with pipe sizes; sizes, types, and capacities of boilers, furnaces, hot water heaters with stokers, oil burners, or gas burners; pumps, tanks, boiler breeching, and piping and boiler room accessories; air-conditioning systems with required equipment, water and refrigerant piping, and ducts; supply and exhaust ventilation systems with heating/cooling connections and piping; air quantities for all room supply and exhaust ventilating duct openings.

b. Plumbing, drainage, and standpipe systems. Size and elevation of: street sewer, house sewer, house drains, street water main, and water service into the building. Location and size of soil, waste, and water service with connections to house drains, clean-outs, fixtures, and equipment. Size and location of hot, cold, and circulating branches, and risers from the service entrance, and tanks; riser diagram of all plumbing stacks with vents, water risers, and fixture connections. Standpipe and sprinkler systems where required; all fixtures and equipment that require water and drain connections.

4. Electrical drawings:

a. Electric service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections if located in the building;

b. Location of main switchboard, power panels, light panels, and equipment. Diagram of feeders and conduits with schedule of feeder breakers or switches;

c. Light outlets, receptacles, switches, power outlets, and circuits;

d. Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets, and branch conduits;

e. Nurses' call systems with outlets for residents' beds and rest rooms; duty station, door signal light and wiring diagrams; (This is optional but required in all higher levels of care.)

f. Emergency electrical system with outlets, transfer switch, sources of supply, feeders, and circuits;

g. All other electrically operated systems and equipment.

(b) Specifications. Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanship, finishes and other characteristics of all materials and equipment and shall include:

1. Cover or title sheet;

2. Index;

3. Sections describing materials and workmanship in detail for each class of work;

4. General conditions, which must contain the following requirements: Access to the work. Representatives of the appropriate state agencies will have access at all reasonable times to the work wherever it is in preparation or progress, and the contractor shall provide proper facilities for such access and inspection.

(4) Fourth stage; all plans and specifications must be approved by the State Fire Marshal's office and the state licensure agency prior to commencement of construction.

Section 6. Code and Standards. (1) General. Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances, and regulations which are enforced by city, county, or state jurisdictions.

(2) The following codes and standards will apply where applicable and adopted by the respective agency authority:

(a) Current Kentucky standards of safety regulations applicable to personal care facilities.

(b) Current Kentucky plumbing standards regulations applicable to personal care facilities.

(c) Current Kentucky standards for air contaminants for incinerators regulations applicable to personal care facilities.

(d) Current Kentucky standards for elevators regulations applicable to personal care facilities.

(e) Current Kentucky standards for making buildings and facilities accessible to and usable by the physically handicapped regulations applicable to hospitals.

(3) Prior to occupancy, facility shall have final approval from appropriate agencies.

Section 7. Facility Requirements and Special Conditions. (1) These regulations, except Section 6 which may be administered independent from these regulations, apply to the construction of new facilities and facilities that are being converted to personal care. Existing facilities will be expected to make a concerted and demonstrated effort to fully comply with these regulations and must prove to the satisfaction of the board that there are valid, reasonable,

and specific justifications for not being in full compliance. The board, however, reserves the right to establish deadlines for compliance to standards of significant importance as determined by the board.

(2) These standards are intended for facilities to be licensed as personal care homes. There are other separate and unique construction and facility standards applicable only to the specific level of care intended which are not interchangeable.

(3) Facilities shall be available to the public, staff, and residents who may be physically handicapped with special attention given to ramps, drinking fountain height, tilted mirrors, etc.

(4) At least sixty-six (66) percent of the beds in the facility shall be located in rooms designed for one (1) or two (2) beds.

(5) Access to the facility shall be by means of a paved or gravel roadway which shall be available for use by traffic prior to a license being issued to a facility for occupancy.

Section 8. Resident Unit. The following shall be included: (1) Resident rooms. Each room shall meet the following requirements:

(a) Maximum room capacity: four (4) residents.

(b) Minimum room is exclusive of built-in closet, lockers, wardrobes and vestibules: 100 square feet in one (1) bed rooms and eighty (80) square feet in multibed rooms.

(c) Multibed rooms shall be designed to permit not less than a three (3) foot space between beds, and at least a three (3) foot space between the side of the bed and the nearest wall, fixed cabinet, or heating/cooling unit. Beds shall be at least thirty-six (36) inches wide. A minimum of three (3) feet is required between the foot of the bed and opposite wall or foot of opposite bed in multibed rooms.

(d) Windows: All resident rooms must have windows opening to the outside. Sill shall not be higher than three (3) feet above the floor and shall be above grade. Window area to be at least ten (10) percent of resident room floor area.

(e) In all rooms with resident beds one (1) lavatory is required.

(f) Wardrobe or closet for each resident. Minimum clear dimensions: one (1) foot and ten (10) inches deep by one (1) foot and eight (8) inches wide with full length hanging space; provide clothes rod and shelf.

(g) In multibed rooms a method of assuring visual privacy for each resident shall be provided.

(2) Resident toilet and bathing facilities:

(a) Provide a centralized bathing area for each sex on every floor. One (1) shower stall or one (1) bathtub for each twelve (12) residents or major fraction thereof is required. One (1) shower stall shall be designed for wheelchair use.

(b) Provide a centralized toilet area for each sex on every floor. One (1) toilet for each eight (8) residents or fraction thereof and one (1) lavatory for each sixteen (16) residents or fraction thereof is required. Toilets must be separated by a permanent partition and at least one (1) toilet for each sex must be designed for wheelchair use.

(c) The centralized bathing and centralized toilet area may be combined into one (1) location provided provision is made for the privacy of sexes.

(d) Grab bars shall be provided at all tubs, shower stalls, and toilets.

(3) Service areas for each floor. The size and location of each service area will depend on the maximum number of residents the floor was designed for and shall include:

(a) Duty station. An adequate centralized area must be provided for charting and other required administrative functions.

(b) Staff lounge area. Shall have adequate space for lockers and have its own toilet room.

(c) Medication area, with sink, refrigerator, locked storage and facilities for preparation of medication. Controlled substances locker must be under double lock.

(d) Clean linen storage. Enclosed storage area.

(e) Janitor's closet. Storage of housekeeping supplies and equipment. Floor receptor or service sink.

(4) Residents' dining, TV viewing, and recreation areas.

(a) The total areas set aside for these purposes shall be not less than thirty (30) square feet per bed for the first fifty (50) beds and twenty (20) square feet per bed for all beds in excess of fifty (50).

(b) Storage shall be provided for recreational equipment and supplies. (Such as wall cabinets or closets.)

Section 9. Dietary Department. If a commercial service will be used or meals will be provided by an adjacent hospital, dietary areas and equipment shall be designed to accommodate the requirements for sanitary, efficient and safe storage, processing, and handling, otherwise the following will be provided:

(1) Food preparation center. Provide lavatory but do not provide mirror.

(2) Food serving facilities. For residents and staff.

(3) Dishwashing and potwashing facilities. Dish and utensil washing equipment will be used that will result in sanitized serviceware and will prevent recontamination.

(4) Refrigerated storage. Should accommodate a three (3) day supply minimum.

(5) Dry storage. Should accommodate a three (3) day supply minimum.

(6) Cart cleaning facilities. Only if this type of system is used.

(7) Cart storage area. Only if this type of system is used.

(8) Janitor's closet. Storage for housekeeping supplies and equipment; floor receptor or service sink.

(9) If a toilet room is built in this department, it must have two (2) door separation from food preparation area or dining areas.

Section 10. Administration Department. The following shall be included: (1) Administrator's office. Business office and information center, the admitting and medical records areas may be combined into one (1) area.

(2) Public and staff toilet rooms may be combined.

(3) Housekeeper's storage space.

Section 11. Laundry. The following shall be included: (1) Soiled linen room.

(2) Clean linen room.

(3) Lavatory. Accessible from soiled, clean, and processing rooms.

(4) Laundry processing room and storage for laundry supplies. (Need not be provided if laundry is processed outside the facility.)

Section 12. Storage and Service Areas. The following shall be included: (1) Sufficient storage space shall be provided.

(2) Engineering service and equipment areas. The following shall be provided where applicable:

(a) Boiler room;

(b) Mechanical and electrical equipment room(s). (Can be combined with boiler room);

(c) Storage room for housekeeping equipment. (Need not be provided if space is available in janitor's closets or elsewhere);

(d) Refuse area, for holding trash prior to disposal, shall be located convenient to service entrance. (See Section 13(1)(e).)

Section 13. Details and Finishes. A high degree of safety for the occupants in minimizing the incidence of accidents shall be provided. Hazards such as sharp corners shall be avoided. All details and finishes shall meet the following requirements:

(1) Details:

(a) Handrails shall be provided on both sides of corridors used by residents in personal care with a clear distance of one and one-half (1½) inches between handrail and wall.

(b) All doors opening onto corridors shall be swing-type except elevator doors. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.

(c) No doors shall swing into the corridor except closet doors.

(d) Thresholds and expansion joint covers, if used, shall be flush with the door.

(e) Grab bars and accessories in toilet, shower, and bathrooms shall have sufficient strength and anchorage to sustain a load of 250 pounds for five (5) minutes.

(f) Lavatories intended for use by residents shall be installed to permit wheelchairs to slide under.

(g) The location and arrangement of lavatories and sinks intended for handwashing purposes shall provide sixteen (16) inches clearance each side of center line of fixture. (See Section 16(4)(a).)

(h) Mirrors shall be arranged for convenient use by residents in wheelchairs as well as by residents in standing position.

(i) Towel rack or dispensers shall be provided at all lavatories and sinks used for handwashing.

(j) Ceiling heights:

1. Boiler room. Not less than two (2) feet and six (6) inches above the main boiler header and connecting piping with adequate headroom under piping for maintenance and access;

2. Corridors, storage rooms, residents' toilet room, and other minor rooms. Not less than seven (7) feet and six (6) inches.;

3. All other rooms. Not less than eight (8) feet.

(k) Boiler room, food preparation centers, and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of eighty-five (85) degrees Fahrenheit.

(l) Noise reduction criteria. The ceilings of the following areas shall be designed to reduce noise transmission:

1. Corridors in resident areas;
2. Work areas such as utility rooms;
3. Lobbies and recreation areas.

(m) Special attention shall be given to sound transmission from boiler rooms, mechanical rooms, and kitchen, to resident bedroom areas.

(2) Finishes:

(a) Floors generally shall be easily cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchen and related spaces shall be waterproof and greaseproof. In all areas where floors are subject to wetting, they shall have a nonslip finish.

(b) Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.

(c) Walls generally shall be washable and in the immediate area of plumbing fixtures, the finish shall be moistureproof. Wall bases in dietary areas shall be free of spaces that can harbor insects.

(d) Ceilings generally shall be washable or easily cleanable. This requirement does not apply to boiler rooms, mechanical and building equipment rooms, shops and similar spaces.

Section 14. Elevators. Elevator requirements shall conform to the current standards for elevators adopted by the Division of Labor Standards, Department of Labor.

(1) Elevators, where required. All facilities where either resident beds or residential facilities such as recreation, resident dining or therapy rooms are located on other than the first floor, shall have electric or electrohydraulic elevators as follows:

(a) Number of elevators.

1. At least one (1) hospital-type elevator shall be installed where one (1) to fifty-nine (59) resident beds are located on any floor other than the first. (For purposes of these requirements, the first floor is that floor first reached from the main front entrance);

2. At least two (2) elevators, one (1) of which shall be hospital-type shall be installed where sixty (60) to 200 resident beds are located on floors other than the first, or where residential facilities are located on a floor other than those containing the resident beds.

3. At least three (3) elevators, one (1) of which shall be hospital-type shall be installed where 201 to 350 resident beds are located on floors other than the first, or where residential facilities are located on a floor other than those containing the resident beds;

4. For facilities with more than 350 beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

(b) Cars and platforms. Cars of hospital-type elevators shall have inside dimensions that will accommodate a resident's bed and attendants and shall be at least five (5) feet wide by seven (7) feet and six (6) inches deep; car doors shall have a clear opening of not less than three (3) feet and eight (8) inches. Cars of all other required elevators shall have a clear opening of not less than three (3) feet.

(c) Leveling. Elevators shall have automatic leveling of the two (2) way automatic maintaining type with accuracy within plus or minus one-half (½) inch.

(2) Field inspection and tests. The contractor shall be required to cause inspections and tests to be made and shall deliver to the owner written certification that the installation meets the requirements set forth in this section.

Section 15. Construction. Foundations shall rest on natural solid ground if a satisfactory soil is available at reasonable depths. Proper soil bearing values shall be established in accordance with recognized standards. If solid ground is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement.

Section 16. Mechanical Requirements. (1) Steam and hot water systems:

(a) Boilers. If boilers are used, a minimum of two (2) must be provided; the combined capacity of the boilers, based upon the published Steel Boiler Institute or Institute of Boiler and Radiator Manufacturer's net rating, must be able to supply 150 percent of the normal requirements of all systems and equipment.

(b) Valves. Supply and return mains and risers of space heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return end.

(c) Covering. Boiler and smoke breeching, all steam supply piping and high pressure steam return piping, and hot water space heating supply and return piping shall be insulated.

(d) The design and installation of all boilers must be in accordance with current Kentucky plumbing standards regulations applicable to personal care facilities.

(2) Air-conditioning, heating and ventilating systems:

(a) Temperatures. A minimum temperature of seventy-two (72) degrees Fahrenheit shall be provided for occupied areas at winter design conditions.

(b) Ventilation systems details. All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building. The ventilation rates shown on Table 1, Section 18, shall not be considered as precluding the use of higher ventilation rates if they are required to meet design conditions.

1. Outdoor ventilation air-intakes, other than for individual room units, shall be located as far away as practicable but not less than twenty-five (25) feet from the exhausts from any ventilating system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than eight (8) feet above the ground level or, if installed through the roof, three (3) feet above roof level.

2. The ventilation systems shall be designed and balanced to provide the general pressure relationship to adjacent areas shown in Table 1, Section 18.

3. Room supply air inlets, recirculation, and exhaust air outlets shall be located not less than three (3) inches above the floor.

4. Corridors shall not be used to supply air to or exhaust air from any room, except that exhaust air from corridors may be used to ventilate rooms such as bathrooms, toilet rooms, or janitor's closets which open directly on corridors.

5. Ducts shall be constructed of iron, steel, aluminum, or other approved metal or materials such as clay, asbestos, cement, fiberglass, etc.

6. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-actuated fan controls. Cleanout openings shall be provided every twenty (20) feet in horizontal exhaust duct systems serving hoods.

(3) Plumbing and other piping systems. All plumbing systems shall be installed in accordance with the requirements of current Kentucky plumbing standards regulations applicable to personal care facilities. Lavatories in resident rooms shall have the water supply spout mounted so that its discharge point is a minimum distance of five (5) inches above the rim of the fixture. All fixtures used by staff, and all lavatories used by residents and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall be of standard length. (See Section 13(1)(j).)

(4) Water supply systems:

(a) System shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods.

(b) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(c) Hot, cold and chilled water piping and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior barrier.

(d) Backflow preventers (vacuum breakers) shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as janitor's sinks and bedpan flushing attachments.

(e) Hot water distribution systems shall be arranged to provide hot water at each fixture at all times.

(f) Plumbing fixtures which require hot water and which are intended for resident use shall be supplied with water which is controlled to provide a maximum water temperature of 110 degrees Farenheit at the fixture.

(g) Piping over food preparation centers, food serving facilities, food storage areas, and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of, or condensation from necessary overhead piping systems.

(5) Hot water heaters and tanks.

(a) The hot water heating equipment shall have sufficient capacity to supply the water at the temperature and amounts indicated below:

	Use		
	Resident	Dietary	Laundry
Gal/hr/bed	6½	4	4½
Temp. F.	110	180	180

(b) Storage tank(s) shall be provided and shall be fabricated of corrosion-resistant metal, or have non-corrosive lining.

(6) Plumbing approval. Prior to final approval of the plans and specifications by the state licensure agency, the plumbing plans and specifications must be approved by the Division of Plumbing, Department of Housing, Buildings and Construction

Section 17. Electrical Requirements. (1) General:

(a) All materials including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriters' Laboratories, Inc., or other similarly established standards.

(b) The contractor shall be responsible for testing all electrical installations and systems and shall show that the equipment is correctly installed and operated as planned or specified.

(c) The electrical installations must conform to local codes where they exist or to the National Electrical Code. Final approval must be obtained from the State Fire Marshal's Office, after inspection.

(2) Switchboard and power panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboard and distritution panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the

ambient temperature conditions. All breakers and switches are to be indexed.

(3) Distribution panelboards. Lighting and appliance panelboards shall be provided for the circuits on each floor. All circuits are to be indexed at panelboard. This requirement does not apply to emergency system circuits.

(4) Lighting:

(a) All spaces occupied by people, machinery, and equipment within buildings, and the approaches thereto, and parking lots shall have electric lighting.

(b) Residents' bedrooms shall have general lighting. A reading light shall be provided for each resident when appropriate. Residents' reading lights and other fixed lights not switched at the door shall have switch controls convenient for use at the luminaire.

(c) Provisions shall be made for the night lighting of corridors. (See Section 18, Table 2, for levels of illumination for various areas.)

(5) Receptacles. (Convenience outlets):

(a) Bedroom. Each resident bedroom shall have duplex receptacles as follows: one (1) each side of the head of each bed (for parallel adjacent beds, only one (1) receptacle is required between beds); receptacles for luminairies, television and motorized beds, if used, and one (1) receptacle on another wall.

(b) Corridors. Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends of corridors.

(6) Emergency electric service:

(a) General. To provide electricity during an interruption of the normal electric supply that could affect the care or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power for a continuous period up to twenty-four (24) hours.

(b) Emergency electrical connections. Emergency electric service shall be provided to circuits as follows:

1. Lighting:

a. Exitways and all necessary ways of approach thereto, including exit signs and exit direction signs, exterior of exits, exit doorways, stairways, and corridors;

b. Medication preparation areas;

c. Switch-gear location and boiler room;

d. Elevator (if required for emergency);

2. Equipment, essential to life safety and for protection of important or vital materials: sewage or sump lift pump, if installed.

(c) Details. The emergency system shall be so controlled that after interruption of the normal electric power supply, the electric source is brought to full voltage and frequency and connected to all emergency lighting, all alarms, and equipment.

Section 18. Appendix: Table 1—Pressure Relationships and Ventilation of Certain Personal Care Areas. Table 2—Lighting Levels for Personal Care.

Table 1. Pressure Relationships and Ventilation of Certain Personal Care Areas

Area Designation	Pressure Relationship to Adjacent Areas	All Supply Air From Outdoors	Minimum Air Changes of Outdoor Air per Hour
Resident room	0	—	2
Resident area corridor	0	—	1
Treatment room	0	Yes	1
Physical therapy and hydrotherapy if applicable	N	—	1
Dining and recreation areas	0	—	1
Soiled workroom	N	—	1
Clean workroom	P	Yes	1
Toilet room	N	—	—
Bedpan room if applicable	N	—	—
Bathroom	N	—	—
Janitor's closet	N	—	—
Linen and trash chute room	N	—	—
Food preparation center	0	—	2
Dishwashing area	N	—	—
Dietary dry storage	0	—	—
Laundry, general	0	—	2
Soiled linen sorting and storage	N	—	2
Clean linen storage	P	—	2

P = Positive N = Negative 0 = Equal — = Optional

Table 1. Continued

Area Designation	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Area
Resident room	2	—	—
Resident area corridor	4	—	—
Treatment room	4	Yes	No
Physical therapy and hydrotherapy if applicable	6	—	—
Dining and recreation areas	4	—	—
Soiled workroom	4	Yes	No
Clean workroom	4	—	—
Toilet room	10	Yes	No
Bedpan room if applicable	10	Yes	No
Bathroom	10	Yes	No
Janitor's closet	10	Yes	No
Linen and trash chute rooms	10	Yes	No
Food preparation center	10	Yes	No
Dishwashing area	10	Yes	No
Dietary dry storage	2	—	No
Laundry, general	10	Yes	No
Soiled linen sorting and storage	10	Yes	No
Clean linen storage	2	—	—

P = Positive N = Negative 0 = Equal — = Optional

Table 2. Lighting Levels for Personal Care

Area	Footcandles *
Administrative and lobby areas, day	50
Administrative and lobby areas, night	20
Corridors and interior ramps	20
Corridor night lighting	3
Dining area and kitchen	30
Doorways	10
Exit stairways and landings	5
Janitor's closet	15
Staff Lounge, general, day	50
Staff Lounge, general, night	20
Medicine Cabinet	100
Resident care unit (or room), general	10
Resident care room, reading	30
Recreation area (floor level)	50
Stairways other than exits	30
Toilet and bathing facilities	30
Utility room, general	20

* Minimum on task at anytime

W. GRADY STUMBO, Secretary
ADOPTED: July 24, 1980
RECEIVED BY LRC: July 24, 1980 at 4:20 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

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

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1)(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: July 24, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of family care homes and the services to be provided by family care homes.* [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. Certificate of Need, Licensure and Reports. (1) A family care home, shall not operate without first obtaining a certificate of need, unless operating prior to January 1, 1973.

(2) No person shall operate a family care home, without having first obtained a license from the Certificate of Need and Licensure Board. All family care homes shall comply with the provisions of this regulation to qualify for a license or for the renewal thereof.

(3) Upon submission of a properly completed license application form together with a prescribed fee, a family care home 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 is appropriate, may be issued a license by the Certificate of Need and Licensure Board.

(4) The license shall be posted in a conspicuous place in the facility.

(5) All applicants for license renewal shall have submitted inventory and utilization reports required by the Certificate of Need and Licensure Board.

Section 5. Management and Personnel. (1) The family

care home operator shall be a mature, literate adult who is responsible and who has knowledge and understanding of the needs of adults who require protective and personal care services.

(2) 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 similarly 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.

(3) 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.

(4) 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.

(5) 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 physican 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.

(6) 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.

(7) 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 Office of Inspector General, Division for Licensing and Regulation, 275 East Main Street, Frankfort, Kentucky.

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

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

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

(11) Patient rights: Patients rights shall be provided for pursuant to KRS 216.510 to 216.525.

Section 6. Medical Requirements. (1) No licensee shall knowingly admit or retain a resident suffering from a communicable disease which is reportable to the local health department, except a (noninfectious) tuberculosis patient under continuing medical supervision for his/her tuberculosis disease. The licensee shall show evidence 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 in subsection (4) above.

(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 7. Personal Care. In addition to patient rights Section 5(11), the following standards are considered minimal:

(1) 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.

(2) 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.

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

Section 8. 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 bedtime 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 resident 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 (½) 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 (½) 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 residents exept 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 9. 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 resident 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 10. 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 artificial 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 residents 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 11. 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.

W. GRADY STUMBO, Secretary
ADOPTED: July 24, 1980
RECEIVED BY LRC: July 24, 1980 at 4:20 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:045E. Nursing home facilities; *construction and alteration.*

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1)(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: July 24, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.

NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the structural specifications for the construction or alteration of nursing home facilities.* [This regulation, which relates to the operations and services of Nursing Home 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: Nursing Home Facilities, General: Establishments with permanent facilities that include inpatient beds; and with medical services, including continuous nursing services, to provide treatment for patients who require inpatient care but do not currently require continuous hospital services, and who have a variety of medical conditions.

Section 2. Essential Functions. The essential functions of nursing home facilities are as follows:

(1) The primary function of the institution is to provide treatment services for patients who require inpatient care but do not currently require continuous hospital services, and who have a variety of medical conditions.

(2) There are arrangements for transfer of patients in need of hospital care.

(3) The institution maintains inpatient beds.

(4) There is a governing authority legally responsible for the conduct of the institution.

(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) One or more physicians are responsible for advising the governing authority on proper standards of medical care.

(7) Each patient is admitted on the medical authority of, and is under the supervision of a physician.

(8) A current and complete medical record is maintained for each patient.

(9) The nursing services are under the supervision of a full-time registered professional nurse; licensed graduate nurse supervision and other nursing services are continuous.

(10) There are arrangements for obtaining necessary clinical laboratory and diagnostic x-ray services.

(11) There is control of the storage and dispensing of narcotics and other medications.

(12) Food served to patients meets their nutritional requirements, and special diets are regularly available.

Section 3. Preparation of Plans and Specifications. (1) Before construction is begun for the erection of new buildings or alterations to existing buildings or any change in facilities, for a nursing home, the licensee or applicant shall submit plans to the licensing agency for approval.

(2) Architectural drawings must bear the seal of an architect registered in the Commonwealth of Kentucky and the mechanical and electrical drawings must bear the seal of a professional engineer registered in the Commonwealth of Kentucky.

(3) Drawings shall not exceed thirty-six (36) inches by forty-six (46) inches when trimmed.

Section 4. Submission of Plans and Specifications for Nursing Homes. (1) First stage; schematic plans:

(a) Single line drawings of each floor shall show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room shall be noted. Drawings shall include typical patient room layouts (scaled ¼ inch equal one (1) foot) with dimensions noted. The proposed roads and walks, service and entrance courts, parking and orientation shall be shown in a plot plan.

(b) If the project is an addition, or is otherwise related to existing buildings on the site, the plans shall show the facilities and general arrangements of those buildings.

(2) Second stage; preliminary plans. Preliminary sketch plans shall include the following:

(a) Architectural:

1. Plans of basement, floors, and roof showing space assignment, sizes, and outline of fixed and movable equipment;
2. All elevations and typical sections;
3. Plot plan showing roads, parking, and sidewalks;
4. Areas and bed capacities by floors.

(b) Mechanical:

1. Single line layout of all duct and piping systems;
2. Riser diagrams for multi-story construction;
3. Scale layout of boilers and major associated equipment and central heating, cooling, and ventilating units.

(c) Electrical:

1. Plans showing space assignment, sizes and outlines of fixed equipment, such as transformers, main switch and switchboards, and generator sets;
2. Simple riser diagram for multi-story building construction, showing arrangement of feeders, subfeeders, bus work, load centers, and branch circuit panels.

(d) Outline specifications:

1. General description of the construction, including interior finishes, types and locations of acoustical material, and special floor covering;
2. Description of the air-conditioning, heating, and ventilation systems and their controls, duct and piping systems; and dietary, laundry, sterilizing, and other special equipment;
3. General description of electrical service including voltage, number of feeders, and whether feeders are overhead or underground.

(3) Third stage; contract documents:

(a) Working drawings. Working drawings shall be complete and adequate for bid, contract, and construction purposes. Drawings shall be prepared for each of the following branches of the work: architectural, structural, mechanical, and electrical. They shall include the following:

1. Architectural drawings:

a. Approach plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new building structures, roadways, walks, and parking areas;
b. Plan of each basement, floor and roof;
c. Elevations of each facade;
d. Sections through building;
e. Required scale and full-size details;
f. Schedule of doors, windows, and room finishes;
g. Equipment. Location of all fixed equipment. Layout of typical and special rooms indicating all fixed equipment and major items of movable equipment. Equipment not included in contract shall be so indicated;
h. Conveying systems. Details of construction, machine and control space necessary, size and type of equipment, and utility requirements for the following: dumb-

waiters—electric, hand, hydraulic; elevators—freight, passenger, patient; loading dock devices; pneumatic tube systems.

2. Structural drawings:

a. Plans for foundations, floors, roofs, and all intermediate levels with sizes, sections, and the relative location of the various structural members;

b. Dimensions of special openings;

c. Details of all special connections, assemblies, and expansion joints.

3. Mechanical drawings:

a. Heating, steam piping, and air-conditioning systems. Radiators and steam heated equipment, such as sterilizers, warmers, and steam tables; heating and steam mains and branches with pipe sizes; sizes, types, and capacities of boilers, furnaces, hot water heater with stokers; oil burners, or gas burners; pumps, tanks, boiler breeching, and piping and boiler room accessories; air-conditioning systems with required equipment, water and refrigerant piping, and ducts; supply and exhaust ventilation systems with heating/cooling connections and piping; air quantities for all room supply and exhaust ventilating duct openings.

b. Plumbing, drainage, and standpipe systems. Size and elevation of: street sewer, house sewer, house drains, street water main, and water service into the building; location and size of soil, waste, and water service with connections to house drains, clean-outs, fixtures, and equipment; size and location of hot, cold and circulating branches, and risers from the service entrance, and tanks; riser diagram of all plumbing stacks with vents, water risers, and fixture connections; gas, oxygen, and vacuum systems; standpipe and sprinkler systems where required; all fixtures and equipment that require water and drain connections.

4. Electrical drawings:

a. Electrical service entrance with switches and feeders to the public service feeders, characteristics of the light and power current transformers and their connections if located in the building;

b. Location of main switchboard, power panels, light panels, and equipment. Diagram of feeders and conduits with schedule of feeder breakers or switches;

c. Light outlets, receptacles, switches, power outlets, and circuits;

d. Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets, and branch conduits;

e. Nurses' call systems with outlets for beds, duty stations, door signal light, annunciators, and wiring diagrams;

f. Fire alarm system with stations, signal devices, control board, and wiring diagrams;

g. Emergency electrical system with outlets, transfer switch, sources of supply, feeders, and circuits;

h. All other electrically operated systems and equipment.

(b) Specifications. Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanship, finishes and other characteristics of all materials and equipment and shall include:

1. Cover or title sheet;

2. Index;

3. Sections describing materials and workmanship in detail for each class of work;

4. General conditions, which must contain the following requirements: Access to the work. Representatives of the appropriate state agencies will have access at all reasonable times to the work wherever it is in preparation or progress, and the contractor shall provide proper facilities for such access and inspection.

Section 5. Code and Standards. (1) General. Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances, and regulations which are enforced by city, county, or state jurisdictions.

(2) The following codes and standards will apply where applicable and as adopted by the respective agency authority:

(a) Current Kentucky standards of safety regulations applicable to nursing home facilities.

(b) Current Kentucky plumbing standards regulations applicable to nursing home facilities.

(c) Current Kentucky standards for air contaminants for incinerators regulations applicable to nursing home facilities.

(d) Current Kentucky standards for elevators regulations applicable to nursing home facilities.

Section 6. Facility Requirements and Special Conditions. (1) Existing facilities will be expected to make a concerted and demonstrated effort to fully comply with these regulations and must prove to the satisfaction of the board that there are valid, reasonable, and specific justifications for not being in full compliance. The board, however, reserves the right to establish deadlines for compliance to standards of significant importance as determined by the board.

(2) Independent facilities with the capacity of fifty (50) beds or less present special problems. The sizes of the various departments will depend upon the requirements of the facilities. Some functions allotted separate spaces or rooms in these general standards may be combined provided that the resulting plan will not compromise the best standards of safety and of medical and nursing practices and the social needs of the patients. In other respects, the general standards set forth herein, including the area requirements, shall apply.

(3) Facilities shall be available to the public, staff, and patients who may be physically handicapped with special attention given to ramps, drinking fountain height, tilted mirrors, etc.

(4) The number of beds in a nursing unit shall not exceed sixty (60) unless additional services are provided, as deemed necessary by the state agency. At least two (2) rooms per nursing unit shall be designed for single person occupancy (one (1) bed) and shall have private toilet rooms with bath. At least sixty (60) percent of the beds shall be located in rooms designed for one (1) or two (2) beds.

Section 7. Nursing Unit. (1) Patient rooms. Each patient room shall meet the following requirements:

(a) Maximum room capacity: four (4) patients;

(b) Minimum room area exclusive of closet, toilet rooms, lockers, wardrobes, and vestibules: 100 square feet in one (1) bed rooms and eight (80) square feet per bed in multibed rooms;

(c) Multibed rooms shall be designed to permit no more than two (2) beds side by side parallel to the window wall. Not less than a four (4) foot space shall be provided between beds, and at least three (3) foot space between the side of a bed and the nearest wall, fixed cabinet, or heating/cooling element. A minimum of four (4) feet is required between foot of bed and opposite wall, or foot of opposite bed in multibed rooms;

(d) Window: All patient rooms must have windows

opening to the outside. Sill shall not be higher than three (3) feet above the floor and shall be above grade. Window area to be at least ten (10) percent of patient room floor area;

(e) Nurses' calling station(s). (See Section 17(6));

(f) Lavatory. In single and two (2) bed rooms with private toilet room, the lavatory may be located in the toilet room. Where two (2) patient rooms share a common toilet, a lavatory shall be provided in each patient room;

(g) Wardrobe or closet for each patient. Minimum clear dimensions: one (1) foot deep by one (1) foot and eight (8) inches wide with full length hanging space; provide clothes rod and shelf;

(h) Cubicle curtains, or equivalent built-in devices, for complete privacy for each patient at any one time in multibed rooms;

(i) No patient room shall be located more than 120 feet from the nurses' station, the clean workroom, and the soiled workroom. No room shall be used as a patient room where the access is through another patient's room.

(2) Patient toilet rooms:

(a) A toilet room shall be directly accessible from each patient room and from each central bathing area without going through the general corridor. One (1) toilet room may serve two (2) patient rooms but not more than four (4) beds. The minimum dimensions of any room containing only a water closet shall be three (3) feet by five (5) feet;

(b) Water closets must be easily usable by wheelchair patients. Grab bars shall be provided at all water closets.

(c) At least one (1) toilet for each sex shall be provided for training purposes and access by wheelchairs. This shall be accessible from the nursing corridor and may be part of the bathing area. Minimum size, five (5) feet by six (6) feet;

(d) Doors to toilet rooms shall have a minimum width of two (2) feet and ten (10) inches to admit a wheelchair.

(3) Service areas in each nursing unit. The size of each service area will depend on the number and types of beds within the unit and shall include:

(a) Nurses' station. For nurses' charting, doctors' charting, communications, and storage for supplies and nurses' personal effects;

(b) Nurses' toilet room. Convenient to nurses' station;

(c) Clean workroom. For storage and assembly of supplies for nursing procedures; shall contain work counter and sink, and small sterilizer;

(d) Soiled workroom. Shall contain clinical sink, work counter with two compartment sink, waste receptacles, and soiled linen receptacles;

(e) Medicine room. Adjacent to nurses' station; with sink, refrigerator, locked storage, and facilities for preparation and dispensing of medication. (May be designated area within clean workroom if a self-contained cabinet is provided.) Narcotics locker must be under double lock and wired to warning light at nurses' station;

(f) Clean linen storage. Enclosed storage space. (May be a designated area within the clean workroom.)

(g) Nourishment station. Storage space, sink, hot plate and refrigerator for serving between-meal nourishments. (May serve more than one (1) nursing unit on the same floor.);

(h) Equipment storage room. For storage of IV stands, inhalators, air mattresses, walkers, and similar bulky equipment;

(i) Patient baths. Provide separate bathing facilities for each sex. One (1) shower stall or one (1) bathtub required for each fifteen (15) beds not individually served. There shall be at least one (1) free standing bathtub in each bathroom. Grab bars shall be provided at all bathing fixtures. Each bathtub or shower enclosure in central bathing facilities shall provide space for the private use of bathing fixture, for dressing, and for a wheelchair and attendant. Showers in central bathing facilities shall not be less than four (4) feet square, without curbs, and designed to permit use from a wheelchair. Soap dishes in showers and bathrooms shall be recessed. (See training toilet requirement below);

(j) Stretcher and wheelchair parking area or alcove;

(k) Janitor's closet. Storage of housekeeping supplies and equipment. Floor receptor or service sink;

(l) Bedpan washing facilities. Bedpan washing attachments are recommended for each patient room toilet. It will be acceptable, however, to have separate bedpan washing closets in each nursing unit, provided that they are so located that bedpans need not be carried through lobbies, dining and recreation areas, or day rooms.

(4) Special purposes room(s). For consultation, examination and treatment, and therapeutic and nursing procedures. May serve more than one (1) nursing unit on the same floor. Provide lavatory, storage, and space for treatment table. Minimum floor area nine (9) feet by eleven (11) feet.

(5) Patients' dining, TV viewing and recreation areas:

(a) The total areas set aside for these purposes shall be not less than thirty (30) square feet per bed for the first fifty (50) beds and twenty (20) square feet per bed for all beds in excess of fifty (50). Additional space shall be provided for outpatients if they participate in a day care program;

(b) Storage shall be provided for recreational equipment and supplies. (Wall cabinets and closets.)

Section 8. Therapy Units. (1) Physical therapy unit. Recommended if staffing available. The following shall be provided (depending on the program):

(a) Office. (May also serve for occupational therapy office);

(b) Exercise and treatment areas. Provide sink or lavatory and cubicle curtains around treatment areas;

(c) Hydrotherapy areas. Provide cubicle curtains around treatment areas;

(d) Storage for supplies and equipment;

(e) Toilet rooms. Located for convenient access by physical therapy patients. (May also serve occupational therapy patients.);

(2) Occupational therapy unit. May be omitted in facilities of less than 100 beds:

(a) Office space. (May be shared with physical therapy office.);

(b) Therapy area. Provide sink or lavatory;

(c) Storage for supplies and equipment;

(d) Toilet room. (Not required if other toilet facilities are convenient.)

(3) Personal care room. (Not required in facility of less than twenty-five (25) beds.) Provide space with shampoo sink and space for barber chair.

Section 9. Dietary Department. If a commercial service will be used or meals will be provided by an adjacent hospital, dietary areas and equipment shall be designed to accommodate the requirements for sanitary storage, processing, and handling, otherwise the following will be provided:

(1) Food preparation center. Provide lavatory but do not provide mirror;

(2) Food serving facilities. For patients and staff;

(3) Dishwashing room. Provide commercial-type dishwashing equipment and a lavatory;

(4) Potwashing facilities;
(5) Refrigerated storage. Three (3) day supply;
(6) Dry storage. Three (3) day supply;
(7) Cart cleaning facilities;
(8) Cart storage area;
(9) Waste disposal facilities;
(10) Canwashing facilities;
(11) Staff dining facilities;
(12) Patient dining facilities; (See Section 7(5).)
(13) Dietician's office; (May be omitted in facilities with less than 100 beds if desk space is provided in kitchen.)
(14) Janitor's closet. Storage for housekeeping supplies and equipment; floor receptor or service sink;
(15) Toilet room. Conveniently accessible for dietary staff. Must have two (2) door separation from food preparation area or dining area.

Section 10. Administration Department. (1) Business office;
(2) Lobby and information center;
(3) Administrator's office;
(4) Admitting and medical records area;
(5) Public and staff toilet rooms;
(6) Director of nurses' office. (May be omitted in facilities of less than 100 beds.);
(7) Housekeeper's office or space. (Location optional and may be combined with clean linen room in nursing homes of less than 100 beds.)

Section 11. Laundry. (1) Soiled linen room;
(2) Clean linen and mending room;
(3) Linen cart storage;
(4) Lavatories. Accessible from soiled, clean, and processing rooms;
(5) Laundry processing room. Commercial type equipment shall be sufficient to take care of seven (7) days' needs within the workweek;
(6) Janitor's closet. Storage for housekeeping supplies and equipment; floor receptor or service sink;
(7) Storage for laundry supplies. (Subsections (5), (6), and (7) need not be provided if laundry is processed outside the facility.)

Section 12. Storage and Service Areas. (1) Central storage room(s). Provide at least ten (10) square feet per bed for first fifty (50) beds; and five (5) square feet per bed for all beds over fifty (50), to be concentrated in one area.
(2) Locker rooms. Provide locker rooms with water closets, and lavatories for staff and volunteers and rest space for females.
(3) Engineering service and equipment areas. The following shall be provided:
(a) Boiler room;
(b) Engineers' office. (May be omitted in nursing homes of less than 100 beds.);
(c) Mechanical and electrical equipment room(s). (Can be combined with boiler room.);
(d) Maintenance shop(s). At least one (1) room shall be provided. (Can be combined with boiler room in nursing homes of less than fifty (50) beds.);
(e) Storage room for building maintenance supplies and paint storage;
(f) Storage room for housekeeping equipment. (Need not be provided if space is available in janitor's closets or elsewhere.);
(g) Toilet and shower rooms. (May be omitted in nursing homes of less than 100 beds.);
(h) Incinerator space. The incinerator, if required, shall be in a separate room, or in a designated area within the boiler room, or outdoors;
(i) Refuse room. For holding trash prior to disposal. Shall be located convenient to service entrance;
(j) Yard equipment storage room. For yard maintenance equipment and supplies.

Section 13. Details and Finishes. A high degree of safety for the occupants in minimizing the incidence of accidents shall be provided. Hazards such as sharp corners shall be avoided. All details and finishes shall meet the following requirements:
(1) Details:
(a) Exit facilities shall comply with current requirements for exit facilities as listed in "Standards of Safety," as adopted by the State Fire Marshal's Office. Required egress corridors and corridors used in transporting patients shall have a minimum width of eight (8) feet. Minimum width of doors to all rooms needing access for beds or stretchers shall be three (3) feet and eight (8) inches. Doors to patient toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of two (2) feet and ten (10) inches.
(b) Such items as drinking fountains, telephone booths and vending machines shall be located so that they do not project into the required width of exit corridors.
(c) Handrails with ends returned to the walls shall be provided on both sides of corridors used by patients in nursing homes with a clear distance of one and one-half (1½) inches between handrail and wall.
(d) All doors to patient-room toilet rooms and patient-room bathrooms shall swing outward or shall be equipped with hardware which will permit access in any emergency.
(e) All doors opening onto corridors shall be swing-type except elevator doors. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.
(f) No doors shall swing into the corridor except closet doors.
(g) Thresholds and expansion joint covers, if used, shall be flush with the floor.
(h) Grab bars and accessories in patient toilet, shower, and bathrooms shall have sufficient strength and anchorage to sustain a load of 250 pounds for five (5) minutes.
(i) Lavatories intended for use by patients shall be installed to permit wheelchairs to slide under.
(j) The location and arrangement of lavatories and sinks with blade handles intended for handwashing purposes shall provide sixteen (16) inches clearance each side of center line of fixture.
(k) Mirrors shall be arranged for convenient use by patients in wheelchairs as well as by patients in standing position.
(l) Towel dispensers shall be provided at all lavatories and sinks used for handwashing.
(m) If linen and refuse chutes are used, they shall be designed as follows:
1. Service openings to chutes shall have approved Class "B," one and one-half (1½) hour fire doors;
2. Service openings to chutes shall be located in a room or closet of not less than one (1) hour fire resistive construction, and the entrance to such room or closet shall be a Class "C," three-fourths (¾) hour fire door;
3. Minimum diameter of gravity-type chutes shall be two (2) feet;
4. Chutes shall terminate in or discharge directly into a refuse room or linen chute room separated from the in-

cinerator or laundry. Such rooms shall be a Class "B," one and one-half (1½) hour fire door;

5. Chutes shall extend at least four (4) feet above the roof and shall be covered by a metal skylight glazed with thin plain glass or plastic.

(n) Dumbwaiters, conveyors, and material handling systems shall not open into any corridor or exitway but shall open into a room enclosed by not less than one (1) hour fire-resistive construction. The entrance door to such room shall be a Class "C," three-fourths (¾) hour door.

(o) Ceiling heights:

1. Boiler room. Not less than two (2) feet and six (6) inches above the main boiler header and connecting piping with adequate headroom under piping for maintenance and access; nine (9) feet minimum;

2. Corridors, storage rooms, patients' toilet room, and other minor rooms. Not less than seven (7) feet and six (6) inches;

3. All other rooms. Not less than eight (8) feet.

(p) Boiler room, food preparation centers, and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of eighty-five (85) degrees Fahrenheit.

(q) Approved fire extinguishers shall be provided in recessed locations throughout the building in accordance with the State Fire Marshal's Office.

(r) Noise reduction criteria. The ceilings of the following areas shall be acoustically treated:

1. Corridors in patient areas;
2. Nurses' stations;
3. Utility rooms;
4. Floor pantries;
5. Lobbies and recreation areas.

(s) Special attention shall be given to sound transmission from boiler rooms, mechanical rooms, and kitchen, to patient bedroom areas.

(2) Finishes:

(a) For flame spread requirements, see Section 15(5).

(b) Floors generally shall be easily cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchen and related spaces shall be waterproof and greaseproof. In all areas where floors are subject to wetting, they shall have a nonslip finish. Carpeting is not permitted in the following areas: kitchen, dishwashing room, soiled utility room, janitor's closet, soiled linen rooms, storage room, bathrooms, public toilet rooms, patient toilet rooms, hydrotherapy rooms, treatment rooms, and any other room where the floor is subject to repeated wetting or soiling by urine or feces.

(c) Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.

(d) Walls generally shall be washable and in the immediate area of plumbing fixtures, the finish shall be moisture-proof. Wall bases in dietary areas shall be free of spaces that can harbor insects.

(e) Ceilings generally shall be washable or easily cleanable. This requirement does not apply to boiler rooms, mechanical and building equipment rooms, shops and similar spaces.

(f) For acoustic ceilings, see Section 13(1)(r).

Section 14. Elevators. (1) Elevators, where required. All facilities where either patient beds or inpatient facilities such as diagnostic, recreation, patient dining or therapy rooms are located on other than the first floor, shall have electric or electrohydraulic elevators as follows:

(a) Number of elevators:

1. At least one (1) hospital-type elevator shall be installed where one (1) to fifty-nine (59) patient beds are located on any floor other than the first. (For purposes of these requirements, the first floor is that floor first reached from the main front entrance.)

2. At least two (2) elevators, one (1) of which shall be hospital-type, shall be installed where sixty (60) to 200 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than those containing the patient beds;

3. At least three (3) elevators, one (1) of which shall be hospital-type, shall be installed where 201 to 350 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than those containing the patient beds;

4. For facilities with more than 350 beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

(b) Cars and platforms. Elevator cars and platforms shall be constructed of non-combustible material, except the fire-retarded-treated material may be used if all exterior surfaces of the cars are covered with metal. Cars of hospital-type elevators shall have inside dimensions that will accommodate a patient's bed and attendants and shall be at least five (5) feet wide by seven (7) feet and six (6) inches deep; car doors shall have a clear opening of not less than three (3) feet and eight (8) inches. Cars of all other required elevators shall have a clear opening of not less than three (3) feet.

(c) Leveling. Elevators shall have automatic leveling of the two (2) way automatic maintaining type with accuracy within plus or minus one-half (½) inch.

(d) Operation. Elevators (except freight elevators) shall be equipped with a two (2) way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

(2) Field inspection and tests. The contractor shall be required to cause inspection and tests to be made and shall deliver to the owner written certification that the installation meets the requirements set forth in this section.

Section 15. Construction Including Fire-Prevention Requirements. (1) Foundations shall rest on natural solid ground if a satisfactory soil is available at reasonable depths. Proper soil bearing values shall be established in accordance with recognized standards. If solid ground is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement.

(2) One-story buildings. One (1) story buildings shall be of not less than one (1) hour fire-resistive construction throughout, with the following exceptions: Walls enclosing stairways, elevator shafts, chutes, and other vertical shafts, boiler rooms, and storage rooms of 100 square feet or greater area shall be of two (2) hour fire-resistive construction.

(3) Multi-story buildings:

(a) For all buildings more than one (1) story in height, the structural framework and building elements shall be an appropriately fire-resistive combination of materials using steel, concrete, or masonry. Load-bearing masonry walls may be used for buildings up to and including three (3) stories in height.

(b) Bearing walls and walls enclosing stairways, elevator shafts, chutes and other vertical shafts, boiler rooms, and storage rooms of 100 square feet or greater area shall be of two (2) hour fire-resistive construction.

(c) Non-load-bearing corridor partitions shall be of one (1) hour fire-resistive construction.

(d) Columns, girders, trusses, floor construction including beams, and roof construction including beams shall be of not less than one and one-half (1½) hour fire-resistive construction.

(e) Beams supporting masonry shall be individually protected with not less than two (2) hour fire resistive construction.

(f) Non-load-bearing partitions other than corridor partitions shall be of one (1) hour fire-resistive construction and may utilize fire-retarded-treated wood studs.

(4) Fire-resistive ratings shall be determined in accordance with ASTM Standard No. E119.

(5) Interior finish of walls and ceilings of all exitways, storage rooms, and areas of unusual fire hazard shall have a flame spread rating of not more than twenty-five (25); all other areas shall have a flame spread rating of not more than seventy-five (75); except that up to ten (10) percent of the aggregate wall and ceiling area may have a finish with a rating up to 200. Floor finish materials shall have a flame spread rating of not more than seventy-five (75). Flame spread ratings for each specific product shall be determined by an independent testing laboratory in accordance with ASTM Standards No. E84-70.

(6) Fire safety approval. Prior to final approval of plans and specifications by the state licensure agency, the plans and specifications must be approved by the State Fire Marshal's Office, or their authorized representative.

Section 16. Mechanical Requirements. (1) Incinerators and refuse chutes. Incinerators shall be gas, electric, or oil-fired and shall be capable of, but need not be limited to, complete destruction of pathological wastes. The design and installation must comply with the current standards for air contaminants for incinerators regulations applicable to nursing home facilities. Design and construction of refuse chutes shall be in accordance with Part III of the NFPA Standard No. 82.

(2) Steam and hot water systems:

(a) Boilers. If boilers are used, a minimum of two (2) must be provided; the combined capacity of the boilers, based upon the published Steel Boiler Institute or Institute of Boiler and Radiator Manufacturer's net rating, must be able to supply 150 percent of the normal requirements of all systems and equipment.

(b) Valves. Supply and return mains and risers of space heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return end.

(c) Covering. Boiler and smoke breeching, all steam supply piping and high pressure steam return piping, and hot water space heating supply and return piping shall be insulated.

(d) The design and installation of all boilers must be in accordance with current Kentucky plumbing standards regulations applicable to nursing home facilities.

(3) Air-conditioning, heating, and ventilating systems:

(a) Temperatures. A minimum temperature of seventy-five (75) degrees Fahrenheit shall be provided for occupied areas at winter design conditions.

(b) Ventilation system details. All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building. The ventilation rates shown on Table 1 shall not be considered as precluding the use of higher ventilation rates if they are required to meet design conditions.

1. Outdoor ventilation air-intakes, other than for individual room units, shall be located as far away as practicable but not less than twenty-five (25) feet from the exhaust from any ventilating system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than eight (8) feet above the ground level or, if installed through the roof, three (3) feet above roof level.

2. The ventilation systems shall be designed and balanced to provide the general pressure relationship to adjacent areas shown in Table 1, Section 18.

3. Room supply air inlets, recirculation, and exhaust air outlets shall be located not less than three (3) inches above the floor.

4. Corridors shall not be used to supply air to or exhaust air from any room, except that exhaust air from corridors may be used to ventilate rooms such as bathrooms, toilet rooms, or janitor's closets which open directly on corridors.

5. Filters. Central systems shall be provided with filters rated at eighty (80) percent efficiency based upon the National Bureau of Standards Dust Spot Method on atmospheric dust.

6. A manometer shall be installed across each filter bed serving central air systems.

7. Ducts shall be constructed of iron, steel, aluminum, or other approved metal or materials such as clay, asbestos, cement, fiberglass, etc.

8. The air from dining areas may be used to ventilate the food preparation areas only after it has been passed through a filter with eighty (80) percent efficiency.

9. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-actuated fan controls. Cleanout openings shall be provided every twenty (20) feet in horizontal exhaust duct systems serving hoods.

10. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and reasonable temperatures in the room and in adjoining areas.

(4) Plumbing and other piping systems. All plumbing systems shall be installed in accordance with the current Kentucky plumbing standards regulations applicable to nursing homes.

(a) Lavatories and sinks required in patient care areas shall have the water supply spout mounted so that its discharge point is a minimum distance of five (5) inches above the rim of the fixture. All fixtures used by medical and nursing staff, and all lavatories used by patients and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall not exceed four and one-half (4½) inches in length, except that handles on clinical sinks shall be not less than six (6) inches long.

(b) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(5) Water supply system:

(a) Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods.

(b) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(c) Hot, cold and chilled water piping and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior vapor barrier.

(d) Backflow preventers (vacuum breakers) shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as janitor's sinks and bedpan flushing attachments.

(e) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

(f) Bedpan flushing devices.

(g) Hot water distribution systems shall be arranged to provide hot water at each fixture at all times.

(h) Plumbing fixtures which require hot water and which are intended for patient use shall be equipped with water which is controlled to provide a maximum water temperature of 110 degrees Fahrenheit at the fixture.

(i) Piping over food preparation centers, food serving facilities, food storage areas, and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of, or condensation from, necessary overhead piping systems.

(6) Hot water heaters and tanks:

(a) The hot water heating equipment shall have sufficient capacity to supply the water at the temperature and amounts indicated below:

	Use		
	Clinical	Dietary	Laundry
Gal/hr/bed	6½	4	4½
Temp. F.	110	180	180

(b) Storage tank(s) shall be provided and shall be fabricated of corrosion-resistant metal, or have non-corrosive lining.

(7) Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in areas such as: central soiled linen holding rooms, maintenance shops, trash rooms, bulk storage rooms, attics accessible for storage. Storage room of less than 100 square foot area and spaces used for storage of non-hazardous materials are excluded from this requirement. Sprinkler heads shall be installed at the top and at alternate floor levels of trash and laundry chutes.

(8) Nonflammable medical gas systems. Nonflammable medical gas system installations shall be in accordance with the requirements of NFPA Standard No. 56F.

(9) Plumbing approval. Prior to final approval of the plans and specifications by the state licensure agency, the plumbing plans and specifications must be approved by the Division of Plumbing, Department of Housing, Buildings and Construction.

Section 17. Electrical Requirements. (1) General:

(a) All materials including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriters' Laboratories, Inc., or other similarly established standards.

(b) The contractor shall be responsible for testing all electrical installations and systems and shall show that the equipment is correctly installed and operated as planned or specified.

(c) The electrical installations must conform to local codes where they exist or to the National Electrical Code. Inspections and final approval must be obtained from the State Fire Marshal's Office.

(2) Switchboard and power panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboard and distribution panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions. All breakers and switches are to be indexed.

(3) Distribution panelboards. Lighting and appliance panelboards shall be provided for the circuits on each floor. All circuits are to be indexed at panelboard. This requirement does not apply to emergency system circuits.

(4) Lighting:

(a) All spaces occupied by people, machinery, and equipment within buildings, and the approaches thereto, and parking lots shall have electric lighting.

(b) Patients' bedrooms shall have general lighting and night lighting. A reading light shall be provided for each patient. A fixed receptacle type night light mounted approximately sixteen (16) inches above the floor, with the switch located at patient room door, shall be provided in each patient room. Patients' reading lights and other fixed lights not switched at the door shall have switch controls convenient for use at the luminaire. All switches for control of light in patient areas shall be of the quiet operating type.

(c) Provisions shall be made for the night lighting of corridors. (See Section 18, Table 2 for levels of illumination for various areas.)

(5) Receptacles. (Convenience outlets):

(a) Bedroom. Each patient bedroom shall have duplex receptacles as follows: one (1) each side of the head of each bed (for parallel adjacent beds, only one (1) receptable is required between the beds), receptacles for luminaries, television and motorized beds, if used, and one (1) receptacle on another wall.

(b) Corridors. Single receptacles for equipment such as floor cleaning machines shall be installed approximately fifty (50) feet apart in all corridors. Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends of corridors.

(6) Nurses' calling system. A nurses' calling station shall be installed at each patient bed and in each patient toilet, bath, and shower-room. The nurses' call in toilet, bath, or shower-rooms shall be an emergency call. All calls shall register at the nurses' station and shall actuate a visible signal in the corridor at the patients' door, in the clean workroom, soiled workroom, and nourishment station of the nursing unit. Nurses' call systems which provide two (2) way voice communication shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the voice circuit is operative.

(7) Fire alarms and fire detector system. The design and installation of these systems must be approved by the State Fire Marshal's Office.

(8) Emergency electric service:

(a) General. To provide electricity during an interruption of the normal electric supply that could affect the nursing care, treatment, or safety of the occupants, an

emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

(b) Sources. The source of this emergency electric service shall be as follows:

1. An emergency generating set, when the normal service is supplied by one or more central station transmission lines;

2. An emergency generating set or a central station transmission line, when the normal electric supply is generated on the premises.

(c) Emergency generating set. The required emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electric system. The emergency generator set shall be of sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system. The power factor rating of the generator shall be not less than eighty (80) percent.

(d) Emergency electrical connections. Emergency electric service shall be provided to circuits as follows:

1. Lighting:

a. Exitways and all necessary ways of approach thereto, including exit signs and exit direction signs, exterior of exits, exit doorways, stairways, and corridors;

b. Dining and recreation rooms;

c. Nursing station and medication preparation area;

d. Generator set location, switch-gear location, and boiler room;

e. Elevator (if required for emergency);

f. Night light in patient rooms.

2. Equipment. Essential to life safety and for protection of important or vital materials:

a. Nurses' calling system;

b. Alarm system including fire alarm actuated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire detecting and smoke detecting systems, paging or speaker systems if intended for issuing instructions during emergency conditions, and alarms required for nonflammable medical gas systems, if installed;

c. Fire pump, if installed;

d. Sewerage or sump lift pump, if installed;

e. All required duplex receptacles in patient corridors; and at least one (1) receptacle in each patient room;

f. One (1) elevator, where elevators are used for vertical transportation of patients. Provide manual switch-over to operate other elevators;

g. Equipment such as burners and pumps necessary for operation of one or more boilers and their necessary auxiliaries and controls, required for heating and sterilization;

h. Equipment necessary for maintaining telephone service.

3. Heating. Where electricity is the only source of power normally used for space heating, the emergency service shall provide for heating of patient rooms. Emergency heating of patient rooms will not be required in areas where the facility is supplied by at least two (2) utility service feeders, each supplied by separate generating sources or a network distribution system fed by two (2) or more generators, with the facility feeders so routed, connected, and protected that a fault any place between the generators and the facility will not likely cause an interruption of more than one (1) of the nursing home service feeders.

(e) Details. The emergency system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within ten (10) seconds through one (1) or more primary automatic transfer switches to all emergency lighting; all alarms; nurses' call; equipment necessary for maintaining telephone service; and receptacles in patient corridors. All other lighting and equipment required to be connected to the emergency system shall either be connected through the above described primary automatic transfer switching or shall be subsequently connected through other automatic or manual transfer switching. Receptacles connected to the emergency system shall be distinctively marked for identification. Storage-battery-powered lights shall not be used as a substitute for the requirement of a generator. Where fuel is normally stored on the site, the storage capacity shall be sufficient for twenty-four (24) hour operation of required emergency electric services. Where fuel is normally piped underground to the site from a utility distribution system, storage facilities on the site will not be required.

Section 18. Tables. Table 1, Pressure Relationships and Ventilation of Certain Nursing Home Areas; and Table 2, Lighting Levels for Nursing Homes.

Table 1. Pressure Relationships and Ventilation of Certain Nursing Home Areas

Area Designation	Pressure Relationship to Adjacent Areas	All Supply Air From Outdoors	Minimum Air Changes of Outdoor Air per Hour
Patient room	O	—	2
Patient area corridor	O	—	4
Treatment room	O	Yes	6
Physical therapy and hydrotherapy	N	—	6
Dining and recreation areas	O	—	4
Soiled workroom	N	—	4
Clean workroom	P	Yes	4
Toilet room	N	—	—
Bedpan room	N	—	—
Bathroom	N	—	—
Janitor's closet	N	—	—
Sterilizer equipment room	N	—	—
Linen and trash chute rooms	N	—	—
Food preparation center	O	Yes(1)	10
Dishwashing room	N	—	—
Dietary dry storage	O	—	—
Laundry, general	O	Yes	10
Soiled linen sorting and storage	N	—	—
Clean linen storage	P	—	2

Table 1. Continued

Area Designation	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Area
Patient room	2	—	—
Patient area corridor	4	—	—
Treatment room	6	Yes	No
Physical therapy and hydrotherapy	6	—	—
Dining and recreation areas	4	—	—
Soiled workroom	4	Yes	No
Clean workroom	4	—	—
Toilet room	10	Yes	No
Bedpan room	10	Yes	No
Bathroom	10	Yes	No
Janitor's closet	10	Yes	No
Sterilizer equipment room	10	Yes	No
Linen and trash chute rooms	10	Yes	No
Food preparation center	10	Yes	No
Dishwashing room	10	Yes	No
Dietary dry storage	2	—	No
Laundry, general	10	Yes	No
Soiled linen sorting and storage	10	Yes	No
Clean linen storage	2	—	—

P = Postive N = Negative O = Equal — = Optional

(1) See Section 16(3)(b)8.

Table 2. Lighting Levels for Nursing Homes

Area	Footcandles*
Administrative and lobby areas, day	50
Administrative and lobby areas, night	20
Barber and beautician areas	50
Chapel or quiet area	30
Corridors and interior ramps	20
Corridor night lighting	3
Dining area and kitchen	30
Doorways	10
Examination and treatment room	
General	50
Examining table	100
Exit stairways and landings	5
Janitor's closet	15
Nurses' station, general, day	50
Nurses' station, general, night	20
Nurses' desk, for charts and records	70
Nurses' medicine cabinet	100
Occupational therapy	30
Patient care unit (or room), general	10
Patient care room, reading	30
Patient care room night light (variable)	.5 to 1.5
Physical therapy	20
Recreation area (floor level)	50
Stairways other than exits	30
Toilet and bathing facilities	30
Utility room, general	20
Utility room, work counter	50
Work table, (occupational therapy, etc.)	100

*Minimum on task at anytime.

W. GRADY STUMBO, Secretary
ADOPTED: July 24, 1980
RECEIVED BY LRC: July 24, 1980 at 4:20 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:047E. Nursing home operation and services.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1)(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: July 24, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of nursing homes and the services to be provided by nursing homes.* [This regulation, which relates to the operation and services of nursing homes, is being promulgated 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: Nursing Home, General: Establishments with permanent facilities that include inpatient beds; and with medical services, including continuous nursing services, to provide treatment for patients who require inpatient care but do not currently require continuous hospital services, and who have a variety of medical conditions.

Section 2. Essential Functions of a Nursing Home. Essential functions of a nursing home are as follows:
(1) The primary function of the institution is to provide treatment services for patients who require inpatient care but do not currently require continuous hospital services, and who have a variety of medical conditions.
(2) There are arrangements for transfer of patients in need of hospital care.
(3) The institution maintains inpatient beds.
(4) There is a governing authority legally responsible for the conduct of the institution.
(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) One or more physicians are responsible for advising the governing authority on proper standards of medical care.
(7) Each patient is admitted on the medical authority of, and is under the supervision of a physician.
(8) A current and complete medical record is maintained for each patient.
(9) The nursing services are under the supervision of a full-time registered professional nurse; licensed graduate nurse supervision and other nursing services are continuous.
(10) There are arrangements for obtaining necessary clinical laboratory and diagnostic x-ray services.
(11) There is control of the storage and dispensing of controlled substances and other medications.
(12) Food served to patients meets their nutritional requirements, and special diets are regularly available.

Section 3. Minimum Standards for Operation of Nursing Homes. The following minimum standards of operations as set forth in this regulation shall apply to all nursing homes:

(1) Food service. The nursing home shall comply with the existing laws, rules and regulations governing the handling of food and food products in the State of Kentucky. The facilities shall be adequate to serve as many patients as the nursing home accommodates.

(2) Food handling. Dishes and eating utensils used by patients having, or suspected of having a communicable disease, shall be handled separately from other soiled dishes and eating utensils, and in such a way as to protect nursing home personnel and patients from infection.

(3) Garbage disposal. The garbage disposal system must be approved by the Department for Human Resources. Adequate provision shall be made to prevent obvious odors, the spread of disease and unsanitary conditions resulting from the improper handling of garbage and other refuse. All containers for garbage shall be made of metal or other impervious material and shall be watertight, rodent proof, and have tight fitting covers.

(4) Laundry and noise control. The nursing home shall make provision for the proper cleaning of linen and other washable goods with special provisions for handling contaminated linen. Nursing homes maintaining and operating laundries shall provide ventilation for the elimination of steam and odors and proper insulation to prevent the transmission of noises to patient areas.

(5) Sanitation:

(a) All bedside equipment shall be cleaned after each use. All bedpans and urinals shall be sterilized after each use unless assigned to an individual patient. Approved methods of sterilizing such equipment may be one (1) of the following: Submersion in boiling water for a minimum of thirty (30) minutes; autoclaving at fifteen (15) pounds steam pressure for twenty (20) minutes; live steam sterilization for bedpans in an approved bedpan washer-sterilizer or submersion for two (2) minutes in a chlorine rinse which contains at least 100 parts per million of available chlorine.

(b) The bed linens shall be changed at least once every three (3) days or when obviously soiled.

(6) Rodent control. The premises must be kept free from rodent and insect infestation. Bath and toilet facilities must be maintained in a clean and sanitary condition at all times.

(7) Drugs and controlled substances. An adequate supply of drugs and other medicinal agents shall be available at all times to meet the requirements of the nursing home. They shall be stored in a safe manner and kept properly labeled and accessible. Narcotics and other controlled substances and poisons shall be handled in a safe manner to protect against their unauthorized use. There shall be adequate refrigeration for biologicals and drugs which require refrigeration. The existing laws, rules and regulations governing controlled substances, drugs and poisons shall be complied with.

(8) X-ray facilities. If x-ray facilities are provided in any nursing homes, there shall be ample space for the x-ray equipment, film storage, view boxes and dark room equipment. Proper precautions to protect patients and nursing home personnel against undue radiation shall be taken.

(9) Laboratory. If a laboratory is provided, there shall be ample space, equipment and supplies to meet the requirements of the nursing home.

(10) Patient accommodations:

(a) The nursing home shall provide suitable accommodations for all its patients. There shall be adequate floor space, furnishings, bed linens, and other such utensils, equipment and supplies as is reasonably required for the proper care of the patients accommodated. Proper precautions shall be taken to prevent the spread of disease. There shall be provision for the proper sterilization of all supplies, utensils and equipment and for storing them in a clean, convenient and orderly manner. An adequate system for bed patients to use in calling nurses and attendants shall be maintained. A satisfactory bed and mattress with one or more pillows of at least fifteen (15) inches by twenty (20) inches shall be provided for each patient. There shall be at least one (1) chair per patient in all patient rooms.

(b) There shall be at least one (1) employee awake and on duty at all times in each institution. In cases where restraints are used to prevent injury to the patients or personnel, these restraints shall be of a type which can be quickly removed in case of fire. Doors to patient rooms shall not be locked when the rooms are occupied, except in psychiatric or detention units.

(11) Water supply. The water supply shall be approved by the Department for Human Resources. There shall be an ample supply of hot water available at all times for general use.

(12) Employee health examination. No person who is infected with a communicable disease shall be employed in any nursing home. Prior to employment, or immediately following, each person shall submit to a test for tuberculosis to determine his freedom from communicable tuberculosis. All employees shall have an annual test for tuberculosis. Nothing in this section shall affect any rule or regulation of any nursing home, which requires other examinations or tests to determine their employees' freedom from other communicable diseases.

(13) Reports. Each institution shall furnish an annual report to the Department for Human Resources on forms supplied by the department for this purpose. This report shall consist of the total number of admissions per year, the total number of discharges per year, bed capacity, average percentage of bed occupancy, total patient days, average length of patient stay in the nursing home, and such other statistical information that is requested.

(14) Medical records:

(a) Organization: The responsibility for supervison, filing, and indexing of medical records shall be delegated to a responsible employee of the nursing home.

(b) Indexing: Medical records shall be properly indexed and systematically filed for ready access to properly authorized persons.

(c) Ownership: Records of patients are the property of the institution and shall not be taken from the nursing home property except by court order. This does not preclude the routing of the patient's record or portion thereof, including x-ray film, to physicians for consultation. Medical records shall be made available, when requested, for inspection by duly authorized representatives of the licensing agency.

(d) Content: Adequate and complete medical records shall be prepared for all patients admitted to the nursing home. All notes shall be legibly written or typed and signed. A minimum medical record shall include the following information:

1. Name and address of person or agency responsible for patient;
2. Identification data (name, address, age, sex, marital status);
3. Date of admission;
4. Date of discharge;
5. Referring and attending physicians' names;

6. History and physical examination;
7. Special examinations, if any, such as consultations, clinical, laboratory, x-ray;
8. Provisional or working diagnosis;
9. Doctor's orders, dated and signed by the physician;
10. Progress notes, dated and signed by the physician;
11. Nurses' notes;
12. Temperature chart including pulse and respiration;
13. Final diagnosis;
14. Condition on discharge; and
15. In case of death, autopsy findings, if performed.

(e) Physician's reponsibility: It shall be the responsibility of each attending physician to complete and sign the medical record of each patient as soon as practicable after discharge.

(f) Orders for medication: All medical records shall contain the orders for medication and treatment written in ink and signed by the prescribing physician, and if given verbally, undersigned by him upon his next visit to the institution. A record of medication administered to the patient shall be included in the record.

(g) Retention of records: All medical 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 concerned based upon all relevant factors.

(15) Fire control or disaster plan. The nursing home 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 helpless patients, frequency of fire drills, and assignment of specific tasks and responsibilities to the personnel of each shift.

(a) The plan shall be developed with the assistance of qualified fire and safety experts.

(b) All personnel shall be trained to perform assigned tasks.

(c) Simulated drills testing the effectiveness of the plan shall be conducted on each shift at least three (3) times a year.

(d) The plan shall be posted throughout the facility.

(16) Patient rights: Patient rights shall be provided for pursuant to KRS 216.510 to 216.525.

W. GRADY STUMBO, Secretary
ADOPTED: July 24, 1980
RECEIVED BY LRC: July 24, 1980 at 4:20 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

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

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1)(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: July 24, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of intermediate care facilities and the services to be provided by intermediate care facilities.* [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) Diagnostic 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 which 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. Certificate of Need, Licensure and Reports. (1) An intermediate care facility shall not operate without first obtaining a certificate of need unless operating prior to July 1, 1972.

(2) No person shall operate an intermediate care facility without having first obtained a license from the Certificate of Need and Licensure Board. All intermediate care facilities shall comply with the provisions of this regulation to quality for a license or for the renewal thereof.

(3) Upon submission of a properly completed license application form together with a prescribed fee, an intermediate care facility 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 is appropriate, may be issued a license by the Certificate of Need and Licensure Board.

(4) The license shall be posted in a conspicuous place in the facility.

(5) All applicants for license renewal shall have submitted inventory and utilization reports required by the Certificate of Need and Licensure Board.

Section 4. Minimum Standards for Operation: The following minimun 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 serices. (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.

(e) 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.

(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 services 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 department 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 outpatient.

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, 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 times 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 employee'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 vocational) 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 paragraph (a) 9, of this subsection.

(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 purchses are made for a patient from personal monies, proper accounting shall be made.

(c) The facility shall require and maintain written recommendations 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 supervison 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.

(11) Medical supervison 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 endangering acts to self, 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 (1) 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's room shall have a night light. In multipatient 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.

10. 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.

(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 stored, 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 linens 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) Patients' rights: Patient rights shall be provided for pursuant to KRS 216.510 to 216.525.

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 dietition or nutritionist. If the facility provides therapeutic diets, and the food service director is not a qualified dietition or nutritionist, consulation by a qualified dietition 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) 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 infections, 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) 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) Employees shall wear apparel appropriate to their jobs and shall adhere to good sanitation practices.

(d) 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) 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 dietition 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 safequard the health of the patient. The dietary department shall be routinely inspected and approved by the 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 diswashers 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 santized. Soaps, water softeners, washing compounds and detergents shall not be added to hypochlorite solutions. Utensils should be racked by 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 determiniation 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 usefullness 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 licensed 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 advice 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 precribed for one (1) 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, and 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 physican 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 intramuscular;

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.

W. GRADY STUMBO, Secretary
ADOPTED: July 24, 1980
RECEIVED BY LRC: July 24, 1980 at 4:20 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:055E. Intermediate care facilities; construction and alteration.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1)(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: July 24, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the structural specifications for the construction or alteration of intermediate care facilities.* [This regulation, which relates to the construction and alteration 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 State 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) Diagnostic 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. Preparation of Plans and Specifications. After receiving certificate of need approval from the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board, the following procedures and regulations will be followed:

(1) Before construction is begun for the erection of new buildings or alterations to existing buildings or any change in facilities, for an intermediate care facility, the licensee or applicant shall submit plans to the licensing agency for approval.

(2) Architectural drawings must bear the seal of an architect registered in the Commonwealth of Kentucky and the mechanical and electrical drawings must bear the seal of a professional engineer registered in the Commonwealth of Kentucky.

(3) Drawings shall not exceed thirty-six (36) inches by forty-six (46) inches when trimmed.

Section 4. Submission of Plans and Specifications for Intermediate Care. (1) First stage; schematic plans:

(a) Single line drawings of each floor shall show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room shall be noted. Drawings shall include typical patient room layouts (scaled ¼″ = 1′0″) with dimensions noted. The proposed roads and walks, service and entrance courts, parking and orientation shall be shown in a plot plan.

(b) If the project is an addition, or is otherwise related to existing buildings on the site, the plans shall show the facilities and general arrangements of those buildings.

(2) Second stage; preliminary plans. preliminary sketch plans shall include the following:

(a) Architectural:

1. Plans of basement, floors, and roof showing space assignment, sizes, and outline of fixed and movable equipment;
2. All elevations and typical sections;
3. Plot plan showing roads, parking, and sidewalks;
4. Areas and bed capacities by floors.

(b) Mechanical:

1. Single line layout of all duct and piping systems;
2. Riser diagrams for multistory construction;
3. Scale layout of boilers and major associated equipment and central heating, cooling, and ventilating units.

(c) Electrical:

1. Plans showing space assignment, sizes and outlines of fixed equipment such as transformers, main switch and switchboards, and generator sets;
2. Simple riser diagram for multisory building construction, showing arrangement of feeders, subfeeders, bus work, load center, and branch circuit panels.

(d) Outline specifications:

1. General description of the construction, including interior finishes, types and locations of acoustical material, and special floor covering;
2. Description of the air-conditioning, heating, and ventilation systems and their controls, duct and piping systems; and dietary, laundry, and other special equipment;
3. General description of electrical service including voltage, number of feeders, and whether feeders are overhead or underground.

(3) Third stage; contract documents:

(a) Working drawings. Working drawings shall be complete and adequate for bid, contract, and construction purposes. Drawings shall be prepared for each of the following branches of the work: architectural, structural, mechanical, and electrical. They shall include the following:

1. Architectural drawings:

a. Approach plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new building structures, roadways, walks, and parking areas;

b. Plan of each basement, floor and roof;

c. Elevations of each facade;

d. Sections through building;

e. Required scale and full-size details;

f. Schedule of doors, windows, and room finishes;

g. Equipment. Location of all fixed equipment. Layout of typical and special rooms indicating all fixed equipment and major items of movable equipment. Equipment not included in contract shall be so indicated;

h. Conveying systems. Details of construction, machine and control spaces necessary, size and type of equipment, and utility requirements for the following: dumbwaiters: electric, hand, hydraulic; elevators: freight, passenger, patient; loading dock devices; pneumatic tube systems.

2. Structural drawings:

a. Plans for foundations, floors, roofs, and all intermediate levels with sizes, sections, and the relative location of the various structural members;

b. Dimensions of special openings;

c. Details of all special connections, assemblies, and expansion joints.

3. Mechanical drawings:

a. Heating, steam piping, and air-conditioning systems: Radiators and steam heated equipment, such as warmers and steam tables; heating and steam mains and branches with pipe sizes; diagram of heating and steam risers with pipe sizes; sizes, types, and capacities of boilers, furnances, hot water heaters with stokers, oil burners, or gas burners; pumps, tanks, boiler breeching, and piping and boiler room accessories; air-conditioning systems with required equipment, water and refrigerant piping and ducts; supply and exhaust ventilation systems with heating/cooling connections and piping; air quantities for all room supply and exhaust ventilating duct openings.

b. Plumbing, drainage, and standpipe systems; size and

elevation of: street sewer, house sewer, house drains, street water main, and water service into the building; location and size of soil, waste, and water service with connections to house drains, clean-outs, fixtures, and equipment; size and location of hot, cold and circulating branches, and risers from the service entrance, and tanks; riser diagram of all plumbing stacks with vents, water risers, and fixture connections; oxygen and vacuum systems; standpipe and sprinkler systems where required; all fixtures and equipment that require water and drain connections.

4. Electrical drawings:

a. Electric service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections if located in the building;

b. Location of main switchboard, power panels, light panels, and equipment. Diagram of feeders and conduits (with schedule of feeder breakers or switches);

c. Light outlets, receptacles, switches, power outlets, and circuits;

d. Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets, and branch conduits;

e. Nurses' call systems with outlets for beds, duty stations, door signal light, annunciators, and wiring diagrams;

f. Emergency electrical systems with outlets, transfer switch, sources of supply, feeders, and circuits;

(b) Specifications. Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanship, finishes and other characteristics of all materials and equipment and shall include:

1. Cover or title sheet;
2. Index;
3. Sections describing materials and workmanship in detail for each class of work;
4. General conditions, which must contain the following requirements: Access to the work. Representatives of the appropriate state agencies will have access at all reasonable times to the work wherever it is in preparation or progress, and the contractor shall provide proper facilities for such access and inspection.

(4) Fourth stage: All plans and specifications must be approved by the State Fire Marshal's office and the state licensure agency prior to commencement of construction.

Section 5. Code and Standards. (1) General. Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances, and regulations which are enforced by city, county, or state jurisdictions.

(2) The following codes and standards will apply where applicable and as adopted by the respective agency authority.

(a) Current Kentucky standards of safety regulations applicable to intermediate care facilities.

(b) Current Kentucky plumbing standards regulations applicable to intermediate care facilities.

(c) Current Kentucky standards for air contaminants for incinerators regulations applicable to intermediate care facilities.

(d) Current Kentucky standards for elevators regulations applicable to intermediate care facilities.

(e) Current Kentucky standards for making buildings and facilities accessible to and usable by the physically handicapped regulations applicable to hospitals.

(3) Prior to occupancy, facility must have final approval from appropriate agencies.

Section 6. Facility Requirements and Special Conditions. (1) These regulations, except Section 5 which may be administered independent from these regulations, apply to the construction of new facilities and facilities that are being converted to intermediate care. Existing facilities will be expected to make a concerted and demonstrated effort to fully comply with these regulations and must prove to the satisfaction of the board that there are valid, reasonable, and specific justifications for not being in full compliance. The board, however, reserves the right to establish deadlines for compliance to standards of significant importance as determined by the board.

(2) These standards are intended for facilities to be licensed as intermediate care facilities. There are other separate and unique construction and facility standards applicable only to the specific level of care intended which are not interchangeable.

(3) Independent facilities with a capacity of fifty (50) beds or less present special problems. The sizes of the various departments will depend upon the requirements of the facilities. Some functions allotted separate spaces or rooms in these general standards may be combined provided that the resulting plan will not compromise the best standard of safety and of medical and nursing practices and the social needs of patients. In other respects, the general standards set forth herein, including the area requirements, shall apply.

(4) Facilities shall be available to the public, staff, and patients who may be physically handicapped with special attention given to ramps, drinking fountain height, tilted mirrors, etc.

(5) The number of beds in a nursing unit shall not exceed sixty (60) unless additional services are provided, as deemed necessary by the Certificate of Need and Licensure Board. At least sixty-six (66) percent of the beds shall be located in rooms designed for one (1) or two (2) beds.

(6) Access to the facility shall be by means of a paved or gravel roadway which shall be available for use by traffic prior to a license being issued to the facility for occupancy.

Section 7. Nursing Unit. (1) Patient rooms. Each patient room shall meet the following requirements:

(a) Maximum room capacity: four (4) patients:

(b) Minimum room area exclusive of built-in closet, toilet rooms, lockers, wardrobes and vestibules: 100 square feet in one (1) bedroom and eighty (80) square feet per bed in multibed rooms.

(c) Multibed rooms shall be designed to permit not less than a four (4) foot space between beds, and at least three (3) foot space between the side of a bed and the nearest wall, fixed cabinet, or heating/cooling element. A minimum of four (4) feet is required between foot of bed and opposite wall, or foot of opposite bed in multibed rooms;

(d) Window. All patient rooms must have windows opening to the outside. Sill shall not be higher than three (3) feet above the floor and shall be above grade. Window area to be at least ten (10) percent of patient room floor area;

(e) Nurses' calling station(s): (See Section 16(6));

(f) Lavatory. In single and two (2) bed rooms with a private toilet room, the lavatory may be located in the toilet room. Where two (2) patient rooms share a common toilet, a lavatory shall be provided in each patient room;

(g) Wardrobe or closet for each patient. Minimum clear dimensions: one (1) foot and ten (10) inches deep by one (1) foot and eight (8) inches wide with full length hanging space; provide clothes rod and shelf;

(h) A method of assuring visual privacy for each patient shall be provided in each multi-bed patient room and in tub, shower and toilet rooms (cubicle curtains, built-in partitions, etc.);

(i) No patient room shall be located more than 120 feet from the nurses' station, the clean workroom, and the soiled workroom. No room shall be used as a patient room where the access is through another patient's room.

(2) Patient toilet rooms:

(a) Provide a centralized toilet area for each sex on every floor. One (1) toilet for each eight (8) residents or fraction thereof and one (1) lavatory for each sixteen (16) residents or fraction thereof is required. Toilets must be separated by a permanent partition and at least one (1) toilet for each sex must be designed for wheelchair use.

(b) At least one (1) toilet must be easily usable by wheelchair patients. Grab bars shall be provided at all toilets;

(c) Doors to toilet rooms shall have a minimum width of two (2) feet and ten (10) inches to admit wheelchair.

(3) Service areas in each nursing unit. The size of each service area will depend on the number and types of beds within the unit and shall include:

(a) Nurses' station. For nurses' charting, doctors' charting, communications, and storage for supplies and nurses' personal effects;

(b) Staff lounge area. Shall have adequate space for lockers and have its own toilet room.

(c) Clean workroom. For storage and assembly of supplies for nursing procedures; shall contain work counter and sink;

(d) Soiled workroom. Shall contain clinical sink, work counter with two (2) compartment sink, waste receptacles, and soiled linen receptacles.

(e) Medication area. Adjacent to nurses' station; with sink, refrigerator, locked storage, and facilities for preparation and dispensing of medication. (May be designated area within clean workroom if a self-contained cabinet is provided.) Controlled substances locker must be under double lock.

(f) Clean linen storage. Enclosed storage space. (May be designated area within the clean workroom);

(g) Equipment storage room. For storage of IV stands, inhalators, air mattresses, walkers, and similar bulky equipment;

(h) Patient baths. One (1) shower stall or one (1) bathtub shall be required for each twelve (12) beds not individually served. There shall be at least one (1) free standing bathtub in each bathroom. Grab bars shall be provided at all bathing fixtures. Each bathtub or shower enclosure in central bathing facilities shall provide space for private use, for dressing and for a wheelchair and attendant. At least one (1) shower in the central bathing facilities shall not be less than four (4) feet square, without curbs, and designed to permit use from a wheelchair. Soap dishes in showers and bathrooms shall be recessed.

(i) Janitor's closet. Storage of housekeeping supplies and equipment. Floor receptor or service sink;

(j) Bedpan washing facilities shall be provided on each floor and shall be so located that bedpans need not be carried through lobbies and dining areas.

(4) Patients' dining, TV viewing and recreation areas:

(a) The total areas set aside for these purposes shall be not less than thirty (30) square feet per bed for the first fifty (50) beds and twenty (20) square feet per bed for all beds in excess of fifty (50). Additional space shall be provided for outpatients if they participate in a day care program;

(b) Storage shall be provided for recreational equipment and supplies. (Such as wall cabinets or closets);

(c) The areas set aside for these purposes must be readily accessible to wheelchair patients and shall be of sufficient size to accommodate equipment and permit unobstructed movement about of wheelchair patients and personnel responsible for instructing and supervising patients.

Section 8. Dietary Department. If a commercial service will be used or meals will be provided by an adjacent hospital, dietary areas and equipment shall be designed to accommodate the requirements for sanitary, efficient, and safe storage, processing, and handling, otherwise the following will be provided:

(1) Food preparation center. Provide lavatory but do not provide mirror;

(2) Food serving facilities. For patient and staff;

(3) Dishwashing and potwashing facalities. Dish and utensil washing equipment will be used that will result in sanitized serviceware and will prevent recontamination.

(4) Refrigerated storage should accommodate a three (3) day supply minimum;

(5) Dry storage should accommodate a three (3) day supply minimum;

(6) Cart cleaning facilities; only if this type of system is used;

(7) Cart storage areas; only if this type of system is used;

(8) Janitor's closet. For storage for housekeeping supplies and equipment; floor receptor or service sink;

(9) If a toilet room is built within the department it must have a two (2) door separation from food preparation area or dining areas.

Section 9. Administration Department. The following shall be included:

(1) Administrator's office. Business office and information center, admitting and medical records areas may be combined into one (1) area;

(2) Public and staff toilet rooms;

(3) Director of nurse's office. (May be omitted in facilities of less than 100 beds);

(4) Housekeeper's storage space.

Section 10. Laundry. The following shall be included:

(1) Soiled linen room;

(2) Clean linen room;

(3) Lavatory. Accessible from soiled, clean, and processing rooms;

(4) Laundry processing room, and storage for laundry supplies; (Need not be provided if laundry is processed outside the facility);

(5) Janitor's closet. Storage for housekeeping supplies and equipment; floor receptor or service sink.

Section 11. Storage and Service Areas. The following shall be included: (1) Sufficient storage space shall be provided for general storage requirements.

(2) Engineering service and equipment areas. The following shall be provided where applicable:

(a) Boiler room;

(b) Mechanical and electrical equipment room(s). Can be combined with boiler room;

(c) Storage room for housekeeping equipment. (Need not be provided if space is available in janitor's closets or elsewhere);

(d) Refuse area. For holding trash prior to disposal. Shall be located convenient to service entrance.

Section 12. Details and Finishes. A high degree of safety for the occupants in minimizing the incidence of accidents shall be provided. Hazards such as sharp corners shall be avoided. All details and finishes shall meet the following requirements:

(1) Details:

(a) Handrails shall be provided on both sides of corridors used by patients in intermediate care facilities with a clear distance of one and one-half (1½) inches between handrail and wall.

(b) All doors to patient-room toilet rooms and patient-room bathrooms shall swing outward or shall be equipped with hardware which will permit access in any emergency.

(c) All doors opening onto corridors shall be swing-type except elevator doors. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.

(d) No doors shall swing into the corridor except closet doors.

(e) Thresholds and expansion joint covers, if used, shall be flush with the floor.

(f) Grab bars and accessories in patient toilet, shower, and bathrooms shall have sufficient strength and anchorage to sustain a load of 250 pounds for five (5) minutes.

(g) Lavatories intended for use by patients shall be installed to permit wheelchairs to slide under.

(h) The location and arrangement of lavatories and sinks with blade handles intended for handwashing purposes shall provide sixteen inches clearance each side of center line of fixture. (See Section 15(4)(a).)

(i) Mirrors shall be arranged for convenient use by patients in wheelchairs as well as by patients in standing position.

(j) Towel rack or dispenser shall be provided at all lavatories and sinks used for handwashing.

(k) Ceiling heights:

1. Boiler room. Not less than two (2) feet and six (6) inches above the main boiler header and connecting piping with adequate headroom under piping for maintenance and access;

2. Corridors, storage rooms, patients' toilet room, and other minor rooms not less than seven (7) feet and six (6) inches;

3. All other rooms. Not less than eight (8) feet.

(l) Boiler room, food preparation centers, and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of eight-five (85) degrees Fahrenheit.

(m) Noise reduction criteria. The ceilings of the following areas shall be designed to reduce noise transmission:

1. Corridors in patient areas;
2. Nurses' stations;
3. Work areas, such as utility rooms;
4. Lobbies and recreation areas.

(n) Special attention shall be given to sound transmission from boiler rooms, mechanical rooms, and kitchen, to patient bedroom areas.

(2) Finishes:

(a) Floors generally shall be easily cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchen and related spaces shall be waterproof and greaseproof. In all areas where floors are subject to wetting, they shall have a nonslip finish.

(b) Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.

(c) Walls generally shall be washable and in the immediate area of plumbing fixtures, the finish shall be moistureproof. Wall bases in dietary areas shall be free of spaces that can harbor insects.

(d) Ceilings generally shall be washable or easily cleanable. This requirement does not apply to boiler rooms, mechanical and building equipment rooms, shops and similar spaces.

Section 13. Elevators. Elevator requirements shall conform to the current standards for elevators adopted by the Division of Labor Standards, Department of Labor.

(1) Elevators, where required. All facilities where either patient beds or inpatient facilities such as diagnostic, recreation, patient dining or therapy rooms are located on other than the first floor, shall have electric or electrohydraulic elevators as follows:

(a) Number of elevators.

1. At least one (1) hospital-type elevator shall be installed where one (1) to fifty-nine (59) patient beds are located on any floor other than the first. (For purposes of these requirements, the first floor is that floor first reached from the main front entrance);

2. At least two (2) elevators, one (1) of which shall be hospital-type, shall be installed where sixty (60) to 200 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than those containing the patient beds;

3. At least three (3) elevators, one (1) of which shall be hospital-type, shall be installed where 201 to 350 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than those containing the patient beds;

4. For facilities with more than 350 beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

(b) Cars and platforms. Cars of hospital-type elevators shall have inside dimensions that will accommodate a patient's bed and attendants and shall be at least five (5) feet wide by seven (7) feet and six (6) inches deep; car doors shall have a clear opening of not less than three (3) feet and eight (8) inches. Cars of all other required elevators shall have a clear opening of not less than three (3) feet.

(c) Leveling. Elevators shall have automatic leveling of the two (2) way automatic maintaining type with accuracy within plus or minus one-half (½) inch.

(2) Field Inspection and Tests. The contractor shall be required to cause inspection and tests to be made and shall deliver to the owner written certification that the installation meets the requirements set forth in this section.

Section 14. Construction. Foundations shall rest on natural solid ground if a satisfactory soil is available at reasonable depths. Proper soil bearing values shall be established in accordance with recognized standards. If solid ground is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement.

Section 15. Mechanical Requirements. (1) Steam and hot water systems:

(a) Boilers. If boilers are used a minimum of two (2) must be provided; the combined capacity of the boilers, based upon the published Steel Boiler Institute or Institute of Boiler and Radiator Manufacturer's net rating, must be able to supply 150 percent of the normal requirements of all systems and equipment.

(b) Valves. Supply and return mains and risers of space

heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return end.

(c) Covering. Boiler and smoke breeching, all steam supply piping and high pressure steam return piping, and hot water space heating supply and return piping shall be insulated.

(d) The design and installation of all boilers must be in accordance with current Kentucky plumbing standards regulations applicable to intermediate care facilities.

(2) Air-conditioning, heating and ventilating systems:

(a) Temperatures. A minimum temperature of seventy-two (72) degrees Fahrenheit shall be provided for occupied areas at winter design conditions.

(b) Ventilation systems details. All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building. The ventilation rates shown on Table 1 shall not be considered as precluding the use of higher ventilation rates if they are required to meet design conditions.

1. Outdoor ventilation air-intakes, other than for individual room units, shall be located as far away as practicable but not less than twenty-five (25) feet from the exhausts from any ventilaitng system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than eight (8) feet above the ground level or if installed through the roof, three (3) feet above roof level.

2. The ventilation systems shall be designed and balanced to provide the general pressure relationship to adjacent areas shown in Table 1, Section 17.

3. Room supply air inlets, recirculation, and exhaust air outlets shall be located not less than three (3) inches above the floor.

4. Corridors shall not be used to supply air to or exhaust air from any room, except that exhaust air from corridors may be used to ventilate rooms such as bathrooms, toilet rooms, or janitor's closets which open directly on corridors.

5. Ducts shall be constructed of iron, steel, aluminum, or other approved metal or materials such as clay, asbestos, cement, fiberglass, etc.

6. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-acutated fan controls. Cleanout openings shall be provided every twenty (20) feet in horizontal exhaust duct systems serving hoods.

(3) Plumbing and other piping systems. All plumbing systems shall be installed in accordance with the requirements of current Kentucky plumbing standards regulations applicable to intermediate care facilities. (See Section 5(2).)

(a) Lavatories and sinks required in patient care areas shall have the water supply spout mounted so that its discharge point is a minimum distance of five (5) inches above the rim of the fixture. All fixtures used by medical and nursing staff, and all lavatories used by patients and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall be of a standard length. (See Section 13(1)(j).)

(b) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(4) Water supply system:

(a) Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods.

(b) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(c) Hot, cold and chilled water piping and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior vapor barrier.

(d) Backflow preventers (vacuum breakers) shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as janitor's sinks and bedpan flushing attachments.

(e) Hot water distribution systems shall be arranged to provide hot water at each fixture at all times.

(f) Plumbing fixtures which require hot water and which are intended for patient use shall be supplied with water which is controlled to provide a maximum water temperature of 110 degrees Fahrenheit at the fixture.

(g) Piping over food preparation centers, food serving facilities, food storage areas, and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of, or condensation from, necessary overhead piping systems.

(5) Hot water heaters and tanks.

(a) The hot water heating equipment shall have sufficient capacity to supply the water at the temperature and amounts indicated below:

	Use		
	Patient	Dietary	Laundry
Gal/hr/bed	6 ½	4	4 ½
Temp. F.	110	180	180

(b) Storage tank(s) shall be provided and shall be fabricated of corrosion-resistant metal, or have noncorrosive lining.

(6) Plumbing approval. Prior to final approval of the plans and specificaitons by the state licensure agency, the plumbing plans and specifications must be approved by the Division of Plumbing, Department of Housing, Buildings, and Construction

Section 16. Electrical Requirements. (1) General:

(a) All materials including equipment, conductors, controls, and signaling devices shall be installed to provide a complete elecrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriters' Laboratories, Inc., or other similarly established standards.

(b) The contractor shall be responsible for testing all electrical installations and systems and shall show that the equipment is corretly installed and operated as planned or specified.

(c) The electrical installations must conform to local codes where they exist or to the National Electrical Code. Final approval must be obtained from the State Fire Marshal's Office, after inspection.

(2) Switchboard and power panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboard and distribution panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The

main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions. All breakers and switches are to be indexed.

(3) Distribution panelboards. Lighting and appliance panelboards shall be provided for the circuits on each floor. All circuits are to be indexed at panelboard. This requirement does not apply to emergency system circuits.

(4) Lighting:

(a) All spaces occupied by people, machinery, and equipment within buildings, and the approaches thereto, and parking lots shall have electric lighting.

(b) Patient's bedrooms shall have general lighting. A reading light shall be provided for each patient when appropriate. Patient's reading lights and other fixed lights not switched at the door shall have switch controls convenient for use at the luminaire.

(c) Provisions shall be made for the night lighting of corridors. (See Appendix, Section 17, Table 2 for levels of illumination for various areas.)

(5) Receptacles (convenience outlets):

(a) Bedroom. Each patient bedroom shall have duplex receptacles as follows: one (1) each side of the head of each bed (for parallel adjacent beds, only one (1) receptacle is required between the beds); receptacles for luminairies, television and motorized beds, if used, and one (1) receptacle on another wall.

(b) Corridors. Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends of corridors.

(6) Nurses' calling system. A nurses' visible signal calling station shall be installed at each patient bed and in each patient toilet, bath, and shower-room. The nurses' call in toilet, bath, or shower-rooms, shall be an emergency call. All calls shall register at the nurses' station and shall actuate a visible signal in the corridor at the patient's door, in the clean workroom, and the soiled workroom of the nursing unit.

(7) Emergency electric service:

(a) General. To provide electricity during an interruption of the normal electric supply that could affect the nursing care, treatment, or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

(b) Sources. The source of this emergency electric service shall be an emergency generating set, when normal service is supplied by one or more central station transmission lines.

(c) Emergency generating set. The required emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. The emergency generator set shall be sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system. The power factor rating of the generator shall be not less than eighty (80) percent.

(d) Emergency electrical connections. Emergency electric service shall be provided to circuits as follows:

1. Lighting:

a. Exitways and all necessary ways of approach thereto, including exit signs and exit direction signs, exterior of exits, exit doorways, stairways, and corridors;

b. Dining and recreation rooms;

c. Nursing station and medication preparation area;

d. Generator set location, switch-gear location, and boiler room;

e. Elevator (if required for emergency);

2. Equipment: Essential to life safety and for protection of important or vital materials;

a. Nurses' calling system;

b. Sewage or sump lift pump, if installed;

c. All required duplex receptacles in patient corridors; and at least one (1) receptacle in each patient room;

d. Equipment such as burners and pumps necessary for operation of one (1) or more boilers and their necessary auxiliaries and controls, required for heating and sterilization;

e. Details. The emergency system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within ten (10) seconds through one (1) or more primary automatic transfer switches to all emergency lighting; all alarms; nurses' call; and receptacles in patient corridors. All other lighting and equipment required to be connected to the emergency system shall either be connected through the above described primary automatic transfer switching or shall be subsequently connected through other automatic or manual transfer switching. Receptacles connected to the emergency system shall be distinctively marked for identification. Storage-battery-powered lights shall not be used as a substitute for the requirement of a generator. Where fuel is normally stored on the site, the storage capacity shall be sufficient for twenty-four (24) hour operation of required emergency electric services. Where fuel is normally piped underground to the site from a utility distribution system, storage facilities on the site will not be required.

f. Emergency heating. Where electricity is the only source of power normally used for space heating, an alternate emergency heating system for the heating of corridors will be required. Emergency heating of corridors will not be required in areas where the facility is supplied by at least two (2) utility service feeders, each supplied by separate generating sources or a network distribution system fed by two (2) or more generators, with the facility feeders so routed, connected, and protected so that a fault any place between the generators and the facility will not be likely to cause an interruption of more than one (1) of the intermediate care facility's service feeders. If there is written plan for the transfer of patients within a reasonable time to other facilities with which the intermediate care facility has written transfer agreements, the above alternate emergency heating system will not be required.

Section 17. Appendix Table 1—Pressure Relationships and Ventilation of Certain Intermediate Care Areas. Table 2—Lighting Levels For Intermediate Care Facilities

Table 1. Pressure Relationships and Ventilation of Certain Intermediate Care Areas

Area Designation	Pressure Relationship to Adjacent	All Supply Air From Outdoors	Minimum Air Changes of Outdoor Air per Hour
Patient room	0	—	2
Patient area corridor	0	—	2
Treatment room	0	Yes	2
Physical therapy and hydrotherapy if applicable	N	—	2
Dining and recreation areas	0	—	2
Soiled workroom	N	—	2
Clean workroom	P	Yes	2
Toilet room	N	—	—
Bedpan room if applicable	N	—	—
Bathroom	N	—	—
Janitor's closet	N	—	—
Linen and trash chute rooms	N	—	—
Food preparation center	0	Yes	2
Dishwashing area	N	—	—
Dietary day storage	0	—	—
Laundry, general	0	Yes	2
Soiled linen sorting and storage	N	—	—
Clean linen storage	P	—	2

P = Positive N = Negative 0 = Equal — = Optional

Table 1. Continued

Area	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Area
Patient room	2	—	—
Patient area corridor	4	—	—
Treatment room	6	Yes	No
Physical therapy and hydrotherapy if applicable	6	—	—
Dining and recreation areas	4	—	—
Soiled workroom	4	Yes	No
Clean workroom	4	—	—
Toilet room	10	Yes	No
Bedpan room if applicable	10	Yes	No
Bathroom	10	Yes	No
Janitor's closet	10	Yes	No
Linen and trash chute rooms	10	Yes	No
Food preparation center	10	Yes	No
Dishwashing area	10	Yes	No
Dietary day storage	2	—	No
Laundry, general	10	Yes	No
Soiled linen sorting and storage	10	Yes	No
Clean linen storage	2	—	—

P = Positive N = Negative 0 = Equal — = Optional

Table 2. Lighting Levels for Intermediate Care Facilities

Area	Footcandles *
Administrative and lobby areas, day	50
Administrative and lobby areas, night	20
Barber and beautician areas, if applicable	50
Corridors and interior ramps	20
Corridor night lighting	3
Dining area and kitchen	30
Doorways	10
Exit stairways and landings	5
Janitor's closet	15
Nurses' station, general, day	50
Nurses' station, general, night	20
Nurses' desk, for charts and records	70
Nurses' medicine cabinet	100
Patient care unit (or room), general	10
Patient care room, reading	30
Recreation area (floor level)	50
Stairways other than exits	30
Toilet and bathing facilities	30
Utility room, general	20
Utility room, work counter	50

* Minimum on task at anytime

W. GRADY STUMBO, Secretary
ADOPTED: July 24, 1980
RECEIVED BY LRC: July 24, 1980 at 4:20 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:057E. Health maintenance organizations.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of health maintenance organizations and the services to be provided by health maintenance organizations.* [This regulation, which relates to the operations and services of Health Maintenance Organizations, 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 organization and operation of Health Maintenance Organizations.

Section 2. Definition: Health Maintenance Organizations; General:
(1) "Health maintenance organization" means any person who undertakes to provide either directly or through agreements with others, health care services to individuals

who have voluntarily enrolled with the organization. Charges for these services are prepaid at a fixed rate on a per capita basis.

(2) "Enrollee" means a person who has been enrolled in a health maintenance organization. The term "subscriber" has the same meaning as "enrollee."

(3) "Health care services" includes all services essential to furnishing primary outpatient or inpatient care as well as all services and goods necessary for preventing, alleviating, curing, or healing illnesses, disabilities, or injuries.

(4) "Persons" includes, but is not limited to, any individual, partnership, association, trust, or corporation.

(5) A "consumer" is an enrollee of the health maintenance organization who does not stand to profit from the nature of his association with the organization. He must not be an employee of the health maintenance organization; nor may he have a financial interest therein.

(6) "Provider" means a licensed individual physician or group of physicians, licensed health facilities or services, and other licensed health professionals who have entered into an agreement with a health maintenance organization for the purpose of providing health services to enrollees.

(7) "Medical group" means a partnership, association, corporation or other entity organized for the delivery of health care.

(8) "Individual practice association" means an individual or group of physicians who have as their primary objective the delivery or arrangements for the delivery of health services and who have entered into a written agreement with a health maintenance organization. Such written service agreements shall provide that the individual practice association shall provide their professional services in accordance to the agreement with the health maintenance organization.

(9) "Evidence of coverage" means any certificate, agreement, or contract issued to an enrollee stating the health care services to which he is entitled.

(10) "In-area" means the geographical area authorized by the Certificate of Need and Licensure Board for the health maintenance organization as its service area in which it provides health services to its members directly through its own resources or through agreements with other providers.

(11) "Out-of-area" means that area outside of the geographical area authorized by the Certificate of Need and Licensure Board for the health maintenance organization as its service area.

(12) "Health manpower" means physicians, dentists, nurses, podiatrists, optometrists, mid-level practitioners, clinical psychologists, social workers, pharmacists, nutritionists, occupational therapists, physical therapists and other professionals engaged in the delivery of health services who are licensed, practice under an institutional license, are certified, or practice under authority of the health maintenance organization, a medical group, individual practice association or other authority consistent with the Kentucky state laws.

(13) "Board" means the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board.

(14) "Department" means the Kentucky Department for Human Resources.

(15) "Commissioner" means the Commissioner of the Kentucky Department of Insurance.

(16) "Primary health care" means services that provide the entry point into the health care delivery system for ambulant persons of all ages. Primary health care emphasizes a preventive health care program and consists of diagnostic and therapeutic services of sufficiently broad scope to accommodate the basic health needs of the enrollee. These services are administered by appropriately licensed members of the health professions in a manner that assures continuity of care.

Section 3. Characteristics of a Health Maintenance Organization: The characteristics of a health maintenance organization include the following: (1) An organization health care delivery system which emphasizes primary health care and includes health manpower and facilities capable of providing or arranging for the health services the health maintenance organization provides.

(2) A managing organization which assures legal, fiscal, public accountability, and a system for assuring quality medical care.

(3) A mechanism for direct advisory input by consumers to the governing authority of the health maintenance organization.

(4) A mechanism for prepayment of health services.

Section 4. Administrative Organization. (1) Governing authority. There shall be a governing authority which assumes full responsibility for the management and operation of the health maintenance organization.

(a) The identity of the person or persons, natural or corporate, in which the ultimate responsibility and authority for the conduct of the health maintenance organization is vested, shall be fully disclosed to the board.

(b) The governing authority shall be responsible for compliance with the applicable laws and regulations of legally authorized agencies.

(c) The governing authority shall have in effect bylaws, articles of incorporation, policies or similar documents that regulate the conduct of the affairs of the organization.

(d) The governing authority shall appoint a full-time administrator.

(2) Consumer input shall be available to the governing authority through one (1) of the following means:

(a) One-third (⅓) of the governing authority's membership shall be consumers of the health maintenance organization.

(b) An advisory council consisting of at least nine (9) consumers of the health maintenance organization will make direct comments to the governing authority concerning those affairs of the organizations that affect the enrollees.

(3) Service delivery and resource requirements. The following shall be demonstrated to the satisfaction of the board:

(a) That the ability of the organization to assure that health services offered are available and accessible to all its members promptly and appropriately and in a manner which assures continuity.

(b) That the health maintenance organization show evidence that coverage and rate schedules have received necessary approvals from the Department of Insurance. This approval will be evidenced by the organization receiving a certificate of authority from the commissioner. This approval is required after receiving a certificate of need and prior to the licensing or relicensing of the organization by the board.

(c) That the health maintenance organization be organized in such a manner that provides procedures for hearing and resolving grievances between the organization (including the staff of the health maintenance organization, medical group, or groups, and the individual practice association) and the enrollees of the organization. Such

procedures will assure that grievances and complaints will be transmitted in a timely manner to appropriate decision making levels within the organization which has authority to take corrective action.

(d) That the health maintenance organizations have organizational agreements to carry out an ongoing quality review program based on written policies and procedures for its health services with reference to the quality, appropriateness, and effectiveness of such services.

(e) That the health maintenance organization provide, or make written agreements for continuing education for its health manpower staff.

(f) That in support of the provision of health services, the health maintenance organization shall offer its enrollees health education services and education in the appropriate use of health services and the contribution each enrollee can make to the maintenance of his own health.

(g) Physician services. Physicians must possess an unlimited license to practice in Kentucky or in the state of their medical practice.

Section 5. Scope of Services; Basic Health Services. (1) A health maintenance organization may offer a comprehensive range of health services, but as a minimum, the following basic services shall be included in the covered benefits plan:

(a) Outpatient services including physician services and primary health care.

(b) Inpatient services.

(c) Instructions to its enrollees on procedures to be followed to secure medically necessary emergency health services to individuals within and outside of the area in question.

(d) Diagnostic laboratory and radiology services in support of basic health services.

(e) Health education services and education in the appropriate use of health services and in the contribution each member can make to the maintenance of his own health.

(2) The following supplemental health services may be provided but are not required in the basic covered benefit plan:

(a) Corrective appliances and artificial aids;

(b) Mental health services;

(c) Cosmetic surgery;

(d) Prescribed drugs and medicines incidental to outpatient care;

(e) Ambulance services;

(f) Treatment for chronic alcoholism and drug addiction;

(g) Care for military service connected disabilities for which the enrollee is legally entitled to services and for which the facilities are reasonably available to this enrollee;

(h) Dental services;

(i) Vision care;

(j) Skilled, intermediate or personal care;

(k) Experimental medical, surgical, or other experimental health care procedures;

(l) Personal or comfort items and private rooms, unless medically necesary during inpatient hospitalization;

(m) Whole blood and blood plasma; and

(n) Home health services.

Section 6. Providers of Service. (1) Basic health services shall be provided or arranged through health manpower who are members of the staff of the health maintenance organization or through medical groups or individual practice associations with which the health maintenance organization has entered into written service agreements. To the extent that basic health services are not covered by such agreements, the health maintenance organization may arrange for their provision by other health manpower as members of its staff who are either directly employed or appointed to its staff through a written agreement for services. Basic health services shall be so provided unless:

(a) The services are unusual or infrequently used services which do not warrant provision through staff of the health maintenance organization, a medical group, or an individual practice association as demonstrated by the health maintenance organization to the satisfaction of the board. The provision of such services not provided through the staff of a health maintenance organization or through individual practice association shall be contracted or arranged for by the health maintenance organization with other providers in the area;

(b) The services are required for a medically necessary emergency and not for reasons of convenience and are provided to an enrollee other than through the health maintenance organization because the enrollee's condition would be jeopardized before he could obtain such services through the health maintenance organization; or

(c) The services are provided as part of inpatient hospital services by employees or staff of a hospital.

(2) Each health maintenance organization shall pay the provider, or reimburse its members for the payment of, reasonable charges for basic health services for which its members have contracted, which are medically necessary emergency services obtained within area or out-of-area other than through the health maintenance organization. Each health maintenance organization shall adopt procedures to review promptly all claims from members for reimbursement for the provision of medically necesary health services, which procedures shall include the determination of the medical necessity for obtaining such services.

(3) Supplemental health services may be provided or arranged for by the health maintenance organization through a medical group, an individual practice association, or other entity.

Section 7. Payment for Basic Health Services. Each health maintenance organization shall provide or arrange for basic health services, and for basic health services payments. All such payments shall conform to the applicable regulations of the commissioner.

Section 8. General Conditions. (1) All services rendered by health maintenance organizations shall be in accordance with applicable laws and regulations relating thereto. When facilities and services are subject to separate licensure, these regulations shall not be construed as obviating the need for such licensure. Any service which the health maintenance organiztion provides by written agreement shall be with duly licensed institutions or practitioners or services where such licensure is required by law.

(2) Within the area served by the health maintenance organization, basic health services and the supplemental health services for which enrollees have contracted shall:

(a) Be provided or arranged for by the health maintenance organization;

(b) Be available and accessible to each of the health maintenance organization's enrollees promptly as appropriate with respect to its geographic location, hours of operation, and provisions for after-hours services (medically necessary emergency services must be available

and accessible twenty-four (24) hours a day, seven (7) days a week) including some provision for evening hours. "Accessible" shall mean that no special type of transportation is required other than public or personal transportation. The location of all services must be accessible from a public road;

(c) Be provided in a manner which assures continuity.

(3) A medical record system which provides current information and assures continuity of patient care including pertinent medical record information from referral sources will be provided.

(a) Medical records exclusive of those records maintained by physicians in their private office shall be made available, when requested, for inspection by duly authorized representatives of the board.

(b) Confidentiality of all enrollee records shall be maintained at all times.

(4) The health maintenance organizations shall provide an effective referral system to assure the continuity of care to enrollees.

(5) Reports:

(a) Each health maintenance organization shall furnish to the board and to the commissioner on forms provided by the commissioner and within ninety (90) days from the end of the organization's fiscal year, a statement under oath covering the preceding year and shall include:

1. A financial statement of the organization including a balance sheet, receipts and disbursements for the preceding year;

2. The number of persons enrolled during the year, the number of enrollees as of the end of the year, the number of enrollments terminated during the year, and such other information relating to the operation of the health maintenance organization as may be prescribed by the commissioner and/or by the board to enable them to evaluate the performance of the health maintenance organization.

(b) Each health maintenance organization shall make the following information available to its enrollees at its principal office and place of business on an annual basis:

1. Its most recent balance sheet and summary of receipts and disbursement; and

2. A current description of its organization structure and operation.

Section 9. Enrollee Bill of Rights. (1) The health maintenance organization shall adopt written policies regarding the rights and responsibilities of enrollees. The enrollee bill of rights shall assure that each enrollee:

(a) Is fully informed of these rights and of all rules and regulations governing enrollee conduct and responsibilities, including a procedure for handling enrollee grievances.

(b) Is fully informed of services made available by the health maintenance organization and of the payments applicable for basic and supplemental services.

(c) Is fully informed of his medical condition unless medically contraindicated (as documented in his medical record) and is afforded the right to be fully informed of his medical treatment and other alternatives if available and to refuse to participate in experimental research.

(d) Is encouraged and assisted to understand and exercise his enrollee rights and to this end may voice grievances and recommend changes in policies and services. The grievances and recommendations will be conveyed, within a reasonable time, to an appropriate decision making level within the organization which has authority to take corrective action.

(e) Is assured confidential treatment of his records and disclosures, and is afforded the opportunity to approve or refuse their release to any individual not involved in his care except as required by law or third-party payment contract.

(f) Is treated with consideration, respect, and with full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs.

Section 10. Revocation of License. The board may revoke the license and/or take other appropriate action if a health maintenance organization has its certificate of authority revoked or suspended by the commissioner.

Section 11. Certificate of Need and Licensure Board. Except in those sections of this regulation which indicate otherwise, the health maintenance organization shall abide by the decisions of the board.

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.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:059E. Primary care center services.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of primary care centers and the services to be provided by primary care centers.* [This regulation, which relates to the operations and services of Primary Care Center Services, 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. A primary care center is a public or private community-oriented organization with permanent facilities that provides the entry point into the health care delivery system to primarily ambulant patients of all ages. A primary care center provides a variety of preventive, diagnostic, and therapeutic services administered by

appropriately licensed or certified members of the health professions to meet usual health care needs in a manner that ensures the continuity of care. All primary care centers shall be characterized as follows. They shall:

(1) Anticipate health care needs of the population they serve;

(2) Facilitate access to diagnosis and treatment in the center and through referral to other health care providers;

(3) Manage those conditions which have been diagnosed and/or treated by the center or other health care providers;

(4) Provide diagnostic and treatment services for all age patients who do not currently require inpatient care, and who may have a variety of medical conditions;

(5) Serve a defined geographic service area which is sixty (60) minutes or less travel time under normal conditions from the primary care center which is accessible by usual transportation and is visible in the community;

(6) Emphasize services for the prevention of illness and improvement of health status;

(7) Have a governing authority legally responsible for the conduct of the operations of the center;

(8) Have linkages with other levels of care;

(9) Assure continuity of care through a health record system;

(10) Provide for two (2) full-time physicians or one (1) or more full-time physicians and one (1) or more full-time registered nurses as defined in Section 6(2) on the staff of the center;

(11) Provide for twenty-four (24) hour emergency medical services seven (7) days a week.

Section 2. Licensure and Certificate of Need. (1) A primary care center, as herein defined, shall not operate without having first obtained a certificate of need from the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board unless it was in operation prior to the effective date of this regulation.

(2) A certificate of need will be required for the addition or discontinuance of each extension service, as defined in this regulation, unless such extension services existed prior to the effective date of this regulation.

(3) The licensee of primary care centers 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.

(4) The license shall be posted in a public area of the facility in plain view of visitors.

Section 3. Organization and Administration. (1) Governing authority: The center shall have a legally established governing authority fully responsible for the overall operation and performance of the center.

(a) The governing authority shall adopt bylaws in accordance with legal requirements and with its community responsibility, identifying the purposes of the center and the means of fulfilling them.

(b) There shall be full disclosure of the center's ownership.

(c) The governing authority shall appoint an administrator who will be a full-time staff member responsible for the twenty-four (24) hour daily operation of the center according to established policies, and for delegating that authority to another full-time staff member during his absence.

(d) The governing authority shall have responsibility for assuring the quality of care rendered in the center, shall provide the appropriate physical resources and personnel required to meet the needs of the patients, shall provide for the control and use of the physical and financial resources of the center, shall participate in planning to meet the health needs of the community, and shall conform to federal and state rules and regulations when applicable.

(e) The governing authority shall establish effective mechanisms to ensure the accountability of the center's medical staff and other personnel to the governing authority, and of the governing authority to the population served by the center.

(2) Advisory body: If the governing authority's sole purpose is not the delivery of primary care services and it is not a body consisting of persons widely representative of the community served (a representative governing authority consists of a majority of members who receive no monies from the center, who reside in the geographic service area and are consumers of the center's services), a representative advisory body to the governing authority shall be established and actively maintained (meeting at least quarterly), for the purpose of effective communication from and to the community at large.

(a) The advisory body shall at least annually review the policy, goals, and objectives of the center, as well as plans for future programs to determine if they are in accord with community health needs. It will make recommendations for changes deemed necessary because of deficiencies either discovered in periodic review or brought to the advisory body's attention by consumers, providers or community groups.

(b) If an advisory body exists, the center will make such known to the community it serves.

(3) Administrative policies: The center shall develop, and maintain on a current basis, written administrative policies covering all aspects of the center's operation, including financial accountability, staffing, assignment of responsibilities, and current operational plan. Such policies shall include:

(a) A description of organizational structure and allocation of responsibility and accountability;

(b) A description of referral linkages with inpatient facilities and other providers;

(c) Policies and procedures for the guidance and control of personnel performances;

(d) Description of services included in the center's program;

(e) A description of the administrative and patient care records and reports.

(4) Financial accountability: Included in the administrative policies required for primary care centers are the following:

(a) An expense and revenue accounting system following generally accepted accounting procedures with at least bimonthly reports submitted to the governing authority.

(b) An annual audit conducted by a certified public accountant selected by the governing authority.

Section 4. Patient Care Policies. (1) The center shall develop and maintain written patient care policies and procedures governing all medical aspects of the center's program.

(a) The patient care policies shall be developed by the staff physician(s) and other professional staff of the center, and shall be approved by the governing authority.

(b) The center shall develop, and maintain a written protocol(s) applying to service provided by the center both for preventive health services as well as for illness and injury.

Written protocols (i.e. standing orders, rules of practice, medical directives) are medical guidelines which explicitly direct the step-by-step collection of subjective and objective data from the patient. The protocols further direct data analysis and recommend explicit medical action depending upon the data collected and also include rationale for each decision made. The protocols are acceptable only when signed by the duly licensed staff physician of the center.

(c) A system will be established, such that, when appropriate, the patient is always cared for by the same health professional or health team, on both an inpatient and an ambulatory basis, to assure continuity of care.

(2) Patient bill of rights: The center shall adopt written policies regarding the rights and responsibilities of patients. These patients' rights policies shall assure that each patient:

(a) Is informed of these rights and of all rules and regulations governing patient conduct and responsibilities, including a procedure for handling patient grievances.

(b) Is informed of services available at the center and of related charges including any charges not covered under Medicare, Medicaid, or other third-party payor arrangements.

(c) Is informed of his medical condition, unless medically contraindicated (as documented in his medical record), and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research.

(d) Is encouraged and assisted to understand and exercise his patient rights; to this end he may voice grievances and recommend changes in policies and services. The grievances and recommendations will be conveyed, within a reasonable time, to an appropriate decision-making level within the organization which has authority to take corrective action, or to the advisory body if it exists (at the option of the patient).

(e) Is assured confidential treatment of his records and disclosures of them and is afforded the opportunity to approve or refuse their release to any individual not involved in his care except as required by Kentucky law or third-party payment contract.

(f) Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in the care of his personal health needs.

Section 5. Services Provided. (1) Basic services: The center shall provide directly (except as noted) at least the following services:

(a) Medical diagnostic and treatment services of sufficiently broad scope to accommodate the basic health needs (including prenatal and postnatal care) of all age groups.

(b) Emergency services in accordance with Section 7:

1. Minor trauma management; services provided to treat lacerations, abrasions, sprains, strains, foreign bodies and other non-life supportive threatening injuries.

2. Acute illness.

(c) Preventive health services of sufficiently broad scope to provide for the usual and expected health needs of persons in all age groups.

(d) Education in the appropriate use of health services and in the contribution each individual can make to the maintenance of his own health.

(e) Chronic illness management. Includes any condition likely to require visits for services for many years.

(f) Laboratory, x-ray and treatment services shall be provided and these services may be arranged through other providers (need not be directly provided by the center).

(2) Supplemental services: The center shall provide additional professional services to complement the basic services provided in the program of the center. At least three (3) of the following services will be provided directly by the center during the scheduled hours of operation. The center shall establish linkages with those supplemental services which currently exist in the service area and which are not provided directly by the center.

(a) Pharmacy: licensed pharmacist;

(b) Dentistry: licensed dentist;

(c) Optometry: licensed optometrist or ophthalmologist;

(d) Midwifery services;

(e) Family planning;

(f) Nutrition;

(g) Social service counseling.

(3) Extension services: The center may provide primary care services on a temporary or regular basis in a location(s) separate from its permanent facility, provided any extension services are set forth in the licensure application and meet Kentucky Certificate of Need law requirements (KRS *216B.010 to 216B.130* [216.405 to 216.485]).

(a) The center shall have written policies and procedures pertaining to all aspects of the extension service, to include but not be limited to patient care (including protocol) and rights, services, medical records, linkage agreements, hours of operation and staffing.

(b) The extension service shall be located within the primary care center's service area.

(c) The governing authority of the center shall be responsible for all aspects of any extension services.

(d) The center's utilization review program shall include any extension services.

(e) A certificate of need will be required for the addition, reduction or relocation of each extension service provided by the primary care center.

(f) Failure of any extension service to meet the requirements of subsection (3) of this section which apply to it will jeopardize the licensure status of the primary care center.

(4) Holding observation accommodations: Utilization of holding-observation accommodations maintained by the center will be allowed within the limitations outlined below:

(a) Utilization of these accommodations will be limited to brief (but not to exceed twenty-four (24) hours) medical observation and/or recuperation in anticipation of transfer to an inpatient facility or to the patient's home.

(b) Decision to hold a patient shall be the responsibility of a physician(s) on the medical staff of the center.

(c) A licensed nurse shall be on duty at the center when a patient is held in the center's accommodations beyond regular scheduled hours.

(d) All procedures relating to the retention of, and the provision of health services to, patients held in the center's accommodations shall be set forth in the center's patient care policies.

Section 6. Primary Care Provider Team. The center shall have at least the following staff of two (2) full-time physicians or one (1) or more full-time physicians and one (1) or more full-time registered nurses as defined in Section 6(2);

(1) Physician: the center shall have a duly-licensed, full-time physician, in active practice, who shall be responsible

for all medical aspects of the center, and who shall perform direct medical services as indicated. If the center has only one (1) full-time physician, it shall have a formal written agreement with another duly-licensed physician(s), engaged in practice within, or reasonably near the locale of the center, who shall be available to perform direct medical services as specified in the agreement. Such physician(s) should be considered as a member(s) of the medical staff of the center.

(a) Physicians employed by or having an agreement with the center to perform direct medical services should be qualified to practice general family medicine. They might include general practitioners, family practitioners, obstetrician/gynecologists, pediatricians, and internists.

(b) Physicians employed by or having an agreement with the center to perform direct medical services should be members of the medical staff of, or hold at least courtesy staff privileges at, one (1) or more hospitals with which the center has a formal transfer agreement.

(2) Nurse: The center shall have at least one (1) registered nurse who works under the supervision of a licensed physician and provides services according to established protocol. (Section 4(1)(b).) This registered nurse shall have completed at least formal nurse practitioner training and/or have completed an approved clinical specialist nurse training (the licensed nurse or the clinical specialist must have completed an approved nurse practitioner program by the first license renewal period).

Section 7. Hours of Operation and Coverage. (1) Scheduled hours of the center's operation shall reasonably accommodate the various segments of the population served. Some provision shall be made for scheduled evening hours and/or weekend hours.

(2) The center shall make emergency services available twenty-four (24) hours per day, seven (7) days per week, either directly or through an alternate service.

(3) A physician shall be on call twenty-four (24) hours per day and available to supportive personnel.

(4) During all hours outside the center's regularly scheduled hours, an appropriate qualified person shall be on duty in the center. If the center has a written working agreement with a local hospital emergency room or another primary care center, after-hours staffing will not be required, provided:

(a) The alternate service is located within thirty (30) minutes, under normal conditions, travel time from the center;

(b) The alternate service is adequately staffed;

(c) The alternate service has a physician on call twenty-four (24) hours per day.

(d) The center maintains at least telephone screening, triage, and referral services for prospective patients to the alternate service during non-scheduled hours.

Section 8. Plan of Care and Medical Records. (1) The center shall establish and periodically update a comprehensive, written plan of care for all patients and/or family units, reflecting staff discussion of all medical nad social information obtained relative to the patient and his family.

(2) The center shall maintain a type of family-centered medical records in identifying all family members (a single patient may be considered a family unit). Medical records shall contain but not be limited to the following:

(a) Medical and social history, including data obtainable from other providers;

(b) Description of each visit and/or contract, to include condition and/or reason necessitating visit and/or contact, assessment, diagnosis, services provided, medications and treatments prescribed, and disposition made;

(c) Reports of all laboratory, X-ray, and other test findings;

(d) Documentation of all referrals made, to include reason for referral, to whom patient was referred, and any information obtained from referral source.

(3) Confidentiality of all patient records shall be maintained at all times.

(4) The center shall have policies providing for the retention and safekeeping of patients' medical records as required by Kentucky law.

(5) The center shall establish systematic procedures to assist in continuity of care where the patient moves to another area, or is referred, or transfers to another source of care, and the center shall, upon proper release, transfer medical records or an abstract thereof.

Section 9. Appointments, Scheduling and Altering System. The appointment and scheduling system will include an altering system which will guarantee the scheduling of all necessary or recommended diagnostic, therapeutic, or preventive procedures and services that the patient shall have. This will take place in such a way as to allow the appropriate staff members and the patient to be automatically notified. Altering will take place for any missed appointments, necessary procedure or service, preventive care and follow-up of any positive findings or for any positive diagnostic test. The record will be reviewed immediately for necessary action if the patient does not appear.

Section 10. Linkage Agreements. (1) The center shall have appropriate linkages through written agreements with providers of other levels of care which may be medically indicated to supplement the services available in the center. This includes linkages in each of the following categories:

(a) Various levels of inpatient services, specifically hospitals, skilled nursing facilities, intermediate care facilities, and personal care facilities;

(b) Other specialized services available in the service area not directly provided as a supplemental service in the center; (See Section 5(3).)

(c) Emergency medical transportation services in the service area;

(d) The mental health/mental retardation program in the service area.

(e) Home health services provided in the service area.

(2) Linkage agreements with inpatient care facilities shall incorporate provisions for appropriate referral and acceptance of patients from the center, provisions for appropriate coordination of discharge planning with center staff, and provisions for the center to receive a copy of the discharge summary for each admission of a center patient.

(3) The written transfer agreements include designation of:

(a) Responsibility for transfer of information;

(b) Responsibility for provision of transportation;

(c) Responsibility for sharing of services, equipment, and personnel;

(d) Responsibility for provision of total care or portions thereof in relation to facility and agency capability.

(4) These linkage requirements shall not be construed as criteria for determining financial liability in the case of provision of services by the center through linkage agreements.

(5) Any center which does not have a linkage agreement with a required health service but which is found by the

survey agency to have attempted in good faith to enter into such a linkage agreement, shall be exempt from the linkage agreement requirement if and for so long as the survey agency finds that it is in the public interest.

(6) The center shall be responsible for necessary follow-up services for patients referred to other levels of care.

Section 11. Outreach Program. In order to anticipate the health needs of the center's service area there shall be an ongoing outreach program which shall be described in writing and shall include:

(1) Methods by which the health needs in the service area are determined.

(2) Methods of evaluating whether health needs are being met.

(3) Projected goals of the center in fulfilling the health needs of the service area.

Section 12. Utilization Review and Medical Audit. In order to determine the appropriateness of the services delivered, the center shall establish medical audit and utilization review of services provided in the center. The center may use professional capabilities and assistance obtainable from other agencies and sources. There will be a written plan for utilization review developed by the center including frequency of reviews and composition of the body conducting the review.

Section 13. Continuing Education. All center personnel shall participate in ongoing educational programs relating to their activities. These programs shall include thorough job orientation for new personnel, regular inservice training programs, emphasizing professional competence and the human relationships necessary for effective health care. Arrangements shall be made for professionals to attend appropriate educational workshops, institutes and seminars as often as possible.

Section 14. Fire and Disaster Plans. The center shall post and make available to all personnel a plan specifying procedures to be followed in case of fire, disaster, or other emergency.

(1) Fire and disaster drills should be conducted at least twice a year and the results documented.

(2) There is an ongoing inservice training program for all personnel covering aspects of fire safety and the disaster plan.

Section 15. Reports. Each center 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.

Section 16. 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.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:065E. Day health care programs.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of day health care programs and the services to be provided by day health care programs.* [This regulation which relates to the operations and services of Day Health Care Programs, 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: Day Health Care Programs. Day health care programs are health related program services for persons of all ages who may be frail, moderately handicapped, slightly confused or have incapacitating chronic conditions, who need organized health care during the day. The term "program" as used in this regulation means a day health care program.

Section 2. Essential Characteristics of Day Health Care Programs. The essential characteristics of day health care programs are as follows: (1) Offers health services under the supervision of qualified health personnel;

(2) Provides, during specified daytime hours, supervision and personal care services to persons who may have physical, mental or social impairment;

(3) Includes a variety of arrangements, depending upon community needs, which may range from offering only a pleasant change of scenery under supervision in a safe and comfortable environment, with some diversion, to programs offering diagnostic and treatment services and a planned, diversified activity program;

(4) Offers one (1) or more hot meals providing no less than one-third (⅓) of the daily nutritional requirement per meal;

(5) Has a plan for providing first aid and arrangements with a physician or hospital in case of accidents or medical emergencies;

(6) When clinically indicated, eases the transition from institutional status to independent living;

(7) Has liaison with the patients' home situation and provides a program which trains people for self care; and

(8) Maintains adequate records for each patient.

Section 3. Licensure. No person(s) shall operate a day health care program without having first obtained a license from the board. All day health care programs shall comply with the provisions of this regulation in order to qualify for a license and the renewal thereof.

Section 4. Organization, Administration and Personnel. (1) Organization:

(a) The day health care program shall comply with all applicable federal, state and local laws and regulations.

(b) There shall be an organized governing body, or a duly designated administrator, with overall legal responsibility for the conduct of the day health care program.

(c) There shall be a full disclosure to the licensure board of the name and address (and any changes) of:

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

(d) The governing body shall establish bylaws in accordance with legal requirements, setting forth the purposes of the program and the means of fulfilling them. Among other things the bylaws shall:

1. Describe qualifications for membership in the governing board;
2. Provide for election or appointment of the members and specify their tenure of office;
3. Provide for regular and special meetings of the governing body;
4. Provide for election or appointment of necessary officers and specify their duties;
5. Describe methods for amending bylaws;
6. Establish quorum requirements; and
7. Require written minutes.

(e) The governing body shall:

1. Appoint an administrator whose qualifications, authorities and duties are defined in writing;
2. Develop, or cause to be developed, basic policies and rules and regulations governing all aspects of the services and programs to be provided;
3. Be responsible for establishing and maintaining high standards of operation; and
4. Provide physical resources and personnel required to meet the needs of the participants and service community.

(2) Administration and management:

(a) The administrator may or may not serve in the capacity of program director, but shall be responsible for satisfactory compliance with applicable state and local laws, rules and regulations. The administrator (or program director) shall have a minimum of two (2) years college, or equivalent training with at least two (2) years of clinical experience, or a degree in a medically oriented profession. In addition the administrator shall:

1. Be the person directly responsible for the daily operation of the premises, or for delegating that responsibility to another qualified individual when his absence is necessary in accordance with established policies;
2. Be responsible for the services required in daily care of patients and for supervision of the personnel who are employed;
3. Be in good physical and mental health and 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 the program;
4. Attend educational programs appropriate to the responsibilities of the position and arrange for other professional personnel to attend appropriate educational programs on supervision and subjects related to personal care, activities, nutrition, and other pertinent subjects as often as possible; and
5. Be responsible for and participate in recruiting, hiring, assigning, and development of staff.

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

1. Serve as a liaison between the governing body and the staff of the facility;
2. Assist the governing body 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 body; and
4. Perform such other duties as may be designated to him by the governing body.

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

1. Carry out the administration of the program in keeping with established policies;
2. Participate in decisions affecting program development such as staffing, budgeting, and patient selection; and
3. Coordinate activities and policies through regularly scheduled meetings of the appropriate staff members.

(d) Reports:

1. Administrative reports shall be established, maintained and utilized as necesary to guide the operation, and reflect the programs of the facility and shall include: minutes of the governing body where applicable; staff meetings; financial records and reports; personnel records; inspection reports; incident investigation reports; and other pertinent reports made in the regular course of the program.
2. Each day health care program shall furnish an annual report to the Department for Human Resouces which shall consist of statistical data on utilization of services, plus other information as requested.

(e) Transfer agreement:

1. The day health care program shall arrange for transportation of patients who require emergency hospital care while at the program and facilitate their admission if they become ill or require emergency care.
2. There shall be an arrangement with a health facility providing emergency care for patients who require such service while in the program.

(3) Personnel:

(a) The day health care program shall employ or offer access to a sufficient number of qualified personnel as may be required to provide the services necessary to fully implement the facility's program.

(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 annually 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 employee's name, address, and social security number.

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

(e) Each employee shall present at time of employment evidence of freedom of communicable disease. An employee diagnosed or suspected of having a com-

municable disease shall not be placed on duty until he presents evidence of freedom from such disease.

(f) All employees shall have a test for tuberculosis prior to employment and annually thereafter.

(g) The staff shall be knowledgeable of all policies and procedures pertinent to their roles within the program.

(h) A planned in-service program shall be provided including: orientation, skill training, and education for all levels of employees on a continuing basis.

(4) Community involvement and relations:

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

(b) Identification of available services and resources, including emergency, transportation, and medical care shall be made in cooperation with other service groups in the community concerned with health and welfare. The program shall have communications with other facilities in the community to facilitate placement of patients at the appropriate levels of care when clinically indicated.

(c) The staff and/or administrator of the program shall be involved in interagency and community planning and activities as it involves the quality of patient care.

(d) If and when the facility conducts or participates in public information programs to promote understanding of the day health care program's 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 legal and ethical methods of publicity, promotion and solicitation of funds. Promotion materials shall not contain portrayals of the disabled as helpless.

2. No use shall be made of any living, deceased or disabled persons'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 own and maintain an individual case record for each patient and shall develop a system of identification and filing to insure a prompt location of each patient's record. Case records shall be maintained in such a manner as to meet all applicable professional, administrative and legal requirements, and shall be treated with confidentiality. They shall be in ink or typed and be legible. Each entry shall be dated and signed and shall include the following: Identification data including: the patient's name, address, and social security number (if available); names, address and telephone number of referral agency; name and telephone number of personal physician; and name, telephone number, and address of next of kin or other responsible person.

(b) A progress record shall be maintained stating patient's goals and shall indicate any changes in patient's condition, action, responses, attitude, appetite, and other changes as noted by staff, and include a discharge summary within one (1) month of patient's discharge from the program.

(c) If the patient has been referred on orders of a physician, the physician shall transmit a dated and signed medical summary and care plan including orders for special diet, contra-indications for specific types of activities, and other special procedures required for the safety and well-being of the patient.

(d) If consultants are involved in the program, they shall make a written report of their findings and recommendations at the time of their visits to be included in the patient's record.

(e) If a patient must take a prescribed medication during the period of time he is in the program, a medication sheet shall be maintained which contains the date, time given, name of medication, dosage, and name of prescribing physician.

(f) A full written report of any incident or accident involving a patient shall be made and signed by the administrator or program director together with the names of any witnesses.

(g) 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 day health care program based upon all relevant factors.

(6) Registry. The program shall maintain a permanent chronological patient registry book showing date of admission, name of patient, and date of discharge.

(7) Equipment. The day health care program shall have appropriate equipment of sufficient quality and quantity to provide the staff and patients with the means for implementing the program as proposed.

(8) Fire control or disaster plan. The program 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. The plan shall be developed with the assistance of qualified fire and safety experts. All personnel shall be trained to perform assigned tasks. Simulated drills testing the effectiveness of the plan shall be conducted involving each shift at least three (3) times a year. The plan shall be posted throughout the facility. Fire extinguishers, alarm signals and exits shall be clearly marked and visible.

(9) Housekeeping and sanitation:

(a) The program shall provide a sanitary environment to avoid sources and transmission of infections.

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

(c) Housekeeping personnel and program participants, using accepted practices and procedures, shall keep the facility free from offensive orders, safety hazards, and accumulations of dirt, rubbish and dust.

(d) Floors shall be cleaned regularly. Polishes on floors shall provide a nonslip finish; throw or scatter rugs shall not be used except for nonslip entrance mats.

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

(f) Deodorizers shall not be used to conceal odors caused by unsanitary conditions or poor housekeeping practices.

(g) Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.

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

(i) The facility shall be maintained free from insects and rodents.

(j) A pest control program shall be in operation in the program's facility. Pest control services may be provided by maintenance personnel of the program or by contract with a pest control company.

(k) Windows and doors shall be appropriately screened.

(l) Harborages and entrances for insects and rodents shall be eliminated.

(m) 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.

Section 5. Services: (1) The following general minimum requirements shall be applicable in all day health care programs and the program shall:

(a) Assure that services provided by external sources shall meet the applicable standards contained herein;

(b) Provide, either on the premises or through arrangements with external sources, clearly identified services that are essential to the effective conduct of its program and the needs of the patients;

(c) Determine the need for any service;

(d) Describe and communicate the type and scope of services to be provided by the facility to the staff, patients and the public;

(e) Establish and follow procedures relating to:

1. Intake;

2. Establishment of the patient's program after thorough evaluation of patient's needs; and

3. Discharge.

(f) Provide for health care to meet the specific health needs of the individual patients when required by:

1. Making arrangements for diagnostic evaluation or treatment in nearby health facilities; or

2. Including in its program regularly scheduled visits by a physician or registered nurse.

(g) Utilize, as needed, if available home care services, home health agencies and social services.

(2) Program:

(a) The day health care program shall include a balanced activity program for all ages served. There shall be a written activity program with activities planned to fill patient needs with sufficient variety for choice including:

1. Recreation and physical exercise;

2. Diversion, games, music, and crafts;

3. Intellectual and educational stimulation, current events, and educational films;

4. Community involvement and socialization which include trips, entertainment from the community, and service to the community; and

5. If the program director is specifically trained and dependent on the patient case load, sensory awareness and reality orientation may be included.

(b) Activities shall be group or individually oriented aimed at participation at all levels of capability, depending on case load.

(c) Patients shall choose and plan, when feasible, a variety of activities that they desire, and the involvement of the staff shall be advisory.

(d) A specific period of the day shall be set aside for rest. There shall be appropriate accommodations for rest if the program is not a part of an inpatient facility which has available beds.

(e) When necessary, depending on case load, there shall be a program of self-care training.

(f) If physical therapy, occupational therapy or any other rehabilitative service is offered, it shall be provided by, and/or supervised by, a qualified professional in that specialty; and

(g) In addition to the provisions of direct services, qualified professional personnel shall be used as consultants to the total program and shall assist with patient evaluation, patient program planning, and in-service education.

(3) Transportation. If transportation of the patient to and from the program is by the day health care program, the following shall apply:

(a) Special provision shall be made for patients who use wheelchairs; and

(b) An escort or assistant to the driver shall be provided when necessary.

(4) Dietary services:

(a) Staffing:

1. A staff member shall be designated responsible for the total food service operation;

2. Participation in planning menus and preparation of food shall be an integral part of the patient's program;

3. Depending on the number and type of patients, and on case load, additional food service personnel shall be available to meet the needs of the patients;

4. Food service personnel shall be in good health, and practice good hygienic food handling techniques and good personal grooming. If they are assigned duties other than food handling, such duties shall not interfere with the time required for regular dietary assignments, sanitation, safety or food handling.

(b) Food preparation and service:

1. Facilities shall be provided for the general dietary needs.

2. The dietary department shall be appropriately located, adequate in size, well lighted, ventilated and maintained.

3. The type, size and layout of equipment shall provide for ease of cleaning, optimal work flow and adequate food production.

4. Foods shall be prepared by appropriate methods to conserve their nutritive value and enhance their flavor and appearance.

5. Foods shall be attractively served at the proper temperatures and in a form to meet individual needs.

6. All patients shall be served in a dining room or in a multi-purpose room.

7. Nutritional needs shall be met in accordance with the current "Recommended Dietary Allowances of the Food and Nutrition Board," National Research Council, and in accordance with physician's orders when patients needs demand a special diet.

8. Food shall be cut, chopped or ground to meet individual needs.

9. If a patient refuses foods served, substitutes shall be offered.

10. Effective equipment shall be provided and procedures established to maintain food at proper temperature during service.

11. Patients requiring help in eating shall be assisted.

12. Adaptive self-help devices shall be provided where required in such a manner as to contribute to the patient's independence in eating.

(c) Food service equipment and utensils:

1. Dishes, glassware, and cooking utensils shall be in good repair.

2. All counters, shelves, tables, and other work surfaces, refrigeration equipment, stoves, mixers, and similar equipment shall be so constructed and located as to be easily and properly cleaned.

3. Unless disposable items are used, dishes, trays, silverware, and cooking utensils shall be thoroughly cleaned and washed in warm water (110 degrees Fahrenheit to 120 degrees Fahrenheit) containing an adequate amount of

an effective soap or detergent to remove grease and solids. The wash water shall be changed as necessary to keep it reasonably clean.

4. The dishes, utensils, etc., shall be disinfected after each use.

5. All garbage and kitchen refuse shall be disposed of through a disposal or deposited in leakproof nonabsorbent containers with tight fitting lids, and shall be disposed of daily in a manner that will not permit transmission of disease, or create a nuisance. All garbage containers shall be kept thoroughly clean.

(d) Maintenance of sanitary condition:

1. Effective procedures for cleaning all equipment and work areas shall be followed consistently to safeguard the health of the patient.

2. A lavatory specifically for handwashing, with hot and cold running water, soap and disposable towels, shall be conveniently located for use by food handlers.

3. The dietary department shall be routinely inspected and approved by state and local health agencies as a food handling establishment. Written reports of the inspection shall be on file with notation made of action taken to comply with recommendations.

4. Dry or staple food items shall be stored at least twelve (12) 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.

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

(6) 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.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:070E. Outpatient clinics and ambulatory care facilities.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the structural specifications for the construction or alteration of outpatient clinics and ambulatory care facilities.* [This regulation, which relates to the operation and services of Outpatient Clinics and Ambulatory 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. Definitions: Outpatient Clinics and Ambulatory Care Facilities. Establishments with organized medical staffs; with permanent facilities, and with medical services to provide diagnosis and treatment for patients who primarily are ambulatory and do not currently require inpatient care, and who have a variety of medical conditions both surgical and non-surgical.

Section 2. Characteristics of Outpatient Clinics and Ambulatory Care Facilities. (1) The institution provides diagnostic or treatment services, or both, for patients who primarily are ambulatory and do not currently require inpatient care, and who have a variety of medical conditions, both surgical and non-surgical.

(2) There are arrangements for transfer of patients in need of inpatient care.

(3) The institution has permanent facilities and maintains regularly scheduled hours during which medical services are provided.

(4) There is a governing authority legally responsible for the conduct of the institution.

(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) There is an organized medical staff to which the governing authority delegates responsibility for maintaining the proper standards of medical care.

(7) Each patient is admitted on the medical authority of, and is under the supervision of, a member of the medical staff.

(8) Registered professional nurse supervision and other nursing services are continuous during the regularly scheduled hours.

(9) A current and complete medical record is maintained for each patient.

(10) Diagnostic x-ray service, with facilities and staff for a variety of procedures, is maintained during the regularly scheduled hours or is regularly and conveniently available.

(11) Clinical laboratory service, with facilities and staff for a variety of tests and procedures, is maintained during the regularly scheduled hours, and anatomical pathology services are regularly and conveniently available.

Section 3. Preparation of Plans and Specifications. (1) Before construction is begun for the erection of new buildings or alterations to existing buildings or any change in facilities, the licensee or applicant shall submit plans to the licensing agency for approval.

(2) Architectural drawings must bear the seal of an architect registered in the Commonwealth of Kentucky and the mechanical and electrical drawings must bear the seal of a professional engineer registered in the Commonwealth of Kentucky.

Section 4. Submission of Plans and Specifications. (1) First stage; schematic plans:

(a) Single line drawings of each floor shall show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room shall be noted. Drawings shall include typical patient room layouts (scaled ¼ inch equals one (1) foot) with dimensions noted. The proposed roads and

walks, service and entrance courts, parking and orientation shall be shown in a plot plan.

(b) If the project is an addition, or is otherwise related to existing buildings on the site, the plans shall show the facilities and general arrangements of those buildings.

(2) Second stage; preliminary plans. Preliminary sketch plans shall include the following:

(a) Architectural:

1. Plans of basement, floors, and roof showing space assignment, sizes, and outline of fixed and movable equipment;

2. All elevations and typical sections;

3. Plot plan showing roads, parking, and sidewalks;

4. Areas and bed capacities by floors.

(b) Mechanical:

1. Single line layout of all duct and piping systems;

2. Riser diagrams for multistory construction;

3. Scale layout of boilers and major associated equipment and central heating, cooling, and ventilating units.

(c) Electrical:

1. Plans showing space assignment, sizes and outlines of fixed equipment such as transformers, main switch and switchboards, and generator sets;

2. Simple riser diagram for multistory building construction, showing arrangement of feeders, subfeeders, bus work, load centers, and branch circuit panels.

(d) Outline specifications:

1. General description of the construction, including interior finishes, types and locations of acoustical material, and special floor covering;

2. Description of the air-conditioning, heating, and ventilation systems and their controls, duct and piping systems; and dietary, laundry, sterilizing and other special equipment;

3. General description of electrical service including voltage, number of feeders, and whether feeders are overhead or underground.

(3) Third stage; contract documents:

(a) Working drawings. Working drawings shall be complete and adequate for bid, contract, and construction purposes. Drawings shall be prepared for each of the following branches of the work: architectural, structural, mechanical, and electrical. They shall include the following:

1. Architectural drawings:

a. Approach plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new building structures, roadways, walks, and parking areas;

b. Plan of each basement, floor and roof;

c. Elevations of each facade;

d. Sections through building;

e. Required scale and full-size details;

f. Schedule of doors, windows, and room finishes;

g. Equipment. Location of all fixed equipment. Layout of typical and special rooms indicating all fixed equipment and major items of movable equipment. Equipment not included in contract shall be so indicated;

h. Conveying systems. Details of construction, machine and control spaces necessary, size and type of equipment, and utility requirements for the following: dumbwaiters: electric, hand, hydraulic; elevators: freight, passenger, patient; loading dock devices; pneumatic tube systems.

2. Structural drawings:

a. Plans for foundations, floors, roofs, and all intermediate levels with sizes, sections, and the relative location of the various structural members;

b. Dimensions of special openings;

c. Details of all special connections, assemblies, and expansion joints.

3. Mechanical drawings:

a. Heating, steam piping, and air-conditioning systems: radiators and steam heated equipment, such as sterilizers, warmers, and steam tables; heating and steam mains and branches with pipe sizes; diagram of heating and steam risers with pipe sizes; sizes, types, and capacities of boilers, furnaces, hot water heaters with stokers, oil burners, or gas burners; pumps, tanks, boiler breeching, and piping and boiler room accessories; air-conditioning systems with required equipment, water and refrigerant piping, and ducts; supply and exhaust ventilation systems with heating/cooling connections and piping; air quantities for all room supply and exhaust ventilating duct openings.

b. Plumbing, drainage, and standpipe systems; size and elevation of: street sewer, house sewer, house drains, street water main, and water service into the building; location and size of soil, waste and water service with connections to house drains, clean-outs, fixtures, and equipment; size and location of hot, cold and circulating branches, and risers from the service entrance, and tanks; riser diagram of all plumbing stacks with vents, water risers, and fixture connections; gas, oxygen, and vacuum systems; standpipe and sprinkler systems where required; all fixtures and equipment that require water and drain connections.

4. Electrical drawings:

a. Electrical service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections if located in the building;

b. Location of main switchboard, power panels, light panels, and equipment. Diagram of feeders and conduits with schedule of feeder breakers or switches;

c. Light outlets, receptacles, switches, power outlets and circuits;

d. Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets, and branch conduits;

e. Nurses' call systems with outlets for beds, duty stations, door signal light, annunciators, and wiring diagrams;

f. Fire alarm system with stations, signal devices, control board, and wiring diagrams;

g. Emergency electrical system with outlets, transfer switch, sources of supply, feeders, and circuits;

h. All other electrically operated systems and equipment.

(b) Specifications. Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanship, finishes and other characteristics of all materials and equipment and shall include:

1. Cover or title sheet;

2. Index;

3. Sections describing materials and workmanship in detail for each class of work;

4. General conditions, which must contain the following requirements: Access to the work. Representatives of the appropriate state agencies will have access at all reasonable times to the work wherever it is in preparation or progress, and the contractor shall provide proper facilities for such access and inspection.

Section 5. Code and Standards. (1) General. Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances, and regulations which are enforced by city, county, or state jurisdictions.

(2) The following codes and standards will apply where applicable:
(a) Current Kentucky standards of safety regulations applicable to ambulatory care facilities.
(b) Current Kentucky plumbing standards regulations applicable to ambulatory care facilities.
(c) Current Kentucky standards for air contaminants for incinerators regulations applicable to ambulatory care facilities.
(d) Current Kentucky standards for elevators regulations applicable to ambulatory care facilities.

Section 6. Facility Requirements and Special Conditions. (1) These regulations, except Section 5 which may be administered independent from these regulations, apply to the construction of new facilities that are being converted to an outpatient clinic or ambulatory care facility. Existing facilities will be expected to make a concerted and demonstrated effort to fully comply with these regulations and must prove to the satisfaction of the board that there are valid, reasonable, and specific justifications for not being in full compliance. The board, however, reserves the right to establish deadlines for compliance to standards of significant importance as determined by the board.
(2) All outpatient facilities shall contain but not be limited to all the elements described herein, or the narrative program shall indicate the manner in which the needed services are to be conveniently available to the outpatient. When services are to be shared or purchased, appropriate modifications or deletions in space and equipment requirements should be made to avoid duplication. Each element provided in the outpatient facility must meet the construction requirements outlined herein as a minimum, with the understanding that in many instances the elements will need to be expanded to fulfill the program requirements.
(3) An outpatient facility is generally located within a hospital setting, but it may be located apart from a hospital if it provides a full range of services of physicians and allied health services personnel as required by the narrative program and if it provides a full range of general and special diagnostic, preventive, and treatment services directly in its own facility or through convenient affiliation, referral, or consultation.
(4) A narrative program for each project shall be provided by the sponsor which describes the functional space requirements, staffing patterns, departmental relationships, and other basic information relating to the fulfillment of the objectives of the institution.

Section 7. Special Considerations. (1) The extent (number and types of rooms) of the diagnostic, clinical, and administrative facilities to be provided will be determined by the services contemplated and the estimated patient load as described in the narrative program.
(2) Where the facility is an integral part of the hospital and is intended to accommodate hospital inpatients as well as outpatients, the applicable standards relating to general hospital facilities shall apply.
(3) The planning of outpatient facilities should provide for the privacy and dignity of the patient during interview, examination, and treatment. The facilities shall be located so that outpatients do not traverse inpatient areas.
(4) Facilities shall be available and accessible to the public, staff, and patients who may be physically handicapped. Special attention should be given to ramps, drinking fountain height, tilted mirrors, etc.
(5) Where an ambulatory care facility is not a part of a hospital building, the facilities listed herein shall be provided unless they are available for convenient use by the patients in an associated health facility.
(6) In the absence of a formal parking study, vehicle parking for outpatient facilities shall be provided at the ratio of three (3) spaces for each doctor plus one (1) space for each staff member. Exceptions may be made for facilities located in areas with a high population density if adequate public parking is available or if the facility is accessible to a public transportation system. On-street parking, if available, may be considered as meeting part of this requirement.

Section 8. Administration Department. (1) Entrance. It shall be located at grade level, sheltered from the effects of inclement weather, and be able to accommodate wheelchairs and stretchers.
(2) Lobby. Shall include:
(a) Wheelchair storage space(s);
(b) Reception and information counter or desk;
(c) Waiting space(s);
(d) Public toilet facilities;
(e) Public telephone(s);
(f) Drinking fountain(s);
(3) Interview space(s). For private interviews relating to social service, credit, admissions, etc.
(4) General or individual office(s). For business transactions, medical and financial records, administrative and professional staffs.
(5) Multipurpose room(s). For conferences, meetings, and health education purposes. Provide visual aids and projection equipment.
(6) Staff lounge. May be omitted in facilities having less than ten (10) full-time employees.
(7) Staff's toilet facilities.
(8) Storage space for employees' personal effects.
(9) Storage facilities for office supplies, sterile supplies, pharmacy, splints and other orthopedic supplies and housekeeping supplies and equipment.

Section 9. Clinical Facilities. (1) General purpose examination room(s) to be used for clinics serving medical, O.B., etc. Examinations shall have a minimum clear floor area of eighty (80) square feet, excluding such other spaces as vestibule, toilet, closet, and work counter (whether fixed or movable). Arrangement shall permit at least thirty (30) inches of clear space at each side and at foot of examination table. Provide lavatory or sink with handwashing facility and counter or shelf space for writing.
(2) Special purpose examination rooms. Provide rooms for special clinic serving eye, dental, and ear, nose and throat examinations. Size determined by types of equipment used but not less than eighty (80) square feet clear floor area, excluding such other spaces as vestibule, toilet, closet, or work counter (whether fixed or movable). Provide work counter and lavatory or sink with handwashing facility.
(3) Treatment room(s) for minor surgical procedures and cast procedures shall have a minimum floor area of 120 square feet, excluding such other spaces as vestibule, toilet, closet and work counter (whether fixed or movable). The minimum room dimension shall be ten (10) feet. Provide a work counter, storage cabinets, and lavatory or sink with handwashing facility.
(4) Observation room(s) for handling isolation, suspect or disturbed patients. In small facilities having an annual patient visit load of 15,000 or less, this room may be omitted and this function may be accommodated in an examination room. It shall be conveniently located to nurses'

station to permit supervision and shall include facilities to prevent patient's hiding, escape, injury or suicide. Direct access to a toilet room shall be provided for each observation room without need for patient to enter corridor.

(5) Facilities for charting and for clinical records. (Nurses' station(s).) Provide counter space, temporary storage, and communication device; these may be located in each examination room and each treatment room.

(6) Drug distribution station. This may be a medicine preparation room or alcove, a self-contained medicine dispensing unit or other approved system. If used, a medicine preparation room or alcove must be located as to be under the nursing staff visual control and shall contain a work counter, refrigerator, and locked storage for biologicals and drugs. A medicine dispensing unit may be located at the nurses' station, in the clean workroom in an alcove or other space under direct control of nursing staff.

(7) A clean workroom or a clean holding room as part of a system for storage and distribution of clean supply materials. The clean workroom shall contain a work counter, handwashing and storage facilities. A clean holding room shall be similar to a clean workroom except that the work counter and handwashing facilities may be omitted.

(8) A soiled workroom or a soiled holding room as part of a system for the collection and disposal of soiled materials. The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture, sink equipped for handwashing, work counter, waste receptacles, and linen receptacle. A soiled holding room shall be similar to the soiled workroom except that the clinical sink and work counter may be omitted.

(9) Sterilizing facilities. An autoclave shall be provided. It may be located in clean workroom or in a separate room.

Section 10. Diagnostic Facilities. (1) Radiology suite. It shall provide equipment for diagnostic purposes but may also include therapeutic equipment. The suite shall contain:

(a) Radiographic room(s). (See Section 12(1)(m) for special requirements.)

(b) Film processing facilities.

(c) Viewing and administration area(s).

(d) Film storage facilities.

(e) Toilet room which is directly accessible from each fluoroscopy room without entering the general corridor area.

(f) Dressing area(s) with convenient access to public toilets.

(2) Laboratory facilities. Facilities shall be provided directly within the outpatient department or through an effective contract arrangement with a nearby hospital or other laboratory service for hematology, clinical chemistry, urinalysis, cytology, and bacteriology. If these facilities are provided through such a contract, then at least the following shall be provided in the outpatient department:

(a) Laboratory work counter(s) with sink, gas and electric service.

(b) Lavatory(ies) with handwashing facility.

(c) Storage cabinet(s) or closet(s).

(d) Specimen collection facilities. Urine collection rooms shall be equipped with a water closet and lavatory. Blood collection facilities shall have space for a chair and work counter.

Section 11. Janitor's Closet(s). This room shall contain a sink and storage for housekeeping supplies and equipment. Provide at least one (1) janitor's closet per floor.

Section 12. Engineering Service and Equipment Areas. The following shall be provided: (1) Room(s) for boilers, mechanical equipment, and electrical equipment.

(2) Storage room for building maintenance supplies and yard equipment.

(3) Locker, toilet and shower room(s).

(4) Refuse storage room. This shall be located convenient to service entrance.

(5) Waste processing service:

(a) Provide space and facilities for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, or removal, or by a combination of these techniques.

(b) If provided, the incinerator shall be in a separate room, in a designated area within the boiler room, or placed outdoors.

(c) Design and construction of incinerators and chutes shall be in accordance with the current Kentucky standards of safety regulations as adopted by the State Fire Marshal's Office.

(d) The design and installation of incinerators must comply with the current Kentucky Standards for air contaminants for incinerators as adopted by the Department for Natural Resources and Environmental Protection.

Section 13. Details and Finishes. All details and finishes shall meet the following requirements: (1) Details:

(a) Minimum public corridor width shall be five (5) feet.

(b) Details relating to exits and other life safety features shall be in accordance with Chapter 13 of the National Fire Protection Association Standard No. 101 as adopted by the State Fire Marshal's Office except that sections 13-1132, 13-1253, 13-1312, 13-1313, 13-132, 13-133, and 13-142 shall not apply.

(c) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum.

(d) All doors to toilets which may be used by patients shall be equipped with hardware which will permit access in any emergency.

(e) The minimum width of doors for patient access to examination and treatment rooms shall be two (2) feet and ten (10) inches.

(f) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type. Openings to showers, baths, toilets, and other small wet-type areas that are not subject to fire hazard are exempt from this requirement.

(g) No doors shall swing into corridors in a manner which might obstruct traffic flow or reduce the required corridor width except doors to spaces such as small closets which are not subject to occupancy. (Large walk-in type closets are considered as occupiable spaces.) Doors between all rooms and corridors (except those exempt from swing-type requirements) shall be of not less than one and three-fourths (1¾) inches thick solid core wood flush doors or thirty (30) minute fire-rated construction except for doors to hazardous areas which are specifically identified elsewhere. Fire door hardware is not required on thirty (30) minute fire-rated doors.

(h) Entrance doors, sidelights, borrowed lights, and windows in which the glazing extends down to within eighteen (18) inches of the floor (thereby creating possibility of ac-

cidential breakage by pedestrian traffic) shall be glazed with safety glass, wire glass or plastic glazing material that will resist breaking or will not create dangerous cutting edges when broken. Similar materials shall be used in wall openings of playrooms and exercise rooms unless required otherwise for fire safety.

(i) Thresholds and expansion joint covers shall be made flush with the floor surface to facilitate use of wheelchairs and carts.

(j) The location and arrangement of handwashing facilities shall permit their proper use and operation. Particular care shall be given to the clearances required for blade-type operating handles.

(k) Paper towel dispensers and waste receptacles shall be provided at all lavatories and sinks used for handwashing.

(l) Dumbwaiters, conveyors and material handling systems shall not open into corrior or exitway but shall open into a room enclosed by construction having a fire resistance of not less than one (1) hour and Class C three-fourths (¾) hour labeled fire doors. Service entrance doors to vertical shafts containing dumbwaiters, conveyors, and material handling systems shall be not less than Class B one and one-half (1½) hour labeled fire doors. Where horizontal systems penetrate fire-rated walls or smoke partitions, the opening thereto must be provided with Class B one and one-half (1½) hour labeled fire door for two (2) hour walls and Class C three-fourths (¾) hour labeled fire door for one (1) hour walls or partitions.

(m) Radiation protection requirements of x-ray and gamma ray installations shall conform with the current Kentucky standards for radiographic and radioisotope equipment and use regulations applicable to outpatient clinics and ambulatory care facilities. Provisions shall be made for testing the completed installation before use and all defects must be corrected before acceptance.

(n) Ceiling heights:

1. Boiler rooms. Not less than two (2) feet and six (6) inches above the main boiler header and connecting piping.

2. Radiographic and other rooms containing ceiling mounted equipment and including those having ceiling mounted surgical light fixtures shall have height required to accommodate the equipment and/or fixtures.

3. All other rooms shall be not less than eight (8) feet high ceilings except that corridors, storage rooms, toilet rooms, and other minor rooms may be not less than seven (7) feet and eight (8) inches. Tracks, rails, pipes, etc., located in the path of normal traffic, shall be not less than six (6) feet and eight (8) inches above the floor.

(o) Rooms containing heat producing equipment (such as boiler or heater rooms) shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature ten (10) degrees Fahrenheit above the ambient room temperature.

(p) Approved fire extinguishers shall be provided throughout the building in accordance with the current Kentucky standards of safety as adopted by the State Fire Marshal's Office.

(2) Finishes:

(a) Cubicle curtains, draperies, etc., shall be non-combustible or rendered flame retardant and shall pass both the large and small scale tests of NFPA Standard No. 701 as adopted by the State Fire Marshal's Office in the Kentucky standards of safety.

(b) Flame spread and smoke developed requirements of finishes are covered under Section 14.

(c) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. In all areas subject to frequent wet cleaning, floor materials shall not be physically affected by germicidal and cleaning solutions. Floors that are subject to traffic while wet, as shower and bath areas and certain work areas, shall have a non-slip surface.

(d) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth, moisture resistant, and easily cleaned.

(e) Wall bases in soiled workrooms and other areas subject to frequent wet cleaning shall be made integral and coved with the floor, tightly sealed within the wall, and constructed without voids that can harbor insects.

(f) Floor and wall penetrations by pipes, ducts, conduits, etc., shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

(g) Acoustical ceilings shall be provided in corridors, multipurpose rooms, and waiting areas.

Section 14. Construction Including Fire-Resistive Requirements. Except as noted below, construction of outpatient facilities shall generally be similar to recognized standards applicable to office occupancies.

(1) Foundations shall rest on natural solid bearing if a satisfactory soil is available at reasonable depths. Proper soil-bearing values shall be established in accordance with recognized standards. If solid bearing is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement, except that one (1) story buildings may rest on a fill designed by a soils engineer. When engineered fill is used, site preparation and placement of fill shall be done under the direct full-time supervision of the soils engineer. The soils engineer shall issue a final report on the grading operation and a certification of compliance with the job specifications. All footings shall extend to a depth not less than one (1) foot below the estimated maximum frost line.

(2) Interior finish materials shall comply with the flame spread limitations and the smoke production limitations shown in Table 1. If a separate underlayment is used with any floor finish materials, the underlayment and the finish material shall be tested as a unit or equivalent provisions taken as to the effect of the underlayment on the flammability characteristics of the floor finish material. Tests shall be performed by an independent testing laboratory.

Table 1. Flame Spread and Smoke Production Limitations on Interior Finishes

	Flame Spread	Smoke Production
Walls and Exitways, storage rooms and areas of unusual fire hazards	ASTM-E84* 0-25	ASTM-E84* 0-250
Ceilings, All other areas	ASTM-E84* 0-75	ASTM-E84* 0-250
All Floors	ASTM-E84* 0-75	ASTM-E84* 0-250

* American Society for Testing and Materials Standard E84-70, filed herein by reference.

(3) Building insulation. Building insulation materials shall be non-combustible. Exposed vapor barriers and coverings on building insulation shall be non-combusible or fire retardant.

(4) Fire safety approval. Prior to final approval of plans and specifications by the state licensure agency, the plans

and specifications must be approved by the State Fire Marshal's Office or their authorized representative.

Section 15. Elevators. (1) General. Elevators shall be required where examination or treatment rooms or diagnostic services are located on other than the main entrance floor. The elevators shall be installed in sufficient quantity, capacity, and speed that the average interval of dispatch time will not exceed one (1) minute, and average peak loading can be accommodated.

(2) Cars and platforms. Elevator cars and platforms shall be constructed of non-combustible material except that fire-retardant treated material may be used if all exterior surfaces of the car are covered with metal. Cars shall have a minimum inside floor dimension of not less than five (5) feet. The car door shall have a clear opening of not less than three (3) feet.

(3) Leveling. Elevators shall have automatic leveling of the two (2) way automatic maintaining type with accuracy within plus or minus one-half (½) inch.

(4) Operation. Elevators (except freight elevators) shall be equipped with two (2) way special service switches to permit cars to bypass all landing button calls and be dispatched directly to any floor.

(5) Field inspection and tests. The contractor shall be required to cause inspections and tests to be made and shall deliver to the owner written certification that the installation meets the requirements set forth in this section.

Section 16. Mechanical Requirements. (1) General:

(a) Prior to completion and acceptance of the facility, all mechancial systems shall be tested, balanced and operated to demonstrate to the owner or his representative that the installation and performance of these systems conform to the requirements of the plans and specifications.

(b) Upon completion of the contract, the owner shall be furnished with a complete set of manufacturers' operating, maintenance, and preventative maintenance instructions, and parts list with numbers and description for each piece of equipment, and provided with instruction in the operational use of systems and equipment as required.

(2) Thermal and acoustical insulation:

(a) Insulate the following within the buildings:

1. Boilers, smoke breeching stacks;
2. Steam and condensate return piping;
3. Hot water piping above 180 degrees Fahrenheit and all hot water heaters, generators, and convertors;
4. Hot water piping operating above 120 degrees Fahrenheit exposed to patient contact;
5. Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point;
6. Water supply and draining piping on which condensation may occur;
7. Air ducts and casings with outside surface temperature below ambient dew point or to maintain the efficiency of the system;
8. Other piping and equipment as necessary to maintain the efficiency of the systems.

(b) Insulation on cold surfaces shall include an exterior vapor barrier.

(c) Insulation including finishes and adhesives on the exterior surfaces of ducts, pipes, and equipment shall have a flame spread rating of twenty-five (25) or less and a smoke developed rating of 150 or less as determined by an independent testing laboratory in accordance with the American Society of Testing and Materials, Standard E84-70, filed herein by reference.

(d) Linings in ducts and equipment shall meet the Erosion Test Method described in Underwriters' Laboratories Publication No. 181. The linings including coatings and adhesives shall have a flame spread rating of twenty-five (25) or less and a smoke developed rating of fifty (50) or less as determined by an independent testing laboratory in accordance with the American Society of Testing and Materials, Standard E84-70, filed herein by reference.

(3) Steam and hot water systems:

(a) Boilers. Boilers shall have the capacity, based upon the published Steel Boiler Institute or Institute of Boiler and Radiator Manufacturers' net ratings to supply the normal requirements of all systems and equipment. The heat source may be an integral part of the facility or from a remote facility.

(b) Valves. Supply and return mains and risers of space heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return end.

(4) Heating, ventilating and filtering systems:

(a) Temperatures. Heating system shall be designed on the basis of seventy-five (75) degress Fahrenheit for all occupied areas as winter design conditions.

(b) Ventilation system details. All air supply and air exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building. The ventilation rates shown in Table 1 shall be considered as minimal acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

1. Outdoor air intakes, other than for individual room units, shall be located as far as practicable but not less than twenty-five (25) feet from the exhaust from any ventilating system, plumbing stack, combustion equipment, or areas that may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes shall be located as high as practicable but not less than three (3) feet above the ground level, or, if installed through the roof, three (3) feet above roof level or parapets.
2. The ventilating systems shall be designed and balanced to provide the general pressure relationships shown in Table 1, and areas not shown shall be balanced.
3. Room supply air inlets, recirculation and exhaust air outlet shall be located not less than three (3) inches above the floor.
4. Central systems shall be equipped with filter or filters with a minimum filtering efficiency of twenty-five (25) percent certified by an independent testing agency.
5. Filter frames, enclosing ductwork and filter segments, shall be sealed or gasketed to provide positive seal against air leakage.
6. A manometer shall be installed across each filter bed serving central air systems.
7. Duct installations, material and duct linings shall meet or exceed the requirements of NFPA Standard No. 90A as adopted by the State Fire Marshal's Office for outpatient clinics and ambulatory care centers.
8. Ducts which penetrate construction intended for x-ray and other ray protection shall not impair the effectiveness of the protection.
9. Laboratory hoods for general use shall have a minimum coverage face velocity of seventy-five (75) feet per minute. Hoods in which infectious or radioactive materials are processed shall have a face velocity of 100 feet per minute and each shall have an independent exhaust system with the fan at the discharge point of the system. Duct systems serving these hoods shall be constructed of corrosion-resistant material. The exhausts from all hoods

in which infectious or radioactive materials are processed shall be equipped with filters having a ninety-nine (99) percent filtering efficiency based on the DOP (dioctyl phthalate) test method and there shall be equipment and/or procedures for the safe removal and replacement of contaminated filters.

(5) Plumbing and other piping systems. All plumbing systems shall be installed in accordance with the current Kentucky plumbing standards regulations applicable to outpatient clinics and ambulatory care centers.

(a) Plumbing fixtures:

1. The material used for plumbing fixtures shall be of non-absorptive acid-resistant material.

2. Lavatories and sinks required in patient care areas shall have the water supply spout mounted so that its discharge point is a minimum distance of five (5) inches above the rim of the fixture. All fixtures used by medical and nursing staff, and all lavatories used by patients shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall not exceed four and one-half (4½) inches in length, except that handles on clinical sinks shall be not less than six (6) inches long.

3. Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(b) Water supply systems:

1. Systems shall be designed to supply water and at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

2. Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

3. Backflow preventers (vacuum breakers) shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached, such as janitors' sinks and bedpan flushing attachments.

4. Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

5. Hot water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water to handwashing facilities and showers shall not exceed 110 degrees Fahrenheit.

(c) Drainage systems. Building sewers shall discharge into a community sewage system. Where such a system is not available, a facility providing sewage treatment which conforms to applicable local and state regulations is required.

(d) Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in trash rooms, bulk storage rooms, attic spaces and crawl spaces used for storage, and any other hazardous area. Storage rooms of less than 100 square feet are excluded from this requirement.

(e) Nonflammable medical gas systems. Nonflammable medical gas systems installation shall be in accordance with requirements of NFPA Standard No. 56-F as adopted by the State Fire Marshal's Office for outpatient clinics and ambulatory care centers.

Section 17. Electrical Requirements. (1) General:

(a) All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriters' Laboratories, Inc., or other similarly established standards.

(b) The project contract shall require testing of all electrical installations and systems and shall show that the equipment is correctly installed and operates as planned or specified.

(2) Switchboard and power panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and distribution panelboards shall be enclosed or guarded to provide a deadfront type of assembly. The main switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(3) Distribution panelboards. Lighting and appliance panelboards shall be located on the same floor as the circuits they serve.

(4) Lighting:

(a) All spaces occupied by people, machinery, and equipment within buildings, the approaches to buildings, and parking lots shall have lighting.

(b) A portable or fixed examintion light shall be provided in each examination and treatment room.

(5) Receptacles (convenience outlets):

(a) Rooms. Duplex grounding type receptacles shall be installed in all areas in sufficient quantities for the tasks to be performed. A minimum of one (1) duplex receptacle for each wall shall be installed in each work area or room other than storage or lockers. Each examination or work table shall have access to a minimum of two (2) duplex receptacles.

(b) Corridors. Duplex receptacles for cleaning equipment and general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends of corridors.

(6) X-ray installations. Fixed and mobile x-ray equipment installations shall conform to the current Kentucky Standards for radiographic and radioisotope equipment and use regulations applicable to outpatient clinics and ambulatory care facilities.

(7) Fire alarms. A manually-operated, electrically supervised, fire alarm system shall be installed in each building except one (1) story buildings having an area less than 5,000 square feet. In multistory buildings or in multibuilding facilities, the signal shall be coded or otherwise arranged to indicate the location of the station operated. Presignal systems will not be permitted. The design and installation of the systems must be approved by the State Fire Marshal's Office. (See Section 5(2).)

(8) Emergency lighting. Automatic emergency lighting to provide safe egress from the building in the event of power failure shall be provided.

Section 18. Table 2—Pressure Relationships and Ventilation of Outpatient Facilities.

Table 2. Pressure Relationships and Ventilation of Certain Areas of Outpatient Facilities

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors
Dental Room	N	2	6	Yes
Treatment Room	N	2	6	—
Laboratory general (1)	N	2	6	—
X-ray & Film Processing	N	2	6	Yes
Clean workroom	P	2	6	—
Soiled workroom	N	2	10	Yes
Waiting room	O	2	6	—
Corridors	O	2	6	—
Examination room	O	2	6	—
Observation	N	2	6	Yes
Janitor's closet	N	—	10	Yes
Soiled storage	N	—	10	Yes
Toilet room	N	—	10	Yes

P = Positive N = Negative O = Equal — = Optional
(1) See Section 16(4)(b) for exceptions.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:075E. Outpatient clinics and ambulatory care services.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of outpatient clinics and ambulatory care facilities and the services to be provided by outpatient clinics and ambulatory care facilities.* [This regulation, which relates to the operations and services of Outpatient Clinics and Ambulatory Care Services, 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. Definiton: Outpatient clinics and ambulatory care services, general: Establishments with organized medical staffs; with permanent facilities, and with medical services to provide diagnosis and treatment for patients who primarily are ambulatory and do not currently require inpatient care, and who have a variety of medical conditions.

Section 2. Essential Characteristics: The essential characteristics and standards for outpatient clinics and ambulatory care services are as follows: (1) The primary function of the institution is to provide diagnostic or treatment services, or both, for patients who primarily are ambulatory and do not currently require inpatient care, and who have a variety of medical conditions.
(2) There are arrangements for transfer of patients in need of inpatient care.
(3) The institution has permanent facilities and maintains regularly scheduled hours during which medical services are provided.
(4) There is a governing authority legally responsible for the conduct of the institution.
(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) There is an organized medical staff to which the governing authority delegates responsibility for maintaining proper standards of medical care.
(7) Each patient is admitted on the medical authority of, and is under the supervision of, a member of the medical staff including the services of a physician.
(8) Registered professional nurse supervision and other nursing services are continuous during the regularly scheduled hours.
(9) A current and complete medical record is maintained for each patient.
(10) Diagnostic x-ray services, with facilities and staff for a variety of procedures, is maintained during the regularly scheduled hours or are regularly and conveniently available.
(11) Clinical laboratory service, with facilities and staff for a variety of tests and procedures, and anatomical pathology services are regularly and conveniently available.

Section 3. Exemptions: Exempt from this regulation are private offices and clinics, offices of physicians and dentists and other practitioners of the healing arts as provided by KRS *216B.020* [216.455(1)].

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
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DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:077E. Group home standards; operations and services.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Ser-*

vices Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of group homes and the services to be provided by group homes. [This regulation, which relates to the operations and services of group living, rehabilitative and habilitative residences for the developmentally disabled, 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. (1) "Group living, rehabilitative and habilitative residences," or group homes as they are designated in this regulation, means a homelike facility established for the stated purpose of serving not less than four (4) nor more than eight (8) developmentally disabled individuals, not adjacent to or part of an institutional campus, operated by a sponsoring agency or individual for individuals who shall participate in community activities and use community resources.

(2) "Developmental disability" means a disability of a person which is attributable to mental retardation, cerebral palsy, epilepsy or autism, or is attributable to any other condition of a person found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of mentally retarded persons or requires treatment and services similar to those required for such persons; or is attributable to dyslexia resulting from a disability described above.

(3) "Normalization principle" means the helping of the developmentally disabled to obtain an existence as close as possible to the norms and patterns of everyday life of their peer group; the use of means that are as culturally normative as possible to elicit and maintain behavior that is as culturally normative as possible.

Section 2. Licenses, Certificates of Need and Reports. (1) No person shall maintain a group home, or provide group home services in a facility so designated, without having first obtained a license from the Certificate of Need and Licensure Board. All group homes shall comply with the provisions of this regulation in order to qualify for a licensing and for the renewal thereof.

(2) Upon submission of a properly completed license application form together with prescribed fee, a group home 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, may be issued a license by the Certificate of Need and Licensure Board.

(3) A group home, as herein defined, shall not operate without first obtaining a certificate of need unless it was in operation prior to the effective date of this regulation.

(4) The license shall be posted in the facility.

(5) Each group home shall furnish an annual report to the Department for Human Resources which shall consist of information requested by the department, on forms supplied by the department.

Section 3. Administration. (1) Each group home, whether under the auspices of a sponsoring agency or private ownership, shall have a specific group of individuals who shall establish policies concerning the operation of the group home and the welfare of the individuals residing in the home. Such group of individuals shall be organized as a governing body or advisory board depending upon the ownership status of the group home. Such a body or board shall meet at least quarterly.

(2) The governing body or advisory board shall be composed of at least three (3) members and shall include representatives from each of the following groups:

(a) Developmental disability representative from regional mental health/mental retardation board,

(b) Parents or guardians of an individual who is developmentally disabled or consumer advocate knowledgeable of the needs of group home residents,

(c) Professionals in the field of developmental disabilities;

(3) The governing body or advisory board shall develop and at least annually review the following:

(a) Written outline of the philosophy, objectives and goals it is striving to achieve. Such outline shall be available for distribution to staff, consumer groups and the interested public.

(b) A manual which includes the operational authority, policies and procedures, describing the current methods, forms, processes and sequence of events being followed to achieve the objectives and goals. The manual shall include the rights of group home residents and policies and procedures to protect the financial interests of the residents.

(4) The governing body or advisory board shall incorporate the "principle of normalization" into its philosophy and shall implement programs consistent with this principle.

(5) The governing body or advisory board shall establish job description and job qualifications for all group home personnel and shall delegate necessary authority for the daily management of the group home program.

(6) The labels applied to the residents and the way these residents are represented to the public shall be appropriate to the purposes and programs of the group home. These terms shall not emphasize mental retardation or deviancy.

(7) The governing body or advisory board shall insure that a program evaluation be conducted annually in accordance with accepted procedures.

Section 4. Personnel. (1) The group home shall employ adequate number of supervisory and direct care personnel to assure that the facility has staff on duty twenty-four (24) hours a day, seven (7) days a week, 365 days a year. Such personnel shall include:

(a) Resident manager shall be responsible for the full-time management of the facility and for implementing programs as delineated. The resident manager is not required to reside in the facility either on a full or part-time basis. The resident manager shall be at least twenty-one (21) years of age, high school graduate or equivalent and be of good character.

(b) In the absence of the resident manager, such manager shall delegate a staff person, similarly qualified, to be on site, at all times, for implementation of the program.

(2) Volunteers may be utilized, however, they shall be used to augment, not substituted for the employment of full or part-time staff.

(3) All personnel shall:

(a) Be advised as to their job responsibilities. Such job responsibilities shall be delineated in writing.

(b) Present at time of employment or within one (1) week of employment evidence of freedom from communicable disease. All personnel shall have a test for tuber-

culosis either prior to or within the first week of employment and annually thereafter.

(4) The facility shall provide regular planned programs of inservice training for the entire staff at least four (4) times a year. Volunteers may participate in such programs.

Section 5. Clinical Services. (1) Admissions committee:

(a) Each facility shall have an admissions committee composed of at least three (3) individuals, the resident manager and two (2) other persons, knowledgeable about the group home.

(b) 1. In determining eligibility for admission to the group home, the admissions committee shall utilize all available evaluations to determine that placement is appropriate for the individual.

2. The admissions committee shall be responsible for all decisions pertaining to resident admissions, transfers and discharges.

3. The admissions committee shall assure that a comprehensive program is established for each resident on an individual basis.

(c) Admissions shall be based upon areas of comparable need for programming. In such instances where the chronological age span of the program participants exceeds five (5) years for individuals twelve (12) years or younger, ten (10) years for individuals aged thirteen (13) to eighteen (18), and twenty (20) years for individuals eighteen (18) years and older adequate written justification demonstrating the appropriateness of the program must be a part of the individual program plan.

(d) Referrals may be from state agencies, community services and private parties.

(e) Upon admission, all residents must be free from communicable disease which is reportable to the health department, except a (non-infectious) tuberculosis patient under continuing medical supervision for his/her tuberculosis disease. Within ninety (90) days prior to or within seven (7) days of admission, all residents must have a physical examination.

(f) For all individuals who are admitted to the group home, the admissions committee shall provide the resident manager with the following information which is to become a part of the resident's record:

1. Persons to contact in case of emergency.
2. Next of kin.
3. Legal competency status.
4. Financial resources.

(2) Program planning:

(a) An individual (intermediate) program plan shall be established for each resident within fourteen (14) days of admission into the facility. Such plan shall address the following:

1. Sensorimotor needs.
2. Communicative needs.
3. Social needs.
4. Emotional needs.
5. Educational needs.
6. Work training needs.

(b) The individual program plan shall outline the responsible parties for meeting each of the above listed needs.

(c) Within thirty (30) days of admission to the facility, a comprehensive program plan shall be established for each resident. The resident's program plan shall be reviewed at least every ninety (90) days. In all cases, whether children or adults, the resident or resident's representatives should participate in the development of the comprehensive program plan.

(d) Each resident's program plan shall be maintained as an integral part of the resident's records.

(3) Availability of services:

(a) The facility shall assure that a comprehensive continuum of services is available as needed by each resident. These services may be provided by the facility or though a written agreement. Facilities must assure that the following components are available:

1. Medical services, including emergency medical services and an annual physical examination. For women, this examination should include gynecological services.
2. Dental services including two (2) visits annually.
3. Psychological and psychiatric services. Such services shall be available as needed according to the resident's program plan.
4. Social services. Such services shall include individual, group and family counseling as appropriate, according to individual needs.
5. Occupational rehabilitative services. Such services shall include vocational counseling, planning and training as appropriate, according to individual needs.
6. Speech therapy and/or audiology services shall be available as needed.
7. Persons of school age shall be included in a free, public and appropriate school program, and in accordance with Public Law 94-142.

(b) The facility shall assure that recreational facilities are available to the residents. Such facilities shall provide the resident with adequate physical fitness and constructive leisure time activities.

(c) Any individual identified as needing developmentally disability service will receive such service in a residential program specifically designed for that purpose. In those instances where the client's needs for services requires placement in a residence whose stated purpose is not serving developmentally disabled individuals, the clinical rationale for acceptance into the residential program shall be stipulated in the intake records and documents.

Section 6. Physical Standards. The ultimate aim of the environment and design of a group home shall be to foster those skills necessary for maximum independence of the resident and enhance the resident's ability to cope with her/her environment. To this end the following shall be required:

(1) General requirements:

(a) The facility shall conform to the life safety code standards adopted by the fire marshal's office relative to group homes.

(b) The group home facility shall meet and comply with applicable standards for accessibility of the handicapped to the facility.

(c) The facility shall 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.

(d) The exterior and interior of the residence shall be kept in good repair and in line with neighborhood standards.

(e) Porches, patios and other outside area of the residence shall be of sound construction with protective railings where necessary.

(2) Location:

(a) The group home shall be conveniently accessible to the services normally required by the residents. The home must be within a neighborhood zoned for residential use.

(b) The facility shall be within a convenient walking

distance (at least within one (1) mile) of public transportation services. In communities where public transportation is not available, the facility shall be located within walking distance (one (1) mile) of all normally required services provided by other community-based agencies or institutions, or furnish documentation that transportation services will be provided to all needed services.

(c) Group homes shall not be located in house trailers or motor homes.

(3) Size:

(a) The residence shall house no more than eight (8) nor less than four (4) residents.

(b) Other than residents, no persons other than the residence's staff and the staff's immediate family may reside in the home.

(c) The residence shall have the style and appearance of neighborhood houses.

(4) Bedrooms:

(a) Bedrooms shall contain no more than two (2) beds.

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

(c) Beds shall be no less than thirty-three (33) inches wide and six (6) feet long.

(d) Bunk beds shall not be used.

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

(f) Closet space and drawer space shall be provided for personal belongings,

(g) Residents shall not be housed 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.

(5) Toilet and bathing facilities:

(a) Appropriate sanitary toilet and bathing facilities shall be conveniently available for resident use.

(b) One (1) toilet, lavatory and shower/tub per six (6) persons residing in the home, including residents and staff, shall be required.

(6) Windows:

(a) Adequate ventilation in all resident use areas shall be maintained. If there is no window in toilet rooms, such rooms shall be vented to the outside.

(b) Each resident bedroom shall have an exterior screened window which can be opened.

(7) Water:

(a) The local health department shall certify that the water supply is safe and sanitary.

(b) The facility shall have an ample supply of hot and cold running water, available at all times for general use.

(8) Lighting. The facility shall have adequate lighting by natural or artificial means in each hall, stairway, entryway, vestibule, resident area, kitchen, and bathroom.

(9) Heating. A heating system which can maintain an even temperature, and capable of maintaining seventy-two (72) degrees Fahrenheit in resident used areas shall be provided.

(10) Common living areas. Adequate common living areas shall be provided in the group home. This shall include separate living, recreational and eating areas, each large enough to accommodate residents and their visitors.

(11) Laundry facilities. Adequate laundry facilities shall be provided except where the programs offered call for a conveniently located laundromat.

(12) Telephone. Telephone service shall be provided to the residents. This service shall be accessible to the residents and shall afford a certain amount of resident privacy.

(13) Resident staff living quarters. Resident staff living quarters shall provide privacy. Resident staff includes house managers.

Section 7. Resident Care and Safety. (1) Dietary:

(a) The group home shall provide at least three (3) meals per day. One or more of these meals may be provided outside the group home depending upon the resident's program plan, but all meals are the financial responsibility of the group home.

(b) Nutrition needs shall be met in accordance with the current recommended dietary allowances of the Food and Nutrition Board of the National Research Council and in accordance with resident dietary restrictions.

(c) A written record shall be kept of all foods served.

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

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

(2) Housekeeping and sanitation:

(a) The facility shall be kept in good repair and shall be kept clean, uncluttered and sanitary at all times. 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.

(b) The facility shall 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, approved by the fire marshal, that will not emit harmful vapors upon exposure to extreme heat, and shall be water tight and rodent proof and shall have tight-fitting covers.

(3) Emergency procedures:

(a) Each facility shall have a fire control and evacuation plan. Such plan must be practiced at least quarterly with all staff participating.

(b) An on-duty staff member shall be designated at all times, to be in charge of evacuation of residents in the event of a fire or other natural disaster.

(c) 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.

(d) A report on all accidents requiring medical treatment of a resident shall be written and one (1) copy kept on file and made available to the advisory board within seven (7) days of the incident. The original shall be sent to the Department for Human Resources, Division for Licensing and Regulation, 275 East Main Street, Frankfort, Kentucky.

(e) Incident reports for minor accidents shall be written, kept on file and made available upon request.

(4) Medications:

(a) All medications administered to residents of the facility shall be upon written orders of a physician. Each dose shall be noted, upon administration, in the resident's record.

(b) All prescriptions and changes in medication must be

recorded after each administration in the resident's individual record.

(c) The facility must comply with all federal and state laws and regulations relating to the procurement, storage, dispensing, administration and disposal of drugs subject to Federal Controlled Substances Act.

(d) All medications shall be kept in a locked cabinet.

(5) Restraints. Physical and chemical restraints shall not be used.

Section 8. Resident Rights. (1) The residents shall be treated in a manner which preserves their feelings of self-worth and human dignity, have visitation rights, the right of privacy and be allowed to worship in the way they choose.

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

(3) Residents shall not be physically punished in any way.

(4) Residents shall be appropriately dressed at all times.

(5) 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.

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

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

(8) Residents shall be allowed free movement within the group home and shall have access to all common living areas.

(9) Residents shall have access to the community.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:080E. Home health agencies.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1)(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: July 24, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of home health agencies and the services to be provided by home health agencies.* [This regulation, which relates to the operations and services of Home Health Agencies, 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: Home Health Agencies, General: An organization with facilities and with qualified staff to provide intermittent medical services, including nursing services and other professional and technical services, required by the treatment, in accordance with the plan of treatment prescribed by a licensed physician, to patients, who have a variety of medical conditions, in their places of residence. The term "home health agency" shall mean a public agency or private organization, or a subdivision of such an agency or organization which:

(1) Is primarily engaged in providing skilled nursing services and other therapeutic services;

(2) Has policies established by a group of professional personnel (associated with the agency or organization) including one (1) or more physicians and one (1) or more registered professional nurses to govern the services which it provides, and provides for the supervision of such services by a physician or registered professional nurse; and

(3) Maintains clinical records on all patients.

Section 2. Primary Functions: The primary functions of the home health agency shall include the provision of skilled nursing services and other therapeutic services on a visting basis in a place of residence used as the individual's home.

Secton 3. Provisions of Services: The agency's bylaws, or the equivalent thereof, shall state explicity that the home health agency shall provide skilled nursing and other therapeutic services directly, or, in the case of a public or voluntary nonprofit health agency, if it provides directly only skilled nursing services or only other therapeutic services that it shall furnish through arrangements with other public or voluntary nonprofit agencies the services which it does not provide directly.

Section 4. Subdivision Operating as Home Health Agency: When a subdivision of an agency (e.g. the home care department of a hospital or the nursing division of a health department) applies for license, the subdivision rather than the parent organization must be licensed as a home health agency and maintain records in such a way that subdivision activities and expenditures attributable to services provided are identifiable. The parent organization may determine who signs the agreement and other official documents, and recieve and disburse funds.

Section 5. Agency Supervision: The home health agency shall designate a physician or registered professional nurse to supervise the agency's performance in providing home health services in accordance with the orders of the physician responsible for the care of the patient and under a plan of treatment established by such physician.

Section 6. Skilled Nursing and One Other Therapeutic Service: In addition to intermittent skilled nursing services, the agency shall provide at least one (1) of the following other therapeutic services, i.e., physical, speech, or occupational therapy, medical social services, or home health aide services. Skilled nursing service shall be provided by or under the supervision of registered professional nurse(s).

Section 7. Definition: Registered Professional Nurse: A registered professional nurse shall be currently licensed by the state as a registered professional nurse and preferably have at least one (1) year of experience as a professional nurse.

Section 8. Part-time or Intermittent Nursing Services: Most patients home health care will require service a few hours a day, several times a week. Some may require longer service on one (1) day than on other days and such adjustments are to be encouraged. Occasionally, because of special circumstances occurring during a brief period, service for a full day may need to be provided.

Section 9. Physical Therapy: When an agency provides or arranges for physical therapy, service shall be given in accordance with a physician's written orders by or under the supervision of a physical therapist meeting the qualifications set out in this section. A physical therapist shall be graduated from physical therapy curriculum approved by the American Physical Therapy Association, and must be licensed in the state of Kentucky.

Section 10. Speech Therapy: When an agency provides or arranges for speech therapy, service in speech pathology or audiology shall be given in accordance with a physician's written orders and by or under the supervision of a speech therapist meeting the qualifications set out in this section. A speech therapist shall be:

(1) Granted a certificate of clinical competence in the appropriate area (speech pathology, or audiology) by the American Speech and Hearing Association; or

(2) Meet the equivalent educational requirements and work experience necessary for such certificate; or

(3) Has completed the academic and practicum requirements for certification and is in the process of accumulating the necessary supervised work experience required for certification; or

(4) As of January 1, 1970, had a basic certificate or provisional basic certification and is in the process of acquiring four (4) years of sponsored professional experience; or

(5) Had a basic certificate or sponsor privilege as of December 31, 1964, did not complete four (4) years of sponsored professional experience before January 1, 1970, but has passed a special examination given by the American Speech and Hearing Association during 1969.

Section 11. Occupational Therapy: When an agency provides or arranges for occupational therapy, services shall be given in accordance with a physician's written order and by or under the supervision of an occupational therapist meeting the qualifications set out in this section. An occupational therapist shall be registered by the American Occupational Therapy Association or a graduate of a program in occupational therapy approved by the Council on Medical Education of the American Medical Association in collaboration with the American Occupational Therapy Association and engaged in the required supervised clinical experience period prerequisite to registration by the American Occupational Therapy Association.

Section 12. Medical Social Services: When an agency provides or arranges for medical social services, they shall be given under direction of a physician by or under the supervision of a medical social worker meeting the qualifications set out in this section. A medical social worker shall be a graduate of a school of social work accredited by the Council on Social Work Education and have had social work experience in a hospital, outpatient clinic medical rehabilitation, medical care or mental health program.

Section 13. Supervision of Therapy Services: When services of aides or other personnel providing supplementary services are utilized in providing home health services, they shall be trained and supervised by appropriate professional personnel. When such supervision is less than full-time, e.g., for a limited number of hours or days each week, the supervision shall be provided on a planned basis and shall be frequent enough to assure adequate review of individual treatment plans and progress.

Section 14. Home Health Aide Services: When an agency provides or arranges for home health aide services, the aides shall be assigned because the physician has specified in his plan of treatment that the patient needs personal care.

Section 15. Selection of Home Health Aides: The selection of each potential home health aide shall take into account the ability to read and write, to understand and carry out directions or instructions, and to record messages and keep simple records. Because home health aides may often be recruited from persons who have had little formal education and no health training, agencies shall establish and maintain specific policies concerning their selection. In addition to the capacities expressed in the condition, recruitment policies and procedures shall take into account:

(1) Emotional and mental maturity, and

(2) Interest in and sympathetic attitude toward caring for the sick at home.

Section 16. Training of Home Health Aides: The home health agency shall determine that home health aides receive or have received a basic training program for home health aides. Home health aide duties shall be assigned by the supervisory registered professional nurse, and shall be essentially, but not limited to, personal care for the patient:

(1) Helping the patient with bath, care of mouth, skin, and hair;

(2) Helping patient to bathroom or in using bedpan;

(3) Helping patient in and out of bed, assisting with ambulation;

(4) Helping patient with prescribed exercises which the patient and home health aide have been taught by appropriate professional personnel;

(5) Assisting with medications, ordinarily self-administered, that have been specifically ordered by a physician;

(6) Performing such incidental household services as are essential to the patient's health care at home; and

(7) Reporting to the professional nurse supervisor changes in the patient's condition or family situation.

Section 17. Supervision of Home Health Aides: The professional nurse supervisor shall provide direct supervision as necessary and be readily available at other times by telephone. The supervisor shall be constantly evaluating the home health aide in terms of the aide's ability to carry out assigned duties, to relate well to the patient, and to work effectively as a member of a team of health workers.

Minimal supervision shall include a home visit at least every two (2) weeks by a member of the professional staff of the home health agency.

Section 18. Establishment and Review of the Plan of Treatment: The home health agency shall have established policies and procedures for assuring that services and items to be provided are specified under a plan of treatment established and regularly reviewed by the physician who is responsible for the care of the patient.

Section 19. Plan of Treatment: The original plan of treatment shall be signed by the physician who is responsible for the care of the patient and incorporated in the record maintained by the agency for the patient. The total plan shall be reviewed by the attending physician, in consultation with agency professional personnel at such intervals as the severity of the patient's illness requires, but in any instance, at least once every two (2) months.

Section 20. Physician's Original Drug Orders and Changes in Orders: The following shall be signed by the physician and incorporated in the patient record maintained by the agency:

(1) Original orders for drugs; and

(2) Changes in orders for the administration of narcotics, those drugs subject to federal and state controlled substances acts, and other legend drugs, i.e. requiring prescriptions. Changes in drug orders shall be signed by the physician subsequent to documentation of the order change by the registered professional nurse.

Section 21. Clinical Records. The home health agency shall maintain for each patient a clinical record which covers the services the agency provides directly and those provided through arrangements with another agency; and which contains pertinent past and current medical nursing, social, and other therapeutic information, including the plan of treatment.

Section 22. Services Arranged for With Another Licensed Provider: When a home health agency makes arrangements for the provision of home health services by another agency which is a licensed provider of services, there shall be a written agreement which includes the following:

(1) Designates the services which are being arranged for. Services provided are to be within the scope and limitations set forth in the plan of treatment. Such services may be altered upon the specific orders of the initiating home health agency issued as a result of a change made by the physician in the patient's plan of treatment;

(2) Describes how the contracted personnel, where applicable, are to be supervised; and

(3) Provides for the recording of the progress notes and observations of the contracted personnel in the initiating home health agency records for purposes of planning and evaluating patient care.

Section 23. Services Arranged for With a Non-Licensed Provider: When a home health agency arranges for services with an agency that is not a licensed provider of services, a contract shall be written. The contract shall include all of the following points:

(1) Designates the services which are being arranged for;

(2) Specifies the period of time the contract is to be in effect (if for a specified time) and how frequently it is to be reviewed (preferably, the contract should be reviewed and renewed yearly);

(3) Describes how the contracted personnel are to be supervised;

(4) States that home health services provided to the patient are in accordance with a plan established by the patient's physician in conjunction with home health agency staff and, when appropriate, others involved in the patient's care (services provided are to be within the scope and limitations set forth in the plan and may not be altered in type, scope, or duration by the secondary agency); and

(5) Assures that personnel and services contracted for meet the same requirements as those specified for home health agency personnel and services, including personnel qualifications, functions, supervision, orientation and in-service training.

Section 24. Advisory Group of Professional Personnel: Policies covering skilled nursing and other therapeutic services, and the professional health aspects of other policies shall be established with the approval of and subject to regular review by a group of professional personnel associated with the agency or organization, including one (1) or more licensed physicians and one (1) or more registered professional nurses. This group may be an advisory committee to the agency's executive council or board of directors, a subcommittee of such council or board, or other similar arrangement. One (1) or more members of the professional group are persons not employed by the agency. It is desirable for the group to include lay persons knowledgeable in health affairs and in the need and resources of the community served by the agency, and also to have a wide range of professional representatives such as medical social worker, nutritionist, speech, physical, and occupational therapists.

Section 25. Personnel Policies: The agency shall have written policies concerning qualifications, resonsibilities, and conditions of employment for each type of personnel (including licensure where this is required by state law). The policies shall be written and available to staff as well as to the group of professional personnel and cover:

(1) Wage scales, hours of work, vacation and sick leave;

(2) A plan for pre-employment and periodic medical examination, tuberculin test and/or chest x-ray, serology, and other appropriate tests;

(3) Plans for orientation and for on-the-job training, where necessary;

(4) Periodic evaluation of employee performance; and

(5) Job descriptions for each category of health personnel which are specific and include the type of activity each may carry out.

Section 26. Acceptance of Patients: The home health agency shall have written policies to be followed in making decisions on the desirability and practicality of accepting patients for care. Such decisions are based on medical, nursing and social information provided by the physician responsible for the patient's care, by institutional personnel and by staff of the home health agency.

Section 27. Evaluation: The agency shall have procedures which provide for systematic evaluation of its program at least once every two (2) years. The method of program evaluation shall be:

(1) There are measures to determine whether the policies established with the approval of the group of professional

personnel are followed in providing services. These shall incude a review of patient records on a sample basis in order to determine that services are being used appropriately and the extent to which the needs of the patients the agency serves are being met both quantitatively and qualitatively;

(2) There shall be a mechanism for reviewing overall management aspects of its service to assure economy and efficiency of operation; and

(3) Agency staff and/or its professional group may conduct the evaluation itself. Alternatively, the agency may seek the advice of persons or organizations outside the agency.

W. GRADY STUMBO, Secretary
ADOPTED: July 24, 1980
RECEIVED BY LRC: July 24, 1980 at 4:20 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:085. Special services for mentally retarded and developmentally disabled.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)] 222.210
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of special services for the mentally retarded/developmentally retarded disabled and the services to be provided by special services for the mentally retarded/developmentally disabled.* [This regulation, which relates to the operations and services of Special Services for the Mentally Retarded/Developmentally Disabled, is being promulgated pursuant to the mandate of KRS 216.245(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 special services for the mentally retarded and developmentally disabled rendered in an intermediate care facility licensed by the Health Facilities and Health Services Certificate of Need and Licensure Board. Compliance with 902 KAR 20:050, Section 4, except subsections (11) and (14)(a), as well as Sections 5, 6, 7, and 9 must be met.

Section 2. Definitions. (1) Special intermediate care facilities for MR/DD are establishments which provide services for the mentally retarded and developmentally disabled and are defined as any public or private residential facility which provides on a regular basis health related care and services to individuals 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 at the level of intermediate care. The facility must meet the licensure requirements of an intermediate care facility pursuant to KRS *216B.040* [216.485].

(2) Special intermediate care of the mentally retarded and the developmentally disabled is defined as a distinct category of care which is provided by mental retardation specialists and other health professionals in the treatment of MR/DD of all ages whose needs for emotional, physical, educational, and habilitative services are above the personal care level, but who do not require skilled nursing or acute care.

(a) Within the MR/DD category of care the classifications shall be as follows:

1. Class I intermediate care: Type M medical/nursing. Patients in this group are severely physically handicapped. This group requires the greatest concentration of professional staffing due to the complex problems in the group.

2. Class II intermediate care: Type M medical/constructive. Patients in this group may be autistic and/or have acting-out behavior problems. The patients would not necessarily require organized group training programs but would require individualized therapy.

3. Class III intermediate care: Type S social/habilitative. Patients in this group are functioning at the lower level of mental retardation and/or overall adaptive behavior with few socially inappropriate behavioral problems or physical disabilities. Training efforts are directed to the development of self help skills and basic social behaviors.

4. Class IV intermediate care: Type S social/prevocational. Patients in this group are generally functioning in the middle and upper levels of mental retardation and/or overall adaptive behavior. Training efforts and program objectives are aimed at preparing the patients for vocational training and/or sheltered employment.

(b) Active treatment for purposes of these regulations means: daily participation, in accordance with an individual plan of care and service, in activities, experiences, or therapies which are part of a professionally developed and supervised program of health, social and/or habilitative services offered by or procured by contract or other written agreement by the institution for its patients.

(c) Board refers to the Health Facilities and Health Services Certificate of Need and Licensure Board.

(d) Developmental disability means a disability which is attributable to:

1. Mental retardation, cerebral palsy, or epilepsy; or

2. Is attributable to other neurological conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded persons;

3. Originated before the individual attained age eighteen (18) and has continued or can be expected to continue indefinitely; and

4. Constitutes a substantial handicap to the individual.

(e) Distinct part. An entire, physically identifiable unit consisting of all of the beds within that unit and for facilities meeting the standards applicable to the levels of service to be provided. Staff and service for a distinct part are established as set forth in the respective regulations concerning the levels of service approved for the distinct part.

(f) Intermediate care facilities. Type M (medical): A home or establishment, or a distinct part of a home or

establishment, however named, which is advertised, offered, maintained or operated for the purpose of providing patient accommodations for occupants needing institutional care, providing nursing and medical supervision and service less than the degree of care provided in a skilled nursing facility and more than the degree of care provided in an intermediate care facility, Type S. This type of facility has a registered nurse or a licensed practical nurse employed each day on the day shift with a registered nurse supervising nursing care.

(g) Intermediate care facilities. Type S (social): A home or establishment or a distinct part of a home or establishment, however named, which is advertised, offered, maintained or operated for the purpose of providing accommodations for occupants needing institutional care and supervision of a degree less than that found in an intermediate care facility, Type M and greater degree than found in a personal care home. This type of facility is not required to have a registered nurse or licensed practical nurse employed but shall have employed a person(s) capable of providing socialization and/or habilitation programs.

(h) Licensed practical nurse (LPN): A person with a valid current Kentucky license to practice as a practical nurse.

(i) Medical care shall mean services provided by a physician (see definition of physician) including: physical examination and diagnosis; orders for treatment, medications, diets, and associated services; emergency care; periodic supervision and review; and determination of appropriateness of care and placement.

(j) MR refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period. The upper limit of retardation in measured intelligence is set at two (2) standard deviations below the mean.

(k) Normalization principle is the principle of letting the mentally retarded and developmentally disabled obtain an existence as close to the normal as possible, making available to them "patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society." (Nirge, B. The Normalization Principle and Its Human Management Implications, R. B. Kugel and W. Wolfensberger (Eds.), Changing Patterns in Residential Services for the Mentally Retarded. Washington, D.C. President's Committee on Mental Retardation, 1969.) Specifically, "the use of means that are as culturally normative as possible to elicit and maintain behavior that is as culturally normative as possible."

(l) Nursing care: A complex of activities which carries out the diagnostic, therapeutic, and rehabilitative plan as prescribed by the physician; care for the patient's environment; observing symptoms and reactions and taking necessary measures to carry out nursing procedures involving understanding of cause and effect in order to safeguard life and health.

(m) Patient/resident of an intermediate care facility for the mentally retarded or developmentally disabled is an individual who has been disabled prior to the date of publication of these regulations, or after that date in accordance with the requirement of this regulation, and is receiving room, board, and a planned program of active treatment and training, care and supervision on a continuous twenty-four (24) hour a day basis.

(n) "Posey vests:" A trade name for a safety device used to restrain a patient in a chair in a sitting position.

(o) Qualified mental retardation or developmental disability personnel means:

1. A physician licensed under state law to practice medicine or osteopathy and with specialized training or one (1) year of experience in treating the mentally retarded; and/or developmentally disabled.
2. A psychologist with a doctoral or master's degree from an accredited program and with specialized training or one (1) year of experience in treating the mentally retarded; and/or developmentally disabled.
3. An educator with at least a bachelor's degree and with specialized training or one (1) year of experience in working with the mentally retarded; and/or developmentally disabled.
4. A social worker with at least a bachelor's degree from an accredited program and with specialized training or one (1) year of experience in working with the mentally retarded; and/or developmentally disabled.
5. A physical or occupational therapist who is a graduate of a program of physical or occupational therapy approved by the Council on Medical Education of the American Medical Association, and/or where applicable is licensed in the state, and who has specialized training or one (1) year of experience in treating the mentally retarded; and/or developmentally disabled.
6. A speech pathologist or audiologist who has been granted a certificate of clinical competence in the American Speech and Hearing Association or who has completed the equivalent educational and experimental requirements for such a certificate and has specialized training or one (1) year of experience in training the mentally retarded; and/or developmentally disabled.
7. A registered nurse who has specialized training or one (1) year of experience in treating the mentally retarded; and/or developmentally disabled.
8. A health services supervisor can be a registered nurse or a practical (or vocational) nurse who is currently licensed in the state, who has had training that includes either graduation from a state approved school of practical nursing or education and other training that is considered by the state authority responsible for the licensing of practical nurses to provide a background that is equivalent from a state approved school of practical nursing, or who has successfully completed public health service examination for waivered licensed practical nurses and who is employed full-time (exclusive of all other duties) on the day shift.
9. Recreation specialist is a person who is trained and educated in utilizing recreation to modify, ameliorate, or reinforce physical, emotional, or social behaviors.

(p) Registered nurse: A person with a valid current registration to practice in Kentucky as a registered professional nurse.

(q) Restorative nursing care: A health care process designed to assist patients to attain and maintain the highest degree of function for which they are capable (physical, mental, and social).

(r) Restraint: The application of a device to limit movements.

(s) Safety device: Any equipment or protective device used on a bed, chair, or patient which prevents him from falling or otherwise injuring himself. Examples are: bedside rails, geriatric chairs, a six (6) inch wide band, vest or sheet applied to prevent falling out of a bed or chair, and hand socks applied to prevent one's injuring one's self. A safety device used in this manner is considered restraint of the patient.

(t) Seclusion: The retention of a patient in a locked room.

Section 3. Essential Characteristics: The MR/DD services may be included as a separate distinct part of another licensed facility as long as that facility has the following essential characteristics: The essential characteristics of special services for the MR/DD are the same as those for any intermediate care facility, and have been stated in 902 KAR 20:050. Section 1, with the following additions:

(1) Special programs designed with the goal of attainment of maximum intellectual, physical and social growth capacity through the normalization principle.

(2) There is an interdisciplinary team for evaluating the residents' needs, planning an individualized program to meet identified needs, and periodically reviewing and revising the program, which shall consist of persons drawn from such of the professions, disciplines, or service areas as are relevant in each particular case.

Section 4. Minimum Standards of Operation (Additional for MR/DD): (1) Personnel and staffing:

(a) The size and content of the MR/DD program shall determine the number and qualifications of staff required.

(b) Staff to patient ratios: The ranges of staff to patient ratios which follow relate the Classes I through IV of categories of care for the mentally retarded and developmentally disabled as defined in Section 2, unless the program needs justify otherwise as determined by the board. The number of staff shall include all employees who provide direct patient care on the basis of twenty-four (24) hour, seven (7) day coverage, including holidays, sick leave, annual leave and also includes part-time employees.

1. Class I Medical/Nursing: 1 to 2.
2. Class II Medical/Constructive: 1 to 2.
3. Class III Social/Habilitative: 1 to 2.5.
4. Class IV Social/Prevocational: 1 to 5.

(c) The program staff shall possess the qualities and skill required to work with the mentally retarded and developmentally disabled. Professional training is desirable, but not essential in all instances.

1. Responsibilities shall be assigned within each service in accordance with staff qualifications;

2. Appropriate professional directions and consultation shall be provided and shall be readily available within each service.

(d) There shall be a qualified mental retardation professional who is responsible for supervising the integration of the various aspects of the facility's programs for each patient, recording each patient's progress and initiating periodic review of each individual plan of care and service for necessary modifications or adjustments.

(e) A staff development program appropriate to the nature and size of the facility shall be designed to maintain and improve the skills of the personnel providing services. These shall include, but not be limited to, the following methods:

1. An inservice educational program shall be conducted for the development and improvement of skills of the facility's personnel, including training relating to the problems and needs of the mentally retarded and developmentally disabled. Records shall be kept which indicate the content of, and participation in, staff development programs. The inservice training may be accomplished through contract of affiliation with a qualified training agency.
2. Regular staff meetings;
3. Participation in interdisciplinary meetings;
4. Providing for staff participation at professional conferences, workshops, and siminars;
5. Consultation with specialists;
6. Interfacility awareness and contact.

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

(c) A complete medical evaluation to include social, physical, emotional, and cognitive factors shall be made of the person desiring or requiring institutionalization prior to, but not to exceed three (3) months before admission. This shall be the responsibility of the family or guardian of the person requiring care. If no family member assumes responsiblity, and the Commonwealth as guardian is far removed from the individual's community, an attempt shall be made by the Commonwealth to appoint a committee of persons in that community to assume legal guardianship of the patient while that patient is receiving care.

(d) Medical reevaluation at least annually shall be made by the patient's physician, a physician provided by a community service, or a registered visiting nurse, according to the resources of the community and the apparent needs of the patient receiving intermediate care. Formal arrangements shall be made to provide for medical emergencies on a twenty-four (24) hour, seven (7) days a week basis. This shall be the responsibility of the facility providing care.

(3) Patient care and safety:

(a) There shall be a signed order by a physician or his designee, which must be a licensed health professional, for any physical restraints. This order shall state the number of minutes or hours for restraint prescribed.

(b) Orders for restraints shall be for no longer than one (1) shift. On shift change, order must be reinstated.

(c) Restraints shall be checked at least every half hour and released at least ten (10) minutes every two (2) hours. These checks and restraints releases shall be recorded in the patient's record as they are completed. Physical restraints are defined as: any mechanical device which is designed or used specifically to impede the normal movement of a patient or to confine a patient in a restricted area.

(d) Chemical restraints shall not be used as punishment, for the convenience of the staff, as a substitute for programs, or in quantities that interfere with the patient's habilitation.

(e) Behavior modification programs, involving the use of punishment, noxious or aversive stimulation or time out procedure, shall:

1. Be governed by written policies and shall be reviewed periodically by a professional committee of the facility staff;
2. Be conducted only with the approval of the affected patient's parents or surrogates;
3. Be described in each individual patient's medical record.

Section 5. Services; General: The professional interdisciplinary team shall see that the health needs of patients are met and that plans for each patient shall include treatments, medications, diet and other program services. All activities for MR/DD shall reflect adherence to the normalization principle (see definitions) for the MR/DD. The treatment and training program shall assure the following:

(1) All professional personnel necessary to provide pro-

fessional programs and services in accordance with the needs of the patients;

(2) Health services staff to assure that each patient receives treatments, medications, diet, and other health services as prescribed and planned, all hours of each day and all days of each week and in the presence of minor illness and for temporary periods, bedside care under the direction of the patient's physician is provided by or supervised by a registered nurse or licensed practical nurse; and that responsible staff member is on duty at all times who is immediately accessible, to whom residents can report injuries, symptoms of illness, and emergencies;

(3) Has written procedures for personnel to follow in an emergency including care of the resident, notification of the attending physician and other persons responsible for the resident, arrangements for transportation, for hospitalization or other appropriate services;

(4) Maintains a written account of all personal possessions and funds received by or deposited with the facility on a current basis for each resident with written receipts for all expenditures and disbursements made in behalf of the resident;

(5) A plan of care and services which is developed for each resident by an appropriate interdisciplinary professional team. The over-all objective of the plan is to assist the individual to attain or maintain the optimal physical, intellectual, social, and/or vocational functioning of which he is presently or potentially capable;

(6) An assigned staff member (full-time, if appropriate and necessary) who is a qualified mental retardation and/or developmental disability professional (see definitions) responsible for supervising the implementation of each resident's individual plan of care and service, integrating the various aspects of the institution's programs, recording each resident's progress and initiating periodic review of each individual plan of care and service for necessary modifications or adjustments;

(7) Written policies developed and implemented to prohibit mistreatment, neglect, or abuse of residents, protect them from exploitation, and provide for the registration of resident's complaints without threat of discharge or other reprisal;

(8) Organized, professionally designed and supervised training services provided for residents, regardless of age, level of functioning, or accompanying handicaps. These services shall include individualized planned programs for the development of the resident's intellectual, sensorimotor, and affective skills. Available education resources shall be utilized for residents upon the recommendation of the interdisciplinary team;

(a) Training programs shall be operated under the supervision of a qualified MR/DD professional.

(b) Individualized training plans shall be part of the resident's record and shall be reviewed and updated as necessary.

(c) A full range of training materials shall be available in the facility for the use of residents in meeting their planned training objectives.

(9) Community awareness and involvement both within the facility and within the service community to the appropriate level of patient participation possible;

(10) Provision by the source providing the service, either the facility or the service contractee, for adequate materials, supplies, and equipment and appropriate conditions for evaluation, education and training; and

(11) Review and evaluation of individual patient treatment and training programs as needed, or minimally every six (6) months, by the interdisciplinary professional team. There shall be written reports of this review.

Section 6. Social Services: (1) The social worker on the staff of the intermediate care facility, providing services for the mentally retarded and developmentally disabled shall be a qualified social worker (see definition section), and shall be a qualified mental retardation professional.

(2) Social services shall be available either on staff or by formal arrangement with community resources for all patients and their families, including evaluation and counseling with referral to, and use of, other planning for community placement, discharge and follow up services rendered by or under the supervision of a social worker.

Section 7. Dental Services: (1) Comprehensive dental services shall be provided and if not available within the facility, arrangements with specialists in the dental field will be made for such service.

(a) Appropriate dental services shall be provided through personal contact with all residents by dentists, dental hygienists, and dental assistants under supervision of the dentist, health educators, and oral hygiene aides according to their availability and to the scope of the MR/DD program.

(b) A dental professional shall participate, as appropriate, on the interdisciplinary team serving the facility.

(c) There shall be sufficient supporting personnel, equipment, and facilities available to the dental professional if dental services delivered are within the facility.

(2) Dental records shall be a part of each patient's record.

(3) A dentist shall be responsible for insuring that direct care staff are instructed in the proper use of oral hygiene methods for patients.

Section 8. Nursing Service: Due to the wide range of nursing needs in the various levels of mental retardation it is recognized that the nursing program must, of necessity, be adjustable to meet a gradation of patient needs at any given point in time.

(1) The intermediate care facility rendering services to the MR/DD shall provide nursing service which is sufficient to meet the nursing needs of all patients as required during any twenty-four (24) hour period.

(2) The director of nursing shall be a registered nurse or a licensed practical nurse depending upon the scope and complexity of the nursing program with orientation and/or special knowledge of the MR/DD.

(3) If the director of nursing is not a registered nurse, there shall be a written policy stating the method whereby this service is provided through formal contract at regular intervals of not less than four (4) hours weekly for the care of minor illnesses, injuries or emergencies and consultation on the health aspects of the individual plan of care and service.

Section 9. Occupational Therapy: (1) Occupational therapy shall be provided to patients as required by the patient's needs.

(2) The occupational therapist shall act upon the program designed by the professional interdisciplinary team of which the therapist is a member.

Section 10. Physical Therapy: (1) Physical therapy shall be provided to patients as required by the patient's needs.

(2) The physical therapist shall act upon the program

designed by the professional interdisciplinary team of which the therapist is a member.

Section 11. Psychological Services: Psychological services as needed shall be provided by a qualified mental retardation/developmental disability professional and shall include participation in the evaluation and periodic review, individual treatment, and consultation and training services to program staff as a member of the interdisciplinary team.

Section 12. Speech Pathology and Audiology Services: The facility shall provide speech pathology and audiology services as needed to maximize the communication skills of residents needing such services. These services shall be provided by, or under the supervision of, a certified speech pathologist or audiologist who is a qualified mental retardation or developmental disability professional who is a member of the interdisciplinary team.

Section 13. Activities and Recreation Therapist. (1) Qualified therapeutic recreation specialists shall plan the total activity program with the consultation of the interdisciplinary MR/DD team.

(2) When a recreation specialist is not available, a person shall be employed who has some experience in this program area who shall be under the supervision of an occupational therapist, or shall receive consultation from a qualified therapeutic recreator who shall visit the facility on a regular monthly basis.

Section 14. 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.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:090E. Community mental health-mental retardation center services.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of community mental health-mental retardation center services and the services to be provided by community mental health-mental retardation center services.* [This regulation, which relates to the operations and services of Community Mental Health—Mental Retardation Centers, 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: Community Mental Health Centers—General: (1) A community mental health center shall be a facility which will provide a comprehensive range of accessbile, coordinated mental health services including direct patient services and indirect mental health services, to the patients of a designated area. The following services shall be provided by the center:
(a) Emergency services;
(b) Outpatient services;
(c) Partial hospitalization;
(d) Inpatient services; and
(e) Consultation and education services.
(2) The center functions as one administrative entity, however, it may contract for hospital beds or other services.

Section 2. Administrative Management: The community mental health center shall have an effective governing body legally responsible for the conduct of the center, which designates an administrator and establishes administrative policies. The governing body shall appoint a full-time administrator who is qualified by training and experience, and delegate to him the internal operation of the facility in accordance with established policies. The community mental health center shall have an administrtive structure which is an identifiable unified entity. The program director or administrator shall be a mental health professional from one (1) of the clinical disciplines (psychiatrist, psychologist, social worker, or nurse). The program director shall be responsible for all services whether provided by the center or affiliates. The program director shall be responsible for the evaluation of services provided by affiliates, and the termination of affiliation contracts if the affiliate is unwilling or unable to provide the quality, quantity or types of services for center patients which are necessary.

Section 3. Direct Patient Services: The community mental health center shall provide a sufficiently wide range of treatments to meet patients' needs. Such treatments may include, but are not limited to, individual, family, and group therapy, play therapy, behavior modification, chemotherapy and appropriate occupational and recreational therapies. Each patient receiving direct service under the auspices of a community mental health center shall have an individual treatment plan. Such a program shall include the therapies to be offered as well as a plan for transferring the patient to other service components of the center and/or returning him to the community. The community mental health center shall have a plan for the evaluation of the service needs of each patient. The need for continuing any service element for each individual patient shall be evaluated with sufficient frequency to ensure that proper arrangements have been made for discharge, for transfer to other elements of service, or referral to another service provider when clinically appropriate.

Section 4. Services: The community mental health center shall provide the following services: (1) Partial hospitalization: The partial hospitalization service of a

community mental health center shall be designed to provide a therapeutic program for those persons who require less than twenty-four (24) hour a day care, but more than outpatient care. Partial hospitalization shall be an effective alternative to inpatient care. A psychiatrist shall be present on a regularly scheduled basis, and shall assume clinical responsibility for all patients, or act as a consultant to the staff on a regular basis.

(2) Inpatient care: The inpatient services of a community mental health center shall be designed to provide a therapeutic program for persons requiring full-time care. This shall be utilizied only, when and for so long as, other services of the center are not appropriate. The service may be provided in a local general hospital affiliated with the community mental health center. An affiliation shall be evidenced by a contract which assures that the appropriate services for a patient are provided.

(3) Outpatient services: Outpatient services provide the necessary therapies for patients who need to spend relatively little time at the community mental health center. Outpatient services shall be provided on a regularly scheduled basis, with arrangements made for not-scheduled visits during times of increased stress or crisis. The outpatient services shall be the primary point for diagnosis and evaluation of psychiatric problems, the source of referrals to other services and other agencies. The outpatient services shall include special programs for adolescents, elderly, alcoholics, drug addicts, etc.

(4) Emergency services: The emergency service of a community mental health center shall provide immediate mental health care and evaluation for persons in crisis on a twenty-four (24) hours a day, seven (7) day a week, basis. This service may be provided in many methods:

(a) Walk-in clinics;

(b) Emergency rooms of general hospital with assigned psychiatric personnel;

(c) Psychiatrist on call;

(d) Twenty-four (24) hour phone service;

(e) Home visits.

All components of the emergency service shall be coordinated into a unified program, with assurance that patients receiving emergency services can be readily transferred to other services of the center as their needs dictate.

(5) Consultation and education: The consultation/education service shall provide for qualified personnel, to a wide variety of community agents and care givers for an individual patient. Consultation also involves the planning and development of mental health related programs in a variety of related community agencies. The education program of the community mental health center shall have two (2) major functions. First, its goal is to increase the visibility, identifiability and accessibility of the community mental health center. Second, its goal is to promote mental health and to prevent emotional disturbance through the distribution of relevant mental health knowledge.

Section 5. Staff Requirements. The community mental health center shall have written policies concerning qualifications, responsibilities, and conditions of employment for each type of personnel (including licensure where it is required by law). The policies shall be written and available to staff as well as to the group of professional personnel, and cover:

(1) Wage scales, hours of work, vacation and sick leave;

(2) Plans for orientation of all health personnel to the policies and objectives of the center and for on-the-job training, where necessary;

(3) Periodic evalution of employee performance, and

(4) Job descriptions for each category of health personnel which are specified and include the type of activity each may carry out.

Section 6. Minimum Staff Requirements: (1) Program director: The program director shall be a mental health professional from one (1) of the clinical disciplines (psychiatrist, psychologist, psychiatric nurse or social worker). A board certified or board eligible psychiatrist shall be the clinical director and will supervise and coordinate all planning functions in the continual development and improvement of the service elements and shall provide psychiatric service elements and shall provide psychiatric service as indicated in all patient diagnosis and treatment.

(2) Clinical psychologist: A certified clinical psychologist as defined in KRS 319.010 to 319.990 shall provide evaluation and screening services for patients as well as individual and group therapy.

(3) Psychiatric registered nurse: A psychiatric registered nurse shall direct and supervise nursing service for psychiatric patient care, shall maintain contacts with and assist in instruction of patients, shall coordinate services rendered by the nursing personnel with those rendered by personnel of other departments, and shall cooperate with affiliated hospital and nurisng administration, other departments, and medical staff in formulating policies for psychiatric patient care.

(4) Psychiatric social worker: A psychiatric social worker shall have an MSW degree from an accredited school of social work and shall develop complete and accurate case histories, shall assist patient and family in making mental and emotional adjustment to illness, shall engage in research and teaching activities, shall mobilize community resources on behalf of patients, and shall assist in planning for alternate methods of care.

(5) Medical records librarian: A medical records librarian or capable person, shall be responsible for ongoing positive controls, for continuity of patient care and patient traffic flow, shall assure that records are maintained, shall be responsible for seeing that patient information is immediately retrievable. In the event that the designated individual is not a qualified medical records librarian, consultant and technical guidance shall be readily available from a person skilled in health record systems.

Section 7. Medical Records: Medical records shall stress the psychiatric components of the records including history of findings and treatment rendered for the psychiatric condition and shall be evidence of the direct services rendered to individuals by the community mental health center. A health record shall be maintained for each individual with all entries kept current, dated, entitled according to the service received and signed. Medical records shall be retained as in other health facilities and health services regulations.

Section 8. Staffing; Treatment Plan: The original treatment plan shall be signed by the physician who is responsible for the care of the patient, and: (1) Shall establish diagnosis.

(2) Recommend comprehensive treatment which shall include short term and long range goals and treatment.

Section 9. Chemotherapy: All chemotherapy used in treatment shall be recorded in staff notes and on a special medications form for reference and follow-up: (1) Chemotheraphy shall be under the direction of a licensed physician;

(2) A copy of the prescription issued shall be filed in the health record; and
(3) Prescriptions concerning medication shall not exceed an order for more than three (3) refills;
(4) Blood and any other laboratory test and examinations shall be required on all individuals receiving chemotherapy, within six (6) months or one (1) year depending on dosage and symptoms. Annual physical examinations shall be required.

Section 10. Rehabilitative Services. Rehabilitative services such as occupational, physical, speech and hearing, and recreational activities shall be provided upon written orders of a physician, who shall prescribe the modalities and frequency of therapies and precautions to be taken. Progress and results of therapy shall be recorded by the appropriate staff member.

Section 11. Utilization and Review: The program shall assure that a plan for utilization and review is established to maximize effective use of services and staff and to analyze and identify factors that may contribute to ineffective utilization of services and staff. A termination study shall be required and shall contain a recapitulation of the significant findings and events during treatment, diagnosis and/or clinical impression, condition on termination and disposition.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
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DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:095E. Community mental health-mental retardation center facilities.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the structural specifications for the construction or alteration of community mental health-mental retardation center facilities.* [This regulation, which relates to the operations and services of Community Mental Health and Mental Retardation Centers 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. Scope: This regulation relates to the construction and alteration of community mental health and mental retardation center facilities.

Section 2. Definition: A community mental health center and mental retardation center shall be a facility which will provide a comprehensive range of accessible, coordinated mental health services and indirect mental health services to the patients of a designated area. (1) The following services shall be provided by the center:
(a) Emergency services;
(b) Outpatient services;
(c) Partial hospitalization;
(d) Inpatient services; and
(e) Consultation and education services.
(2) The center functions as one (1) administrative entity, however, it may contract for hospital beds or other services.

Section 3. Preparation of Plans and Specifications. (1) Before construction is begun for the erection of new buildings or alterations to existing buildings or any change in facilities, the licensee or applicant shall submit plans to the licensing agency for approval.
(2) Architectural drawings must bear the seal of an architect registered in the Commonwealth of Kentucky and the mechanical and electrical drawings must bear the seal of a professional engineer registered in the Commonwealth of Kentucky.
(3) Drawings shall not exceed thirty-six (36) inches by forty-six (46) inches when trimmed.

Section 4. Submission of Plans and Specifications. (1) First stage; schematic plans:
(a) Single line drawings of each floor shall show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room shall be noted. Drawings shall include typical patient room layouts (scaled ¼ inch equals one (1) foot) with dimensions noted. The proposed roads and walks, service and entrance courts, parking and orientation shall be shown in a plot plan.
(b) If the project is an addition, or is otherwise related to existing buildings on the site, the plans shall show the facilities and general arrangements of those buildings.
(2) Second stage; preliminary plans. Preliminary sketch plans shall include the following:
(a) Architectural:
1. Plans of basement, floors, and roof showing space assignment, sizes, and outline of fixed and movable equipment;
2. All elevations and typical sections;
3. Plot plan showing roads, parking, and sidewalks;
4. Areas and bed capacities by floors.
(b) Mechanical:
1. Single line layout of all duct and piping systems;
2. Riser diagrams for multistory construction;
3. Scale layout of boilers and major associated equipment and central heating, cooling, and ventilating units.
(c) Electrical:
1. Plans showing space assignment, sizes and outlines of fixed equipment such as transformers, main switch and switchboards, and generator sets;
2. Simple riser diagram for multistory building construction, showing arrangement of feeders, subfeeders, bus work, load centers, and branch circuit panels.
(d) Outline specifications:
1. General description of the construction, including interior finishes, types and locations of acoustical materials, and special floor covering;
2. Description of the air-conditioning, heating, and ventilation systems and their controls, duct and piping

systems; and dietary, laundry, sterilizing and other special equipment;

3. General description of electrical service including voltage, number of feeders, and whether feeders are overhead or underground.

(3) Third stage; contract documents:

(a) Working drawings. Working drawings shall be complete and adequate for bid, contract, and construction purposes. Drawings shall be prepared for each of the following branches of the work: architectural, structural, mechanical, and electrical. They shall include the following:

1. Architectural drawings:

a. Approach plan showing all new topography, new established levels and grades, existing structures on the site (if any), new building structures, roadways, walks, and parking areas;

b. Plan of each basement, floor and roof;

c. Elevations of each facade;

d. Sections through building;

e. Required scale and full-size details;

f. Schedule of doors, windows, and room finishes;

g. Equipment. Location of all fixed equipment. Layout of typical and special rooms indicating all fixed equipment and major items of movable equipment. Equipment not included in contract shall be so indicated;

h. Conveying systems. Details of construction, machine and control spaces necessary, size and type of equipment, and utility requirements, for the following: dumbwaiters: electric, hand, hydraulic; elevators: freight, passenger, patient; loading dock devices; pneumatic tube systems.

2. Structural drawings:

a. Plans for foundations, floors, roofs, and all intermediate levels with sizes, sections, and the relative location of the various structural members;

b. Dimensions of special openings;

c. Details of all special connections, assemblies, and expansion joints.

3. Mechanical drawings:

a. Heating, steam piping, and air-conditioning systems: radiators and steam heated equipment, such as sterilizers, warmers, and steam tables; heating and steam mains and branches with pipe sizes; diagram of heating and steam risers with pipe sizes; sizes, types, and capacities of boilers, furnaces, hot water heaters with stokers, oil burners, or gas burners; pumps, tanks, boiler breeching, and piping and boiler room accessories; air-conditioning systems with required equipment, water and refrigerant piping, and ducts; supply and exhaust ventilation systems with heating/cooling connections and piping; air quantities for all room supply and exhaust ventilating duct openings.

b. Plumbing, drainage, and standpipe systems: size and elevation of street sewer, house sewer, house drains, street water main, and water service into the buildings; location and size of soil, waste, and water service with connection to house drains, clean-outs, fixtures, and equipment; size and location of hot, cold and circulating branches, and risers from the service entrance, and tanks; riser diagram of all plumbing stacks with vents, water risers, and fixture connections; gas, oxygen, and vacuum systems; standpipe and sprinkler systems where required; all fixtures and equipment that require water and drain connections.

4. Electrical drawings:

a. Electric service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections if located in the building;

b. Location of main switchboard, power panels, light panels, and equipment. Diagram of feeders and conduits with schedule of feeder breakers or switches;

c. Light outlets, receptacles, switches, power outlets, and circuits;

d. Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets, and branch conduits;

e. Nurses' call systems with outlets for beds, duty stations, door signal light, annunciators, and wiring diagrams;

f. Fire alarm system with stations, signal devices, central board, and wiring diagram;

g. Emergency electrical system with outlets, transfer switch, sources of supply, feeders, and circuits;

h. All other electrically operated systems and equipment.

(b) Specifications. Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanship, finishes and other characteristics of all materials and equipment and shall include:

1. Cover or title sheet;

2. Index;

3. Sections describing materials and workmanship in detail for each class of work;

4. General conditions, which must contain the following requirements: access to the work. Representatives of the appropriate state agencies will have access at all reasonable times to the work wherever it is in preparation or progress, and the contractor shall provide proper facilities for such access and inspection.

Section 5. Code and Standards. (1) General. Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances, and regulations which are enforced by city, county, or state jurisdictions.

(2) The following codes and standards will apply where applicable:

(a) Current Kentucky standards of safety regulations applicable to community mental health and mental retardation centers.

(b) Current Kentucky plumbing standards regulations applicable to community mental health and mental retardation centers.

(c) Current Kentucky standards for air contaminants for incinerators regulations applicable to community mental health and mental retardation centers.

Section 6. Facility Requirements and Special Conditions. (1) Existing facilities will be expected to make a concerted and demonstrated effort to fully comply with these regulations and must prove to the satisfaction of the board that there are valid, reasonable, and specific justifications for not being in full compliance. The board, however, reserves the right to establish deadlines for compliance to standards of significant importance as determined by the board.

(2) The sizes of the various departments will depend upon the program requirements and the organization of services of the facility. If the best standards of safety and patient care are not compromised, some functions allotted separate spaces or rooms in these general standards may be combined, and if the necessary services are conveniently available elsewhere, some of the areas may be omitted from the facility. Mental health facilities may be located in hospitals, in out-patient facilities, day care centers, and in residential care centers.

(3) Facilities shall be available and accessible to the

public, staff, and patients who may be physically handicapped.

(4) Each facility shall have adequate parking to satisfy the minimum needs of patients, as well as staff and visitors. On-street parking, if available, may be considered as meeting part of this requirement.

Section 7. Required Functional Units and Service Areas. (1) Each facility shall contain one (1) or more of the following units:

(a) Psychological services unit;
(b) Social services unit;
(c) Vocational services unit.

(2) Each facility shall provide the following service areas, if they are not otherwise conveniently available to the facility:

(a) Patient's dining, recreation, and day spaces;
(b) Dietary unit;
(c) Personal care facilities;
(d) Unit for teaching activities of daily living;
(e) Administration department;
(f) Engineering service and equipment;
(g) Linen services;
(h) Janitor's closet.

(3) The following special service areas that are required by the narrative program shall be provided as outlined in these sections. The sizes of the various departments will depend upon the requirements of the facility.

(a) Patient unit;
(b) Physical therapy unit;
(c) Occupational therapy unit;
(d) Speech and hearing unit;
(e) Dental unit;
(f) Pharmacy unit.

Section 8. Psychological Service Unit. Office(s) and workspace for testing, evaluation, and counseling.

Section 9. Social Services Unit. Office space(s) for private interviewing and counseling.

Section 10. Vocational Services Unit. Office(s) and workspace for vocational services activites such as evaluation, training, counseling, and placement.

Section 11. Patients' Dining, TV Viewing, and Recreational Areas. (1) For inpatients and patients. Provide sixty (60) square feet for each patient.

(2) Provide outdoor active play or recreation areas readily accessible to patient units. This area may be counted towards the above space requirement per patient.

(3) For outpatients, twenty (20) square feet per person when dining is a part of their day care program. (If dining is not part of the program, provide at least ten (10) square feet per person for recreational and day spaces.)

(4) Storage for recreational equipment.

Section 12. Central Storage. Central storage room(s) shall have a total area of not less than ten (10) square feet per bed for the first fifty (50) beds and five (5) square feet per bed for all beds over fifty (50).

Section 13. Dietary Department. If a commercial service will be used or meals will be provided by an adjacent hospital, dietary area and equipment shall be designed to accommodate the requirements for sanitary storage, processing, and handling, otherwise the following will be provided:

(1) Food preparation center. Provide lavatory but do not provide mirror;
(2) Food serving facilities. For patients and staff;
(3) Dishwashing room. Provide commercial-type dishwashing equipment, and a lavatory;
(4) Potwashing facilities;
(5) Refrigerated storage. Three (3) day supply;
(6) Dry storage. Three (3) day supply;
(7) Cart cleaning facilities;
(8) Cart storage area;
(9) Waste disposal facilities;
(10) Canwashing facilities;
(11) Staff dining facilities;
(12) Patient dining facilities;
(13) Dietician's office. (May be omitted in facilities with less than 100 beds if desk space is provided in kitchen.);
(14) Janitor's closet. Storage for housekeeping supplies and equipment; floor receptor or service sink;
(15) Toilet room. Conveniently accessible for dietary staff. Must have two (2) door separation from food preparation area or dining area.

Section 14. Unit for Teaching Activities of Daily Living. Bedroom, bath, kitchen, and stairs.

Section 15. Administration Department. (1) Entrance. It shall be located at grade level, sheltered from the effects of inclement weather.

(2) Lobby. The entrance lobby shall contain:
(a) Storage space for wheechairs;
(b) Reception and information counter or desk;
(c) Waiting space(s);
(d) Public toilet facilities;
(e) Public telephone(s);
(f) Drinking fountain(s);

(3) Interview space(s). For private interviews relating to social service, credit, admissions, etc.

(4) General or individual office(s). For business transactions, medical and financial records, administrative and professional staffs.

(5) Multipurpose room(s). For conference, meetings, health education, and library;

(6) Staff lounge. May be omitted in facilities having less than ten (10) full-time employees;

(7) Staff's toilet facilities;

(8) Storage space for employee's personal effects;

(9) Storage facilities for office supplies, sterile supplies, pharmacy, splints, and other orthopedic supplies, and housekeeping supplies and equipment.

Section 16. Engineering Service and Equipment Areas. The following shall be provided: (1) Room(s) for boilers, mechanical equipment, and electrical equipment.

(2) Storage room(s) for building maintenance supplies and yard equipment.

(3) Locker, toilet and shower room(s).

(4) Refuse storage room. For holding trash prior to disposal. This shall be located convenient to service entrance.

(5) Waste processing services:

(a) Provide space and facilities for the sanitary disposal of waste by incineration, mechanical destruction, compaction, containerization, or removal, or by a combination of these techniques.

(b) If provided, the incinerator shall be in a separate room, in a designated area within the boiler room, or placed outdoors.

(c) Design and construction of incinerators and chutes

shall be in accordance with Part III of NFPA Standard No. 82.

(d) Incinerators shall be designed and installed to comply with regulations of the Department of Natural Resources and Environmental Protection.

Section 17. Linen Services. The following shall be provided:

(1) Soiled linen holding room.

(2) Clean linen receiving, holding, inspection and storage room.

(3) Laundry. If linen is to be processed on the site, the following shall be provided:

(a) Laundry processing room. Commercial-type equipment shall be provided which can process seven (7) days' needs within a regularly scheduled work week. Provide handwashing facilities.

(b) Soiled linen receiving, holding, and sorting room with handwashing facilities.

(c) Storage for laundry supplies.

(d) Clean linen inspection and mending.

(e) Clean linen storage, issue and holding.

(f) Janitor's closet. This shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

(g) Accessible toilet, lockers, and lounge.

Section 18. Janitor's closet(s). This room shall contain storage for housekeeping supplies and equipment; floor receptor or service sink. Provide at least one (1) janitor's closet per floor.

Section 19. Patient Unit. (1) Patient rooms. Each room shall meet the following requirements:

(a) Maximum room capacity: four (4) patients.

(b) Minimum room area exclusive of vestibules: 100 square feet in one (1) bed rooms and eighty (80) square feet per bed in multibed rooms.

(c) Multibed rooms shall be designed to permit no more than two (2) beds side by side parallel to window wall. Not less than a four (4) foot space shall be provided between beds, and at least a three (3) foot space between the side of a bed and the nearest wall or heating/cooling element. Beds shall be at least thirty-six (36) inches wide. A minimum of four (4) feet is required between foot of bed and opposite wall, or foot of opposite bed in multibed rooms.

(d) Window: All patient rooms must have window opening to the outside. Sill shall not be higher than three (3) feet above the floor and shall be above grade. Window area to be at least ten (10) percent of patient room floor area.

(e) Wardrobe or closet for each patient: Minimum clear dimensions: one (1) foot and ten (10) inches deep by one (1) foot and eight (8) inches wide with full length hanging space; provide clothes rod and shelf.

(2) Patient toilet and bathing facilities:

(a) Provide a centralized bathing area for each sex on every floor. One (1) shower stall or one (1) bathtub for each eight (8) patients or fraction thereof is required. Shower stalls shall be designed for wheelchair use.

(b) Provide a centralized toilet area for each sex on every floor. One (1) water closet and one (1) lavatory for each six (6) patients or fraction thereof is required. Water closets must be separate by a permanent partition and at least one (1) water closet for each sex must be designed for wheelchair use.

(c) Grab bars shall be provided at all tubs, shower stalls and water closets.

(3) Service areas for each floor. The size and location of each service area will depend on the maximum number of patients the floor was designed for and shall include:

(a) Soiled workroom. Shall contain clinical sink, work counter with two (2) compartment sink, waste receptacles, and soiled linen receptacles.

(b) Staff lounge area. Shall have adequate space for lockers and have its own toilet room.

(c) Medicine room. Adjacent to staff lounge area; with sink, refrigerator, locked storage and facilities for preparation and dispensing of medication. Narcotics locker must be under double lock and equipped with a remote warning light in soiled workroom.

(d) Nourishment station. Storage space, sink, hot plate and refrigerator for serving between meal nourishments.

(e) Clean linen storage; enclosed storage space.

(f) Wheelchair parking area or alcove.

(g) Janitor's closet. Storage of housekeeping supplies and equipment. Floor receptor or service sink.

(h) Bedpan washing facilities. Bedpan washing closets should be so located that bedpans need not be carried through lobbies, dining and recreation areas or day rooms.

(i) Storage area. To be used for storage of all patients' extra clothing.

Section 20. Physical Therapy Units. (1) Office space (may also serve occupational therapy unit).

(2) Waiting space.

(3) Treatment area(s). (For thermotherapy, diathermy, ultrasonics, etc.) Provide cubicle curtains around each individual treatment area. Provide handwashing facility(ies) (one (1) lavatory or sink may serve more than one (1) cubicle).

(4) Group exercise area.

(5) Storage for linen supplies, and equipment.

(6) Patients' dressing area, showers, lockers and toilet rooms. (May also serve occupational therapy patients.)

(7) Service sink or floor receptor. (May be omitted if a janitor's closet is conveniently available.)

(8) Wheelchair storage.

Section 21. Occupational Therapy Unit. (1) Office space. (May also serve physical therapy unit.)

(2) Activities area. Provide a sink or lavatory.

(3) Storage for supplies and equipment. Provide space for collection of waste products prior to disposal.

(4) Patients' dressing, showers, lockers, and toilet rooms. (May also serve physical therapy patients.)

Section 22. Speech and Hearing Unit. (1) Office of therapists.

(2) Space for evaluation and treatment.

Section 23. Dental Unit. (1) Operatory with lavatory.

(2) Laboratory and darkroom.

Section 24. Pharmacy Unit. The size and type of services to be provided in the pharmacy will depend upon the narrative program, the type of drug distribution system to be used in the rehabilitation facility, and whether the rehabilitation facility proposes to provide, purchase, or share pharmacy services with other facilities. When total onsite pharmacy services are planned, provision shall be made for the following functions:

(1) Administrative functions. (Requisition, receiving, storage, and drug information.)

(2) Quality control area when bulk compounding and/or packaging functions are performed.

(3) Narcotic storage shall be lockable.
(4) Dispensing area for outpatients when facilities provide drugs to outpatients. (May be combined with inpatient drug dispensing system.)
(5) Handwashing facilities.

Section 25. Details and Finishes. A high degree of safety for the occupants in minimizing the incidence of accidents shall be provided. Hazards such as sharp corners shall be avoided. All details and finishes shall meet the following requirements:
(1) Details:
(a) Exit facilities shall comply with the current requirements for exit facilities as adopted by the State Fire Marshal's Office.
(b) Such items as drinking fountains, telephone booths and vending machines shall be located so that they do not project into the required width of exit corridors. At least one (1) drinking fountain in each facility and patient unit must be designed for wheelchair use.
(c) All doors opening onto corridors shall be swing-type except elevator doors. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.
(d) No doors shall swing into the corridor except closet doors.
(e) Thresholds and expansion joint covers, if used, shall be flush with the floor.
(f) Grab bars and accessories in toilet, shower, and bathrooms shall have sufficient strength and anchorage to sustain a load of 250 pounds for five (5) minutes.
(g) Lavatories intended for use by patients shall be installed to permit wheelchairs to slide under.
(h) Towel dispensers shall be provided at all lavatories and sinks used for handwashing.
(i) If linen and refuse chutes are used, they shall be designed as follows:
1. Service openings to chutes shall have approved class "B," one and one-half (1½) hour fire doors;
2. Service openings to chutes shall be located in a room or closet of not less than one (1) hour fire-resistive construction, and the entrance door to such room or closet shall be class "C," three-fourths (¾) hour fire door;
3. Minimum diameter of gravity-type chutes shall be two (2) feet.
4. Chutes shall terminate in or discharge directly into a refuse room or linen chute room separated from the incinerator or laundry. Such rooms shall be a class "B," one and one-half (1½) hour fire door;
5. Chutes shall extend at least four (4) feet above the roof and shall be covered by a metal skylight glazed with thin plain glass or plastic.
(j) Dumbwaiters, conveyors, and material handling systems shall not open into any corridor or exitway but shall open into a room enclosed by not less than one (1) hour fire-resistive construction. The entrance door to such room shall be a class "C," three-fourths (¾) hour fire door.
(k) Ceiling heights:
1. Boiler room. Not less than two (2) feet and six (6) inches above the main boiler header and connecting piping with adequate headroom under piping for maintenance and access; nine (9) feet minimum;
2. Corridors, storage rooms, patients' toilet room, and other minor rooms. Not less than seven (7) feet and six (6) inches;
3. All other rooms. Not less than eight (8) feet.
(l) Boiler room, food preparation centers, and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of eighty-five (85) degrees Fahrenheit.
(m) Approved fire extinguishers shall be provided in recessed locations throughout the building in accordance with the State Fire Marshal's Office.
(n) Noise reduction criteria. The ceilings of the following areas shall be acoustically treated:
1. Corridors in patient areas;
2. Utility rooms;
3. Floor pantries;
4. Lobbies and recreation areas.
(o) Special attention shall be given to sound transmission from boiler rooms, mechanical rooms, to patient bedroom areas.
(2) Finishes:
(a) For flame spread requirements, see Section 27(5).
(b) Floors generally shall be easily cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchen and related spaces shall be waterproof and greaseproof. In all areas where floors are subject to wetting, they shall have a nonslip finish. Carpeting is not permitted in the following areas: kitchen, dishwashing room, soiled utility room, janitor's closet, soiled linen rooms, storage rooms, bathrooms, public toilet rooms, patient toilet rooms, hydrotherapy rooms, treatment rooms, and any other room where the floor is subject to repeated wetting or soiling by urine or feces.
(c) Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.
(d) Walls generally shall be washable and in the immediate area of plumbing fixtures, the finish shall be moistureproof. Wall bases in dietary areas shall be free of spaces that can harbor insects.
(e) Ceilings generally shall be washable or easily cleanable. This requirement does not apply to boiler rooms, mechanical and building equipment rooms, shops and similar spaces.
(f) For acoustic ceilings see subsection (1)(n).

Section 26. Elevators. Elevators, where required. All facilities where either patient beds or inpatient facilities such as recreation, patient dining or therapy rooms are located on other than the first floor, shall have electric or electrohydraulic elevators as follows:
(1) Number of elevators:
(a) At least one (1) hospital-type elevator shall be installed where one (1) to fifty-nine (59) patient beds are located on any floor other than the first. (For purposes of these requirements, the first floor is that floor first reached from the main front entrance.);
(b) At least two (2) elevators, one (1) of which shall be hospital-type, shall be installed where sixty (60) to 200 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than those containing the patient beds;
(c) At least three (3) elevators, one (1) of which shall be hospital-type, shall be installed where 201 to 350 patient beds are located on floors other than the first, or where inpatient facilities are located on a floor other than those containing the patient beds;
(d) For facilities with more than 350 beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.
(2) Cars and platforms. Elevator cars and platforms

shall be constructed of noncombustible material, except that fire-retarded-treated material may be used if all exterior surfaces of the cars are covered with metal. Cars of hospital-type elevators shall have inside dimensions that will accommodate a patient's bed and attendants and shall be at least five (5) feet wide by seven (7) feet and six (6) inches deep; car doors shall have a clear opening of not less than three (3) feet and eight (8) inches. Cars of all other required elevators shall have a clear opening of not less than three (3) feet.

Section 27. Construction Including Fire-Resistive Requirements. (1) Foundations shall rest on natural ground if a satisfactory soil is available at reasonable depths. Proper soil bearing values shall be established in accordance with recognized standards. If solid ground is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement.

(2) Outpatient facilities shall be designed generally as office occupancies and shall comply with the current safety standards as adopted by the State Fire Marshal's Office. (See Section 5(2).)

(3) Resident facilities:

(a) One (1) story buildings may be of fire-resistive, one (1) hour protected noncombustible, or one (1) hour protected ordinary construction with the following exceptions:

1. Walls enclosing stairways, elevator shafts, chutes and other vertical shafts, boiler rooms, and storage rooms, and storage rooms of 100 square feet or greater area shall be of two (2) hour fire-resistive construction.

2. Buildings of construction other than fire-resistive or one (1) hour protected non-combustible types shall be 100 percent sprinklered.

(b) Multistory buildings. For all buildings more than one (1) story in height, the type of construction must be fire-resistive and comply with the current safety standards as adopted by the State Fire Marshal's Office.

(4) Fire-resistive ratings shall be determined in accordance with the American Society of Testing and Materials, Standard No. E119, 1973 edition, herein filed by reference.

(5) Interior finish of walls and ceilings of all exitways, storage rooms, and areas of unusual fire hazard shall have a flame spread rating of not more than twenty-five (25); all other areas shall have a flame spread rating of not more than seventy-five (75), except that up to ten (10) percent of the aggregate wall and ceiling area may have a finish with a rating up to 200. Floor finish materials shall have a flame spread rating of not more than seventy-five (75). Flame spread ratings for each specific product shall be determined by an independent testing laboratory in accordance with the American Society of Testing and Materials, Standard No. E84-70, herein filed by reference.

(6) Fire safety approval. Prior to final approval of plans and specifications by the state licensure agency, the plans and specifications must be approved by the State Fire Marshal's Office or their authorized representative.

Section 28. Mechanical Requirements. (1) Incinerators and refuse chutes. Incinerators shall be gas, electric, or oil-fired. The design and installation must comply with the current regulations of the Department of Natural Resources and Environmental Protection. Design and construction of refuse chutes shall be in accordance with Part III of the NFPA Standard No. 82, as adopted by the State Fire Marshal's Office for community mental health/mental retardation centers.

(2) Steam and hot water systems:

(a) Boilers. If boilers are used, a minimum of two (2) must be provided; the combined capacity of the boilers, based upon the published Steel Boiler Institute or Institute of Boiler and Radiator Manufacturer's net rating, must be able to supply 150 percent of the normal requirements of all systems and equipment.

(b) Valves. Supply and return mains and risers of space heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return end.

(c) Covering. Boiler and smoke breeching, all steam supply piping and high pressure steam return piping, and hot water space heating supply and return piping shall be insulated.

(d) The design and installation of all boilers must be in accordance with the current state plumbing code.

(3) Air-conditioning, heating, and ventilating systems:

(a) Temperatures. A minimum temperature of seventy-five (75) degrees Fahrenheit, shall be provided for occupied areas at winter design conditions.

(b) Ventilation system details. All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building. The ventilation rates shown on Table 1 shall not be considered as precluding the use of higher ventilation rates if they are required to meet design conditions.

1. Outdoor ventilation air-intakes, other than for individual room units, shall be located as far away as practicable but not less than twenty-five (25) feet from the exhausts from any ventilating system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than eight (8) feet above the ground level or, if installed through the roof, three (3) feet above roof level.

2. The ventilation systems shall be designed and balanced to provide the general pressure relationship to adjacent areas shown in Table 1, Section 30.

3. Room supply air inlets, recirculation, and exhaust air outlets shall be located not less than three (3) inches above the floor.

4. Corridors shall not be used to supply air to or exhaust air from any room, except that exhaust air from corridors may be used to ventilate rooms such as bathrooms, toilet rooms, or janitor's closets which open directly on corridors.

5. Filters. Central systems shall be provided with filters rated at eighty (80) percent efficiency based upon the National Bureau of Standards Dust Spot Method on atmospheric dust.

6. A manometer shall be installed across each filter bed serving central air systems.

7. Ducts shall be constructed of iron, steel, aluminum, or other approved metal or materials such as clay, asbestos, cement, fiberglass, etc.

8. The air from dining areas may be used to ventilate the food preparation areas only after it has been passed through a filter with eighty (80) percent efficiency.

9. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-actuated fan controls. Cleanout openings shall be provided every twenty (20) feet in horizontal exhaust duct systems serving hoods.

10. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and reasonable temperatures in the room and in adjoining areas.

(4) Plumbing and other piping systems. All plumbing

systems shall be installed in accordance with the current state plumbing code.

(a) All fixtures used by staff, and all lavatories used by patients and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall not exceed four and one-half (4½) inches in length, except that handles on clinical sinks shall be not less than six (6) inches long.

(b) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(5) Water supply system:

(a) Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods.

(b) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(c) Hot, cold and chilled water piping and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior vapor barrier.

(d) Backflow preventers (vacuum breakers) shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as janitor's sinks and bedpan flushing attachments.

(e) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

(f) Bedpan flushing devices.

(g) Hot water distribution systems shall be arranged to provide hot water at each fixture at all times.

(h) Plumbing fixtures which require hot water and which are intended for patient use shall be supplied with water which is controlled to provide a maximum water temperature of 110 degrees Fahrenheit at the fixture.

(i) Piping over food preparation centers, food serving facilities, food storage areas, and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of, or condensation from, necessary overhead piping systems.

(6) Hot water heater and tanks:

(a) The hot water heating equipment shall have sufficient capacity to supply the water at the temperature and amounts indicated below:

	Use		
	Clinical	Dietary	Laundry
Gal/hr/bed	6½	4	4½
Temp. F.	110	180	180

(b) Storage tank(s) shall be provided and shall be fabricated of corrosion-resistant metal, or have non-corrosive lining.

(7) Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in areas such as: central soiled linen holding rooms, maintenance shops, trash rooms, bulk storage rooms, attics accessible for storage. Storage rooms of less than 100 square foot area and spaces used for storage of non-hazardous materials are excluded from this requirement. Sprinkler heads shall be installed at the top and at alternate floor levels of trash and laundry chutes.

(8) Plumbing approval. Prior to final approval of the plans and specifications by the state licensure agency, the plumbing plans and specifications must be approved by the Division of Plumbing, Department for Housing, Buildings and Construction.

Section 29. Electrical Requirements. (1) General:

(a) All materials including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriters' Laboratories, Inc., or other similarly established standards.

(b) The contractor shall be responsible for testing all electrical installations and systems and shall show that the equipment is correctly installed and operated as planned or specified.

(c) The electrical installations must conform to local codes where they exist or to the National Electrical Code. Inspections and final approval must be obtained from the State Fire Marshal's Office.

(2) Switchboard and power panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboard and distribution panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions. All breakers and switches are to be indexed.

(3) Distribution panelboards. Lighting and appliance panelboards shall be provided for the circuits on each floor. All circuits are to be indexed at panelboard. This requirement does not apply to emergency system circuits.

(4) Lighting:

(a) All spaces occupied by people, machinery, and equipment within buildings, and the approaches thereto, and parking lots shall have electric lighting.

(b) Patients' bedrooms shall have general lighting and a reading light for each patient. Patients' reading lights and other fixed lights not switched at the door shall have switch controls convenient for use at the luminaire. All switches for control of light in patient areas shall be of the quiet operating type.

(c) Provisions shall be made for the night lighting of corridors. (See Section 30, Table 2 for levels of illumination for various areas.)

(5) Receptacles (convenience outlets):

(a) Bedroom. Each patient bedroom shall have duplex receptacles as follows: one (1) each side of the head of each bed (for parallel adjacent beds, only one (1) receptacle is required between the beds); receptacles for luminaries, television and motorized beds, if used, and one (1) receptacle on another wall.

(b) Corridors. Single receptacles for equipment such as floor cleaning machines shall be installed approximately fifty (50) feet apart in all corridors. Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends of corridors.

(6) Fire alarms and fire detector systems. The design and installation of these systems must be approved by the State Fire Marshal's Office.

(7) Emergency electric service:

(a) General. To provide electricity during an interruption of the normal electric supply that could affect the care or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

(b) Sources. The source of this emergency electric service shall be as follows:

1. An emergency generating set, when the normal service is supplied by one or more central station transmission lines;

2. An emergency generating set or a central station transmission line, when the normal electric supply is generated on the premises.

(c) Emergency generating set. The required emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical systems. The emergency generator set shall be sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system. The power factor rating of the generator shall be not less than eighty (80) percent.

(d) Emergency electrical connections. Emergency electric service shall be provided to circuits as follows:

1. Lighting:

a. Exitways and all necessary ways of approach thereto, including exit signs and exit direction signs, exterior of exits, exit doorways, stairways, and corridors;

b. Dining and recreation rooms;

c. Medication preparation area;

d. Generator set location, switch-gear location, and boiler room;

e. Elevator (if required for emergency).

2. Equipment. Essential to life safety and for protection of important or vital materials:

a. Alarm system including fire alarm actuated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire detecting and smoke detecting systems, paging or speaker systems if intended for issuing instructions during emergency conditions.

b. Fire pump, if installed;

c. Sewerage or sump lift pump, if installed;

d. All required duplex receptacles in patient corridors;

e. One (1) elevator, where elevators are used for vertical transportation of patients. Provide manual switchover to operate other elevators;

f. Equipment necessary for maintaining telephone service.

(e) Details. The emergency system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within ten (10) seconds through one (1) or more primary automatic transfer switches to all emergency lighting; all alarms; equipment necessary for maintaining telephone services; and receptacles in patient corridors. All other lighting and equipment required to be connected to the emergency system shall either be connected through the above described primary automatic transfer switching or shall be subsequently connected through other automatic or manual transfer switching. Receptacles connected to the emergency system shall be distinctively marked for identification. Storage-battery-powered lights, shall not be used as a substitute for the requirement of a generator. Where fuel is normally stored on the site, the storage capacity shall be sufficient for twenty-four (24) hour operation of required emergency electric services. Where fuel is normally piped underground to the site from a utility distribution system, storage facilities on the site will not be required.

Section 30. Tables. Table 1, Pressure Relationships and Ventilation; and Table 2, Lighting Levels.

Table 1. Pressure Relationships and Ventilation of Certain Mental Health and Mental Retardation Areas

Area Designation	Pressure Relationship to Adjacent Areas	All Supply Air From Outdoors	Minimum Air Changes of Outdoor Air per Hour
Patient room	O	—	2
Patient area corridor	O	—	4
Dining and recreation areas	O	—	4
Soiled workroom	N	—	4
Clean workroom	P	Yes	4
Toilet room	N	—	—
Bedpan room	N	—	—
Bathroom	N	—	—
Janitor's closet	N	—	—
Sterilizer equipment room	N	—	—
Linen and trash chute rooms	N	—	—
Food preparation center	O	Yes (1)	10
Dishwashing room	N	—	—
Dietary dry storage	O	—	—
Laundry, general	O	Yes	10
Soiled linen sorting and storage	N	—	—
Clean linen storage	P	—	2

P = Positive N = Negative O = Equal — = Optional
(1) Section 28(3)(b)8 for exceptions

Table 1. Continued

Area Designation	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Area
Patient room	2	—	—
Patient area corridor	4	—	—
Dining and recreation areas	4	—	—
Soiled workroom	4	Yes	No
Clean workroom	4	—	—
Toilet room	10	Yes	No
Bedpan room	10	Yes	No
Bathroom	10	Yes	No
Janitor's closet	10	Yes	No
Sterilizer equipment room	10	Yes	No
Linen and trash chute rooms	10	Yes	No
Food preparation center	10	Yes	No
Dishwashing room	10	Yes	No
Dietary dry storage	2	—	No
Laundry, general	10	Yes	No
Soiled linen sorting and storage	10	Yes	No
Clean linen storage	2	—	—

Table 2. Lighting Levels for Mental Health and Mental Retardation Areas

Area	Footcandles*
Administrative and lobby areas, day	50
Administrative and lobby areas, night	20
Barber and beautician areas	50
Chapel or quiet area	30
Corridors and interior ramps	20
Corridor night lighting	3
Dining area and kitchen	30
Doorways	10
Exit stairways and landings	5
Janitor's closet	15
Staff lounge, general, day	50
Staff lounge, general, night	20
Medicine cabinet	100
Patient care unit (or room), general	10
Patient care room, reading	30
Recreation area (floor level)	50
Stairways other than exits	30
Toilet and bathing facilities	30
Utility room, general	20

* Minimum on task at anytime.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:100E. Ambulatory surgical center facilities.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the structural specifications for the construction or alteration of ambulatory surgical center facilities.* [This regulation which relates to the operations and services of Ambulatory Surgical Center 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. Scope: This regulation relates to the construction and alteration of ambulatory surgical center facilities.

Section 2. Definition: Ambulatory surgical center facilities, general: An ambulatory surgical center means a public or private institution with an organized medical staff that is established, equipped and operated primarily for the purpose of treatment of patients by surgery, whose recovery in the concurring opinions of the surgeon and/or the physician or dentist anesthesiologist will not require inpatient care.

Section 3. Characteristics of Ambulatory Surgical Center Facilities. The characteristics of ambulatory surgical centers are as follows: (1) Operates under the supervision of a staff of physicians and dentists.
(2) Permits surgical procedures to be performed by physicians, who at the time, are legally authorized to perform such procedures and are privileged to perform such procedures in at least one (1) hospital in the area.
(3) Requires (in all cases other than those requiring only local infiltration anesthetics) that a qualified physician or dentist anesthetist (or a registered nurse anesthetist acting under the direction of the operating surgeon) administer the anesthetics and remain present during the surgical procedure.
(4) Provides at least two (2) operating rooms and at least one (1) postanesthesia recovery room.
(5) Is equipped to perform diagnostic x-ray and laboratory examinations for diagnostic purposes, or has an agreement with a licensed hospital to provide these services.
(6) Does not provide accommodations for overnight stays.
(7) Provides the full-time services of registered professional nurses for patient care in the operating and postanesthesia recovery room.
(8) Has available the necessary equipment and personnel to handle foreseeable emergencies (including defibrillator for cardiac arrest, a tracheotomy set for airway obstructions, and a blood supply, or ability to maintain blood volume).
(9) Maintains a written agreement with one (1) or more licensed hospitals in close proximity for immediate acceptance of patients who develop complications or require postoperative confinement.
(10) Provides for the periodic review of the center and its operations by a utilization review committee or other committee composed of physicians having no financial interest in the surgical center.
(11) Maintains adequate medical records for each patient.
(12) Provision shall not be made for any obstetrical deliveries.

Section 4. Preparation of Plans and Specifications. (1) Before construction is begun for the erection of new buildings or alterations to existing buildings or any change in facilities, the licensee or applicant shall submit plans to the licensing agency for approval.
(2) Architectural drawings must bear the seal of an architect registered in the Commonwealth of Kentucky and the mechanical and electrical drawings must bear the seal of a professional engineer registered in the Commonwealth of Kentucky.
(3) Drawings shall not exceed thirty-six (36) inches by forty-six (46) inches when trimmed.

Section 5. Submission of Plans and Specifications. (1) First stage; schematic plans: Single line drawings of each floor shall show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room shall be noted. Drawings shall include the typical patient room layouts (scaled ¼ inch equals one (1) foot) with dimensions

noted. The proposed roads and walks, service and entrance courts, parking and orientation shall be shown in a plot plan.

(2) Second stage; preliminary plans:

(a) Architectural:

1. Plans of basement, floors, and roof showing space assignment, sizes and outline of fixed and movable equipment;

2. All elevations and typical sections;

3. Plot plan showing roads, parking, and sidewalks;

4. Areas and bed capacities by floors.

(b) Mechanical:

1. Single line layout of all duct and piping systems;

2. Riser diagrams for multistory construction;

3. Scale layout of boilers and major associated equipment and central heating, cooling, and ventilating units.

(c) Electrical:

1. Plans showing space assignment, sizes and outlines of fixed equipment such as transformers, main switch and switchboards, and generator sets;

2. Simple riser diagram for multistory building construction, showing arrangement of feeders, subfeeders, bus work, load centers, and branch circuit panels.

(d) Outline specifications:

1. General description of the construction, including interior finishes, types and locations of acoustical material, and special floor covering;

2. Description of the air-conditioning, heating, and ventilation systems and their controls, duct and piping systems; and dietary, laundry, sterilizing and other special equipment;

3. General description of electrical service including voltage, number of feeders, and whether feeders are overhead or underground.

(3) Third stage; contract documents:

(a) Working drawings. Working drawings shall be complete and adequate for bid, contract, and construction purposes. Drawings shall be prepared for each of the following branches of the work: architectural, structural, mechanical, and electrical. They shall include the following:

1. Architectural drawings:

a. Approach plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new building structures, roadways, walks, and parking areas;

b. Plan of each basement, floor and roof;

c. Elevations of each facade;

d. Sections through building;

e. Required scale and full-size details;

f. Schedule of doors, windows, and room finishes;

g. Equipment; location of all fixed equipment. Layout of typical and special rooms indicating all fixed equipment and major items of movable equipment. Equipment not included in contract shall be so indicated;

h. Conveying systems; details of construction, machine and control spaces necessary, size and type of equipment, and utility requirements, for the following: dumbwaiters: electric, hand, hydraulic; elevators: freight, passenger, patient; loading dock devices; pneumatic tube systems.

2. Structural drawings:

a. Plans for foundations, floors, roofs, and all intermediate levels with sizes, sections, and the relative location of the various structural members;

b. Dimensions of special openings;

c. Details of all special connections, assemblies, and expansion joints.

3. Mechanical drawings:

a. Heating, steam piping, and air-conditioning systems; radiators and steam heated equipment, such as sterilizers, warmers, and steam tables; heating and steam mains and branches with pipe sizes; diagram of heating and steam risers with pipe sizes; sizes, types, and capacities of boilers, furnaces, hot water heaters with stokers, oil burners, or gas burners; pumps, tanks, boiler breeching, and piping and boiler room accessories; air-conditioning systems with required equipment, water and refrigerant piping, and ducts; supply and exhaust ventilation systems with heating/cooling connections and piping; air quantities for all room supply and exhaust ventilating duct openings.

b. Plumbing, drainage, and standpipe systems; size and elevation of: street sewer, house sewer, house drains, street water main, and water service into the building; location and size of soil, waste, and water service with connections to house drains, clean-outs, fixtures, and equipment; size and location of hot, cold and circulating branches, and risers from the service entrance, and tanks; riser diagram of all plumbing stacks with vents, water risers, and fixture connections; gas, oxygen, and vacuum systems; standpipe and sprinkler systems where required; all fixtures and equipment that require water and drain connections.

4. Electrical drawings:

a. Electric service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections if located in the building;

b. Location of main switchboard, power panels, light panels, and equipment. Diagram of feeders and conduits with schedule of feeder breakers or switches;

c. Light outlets, receptacles, switches, power outlets, and circuits;

d. Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets, and branch conduits;

e. Nurses' call systems with outlets for beds, duty stations, door signal light, annunciators, and wiring diagrams;

f. Fire alarm system with stations, signal devices, control board, and wiring diagrams;

g. Emergency electrical system with outlets, transfer switch, sources of supply, feeders, and circuits;

h. All other electrically operated systems and equipment.

(b) Specifications. Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanship, finishes and other characteristics of all materials and equipment and shall include:

1. Cover or title sheet;

2. Index;

3. Sections describing materials and workmanship in detail for each class of work;

4. General conditions, which must contain the following requirements: Access to the work: representatives of the appropriate state agencies will have access at all reasonable times to the work wherever it is in preparation or progress, and the contractor shall provide proper facilities for such access and inspection.

Section 6. Code and Standards. (1) General. Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances, and regulations which are enforced by city, county, or state jurisdictions.

(2) The following codes and standards will apply where applicable:

(a) Current Kentucky standards of safety regulations applicable to ambulatory surgical center facilities.
(b) Current Kentucky plumbing standards regulations applicable to ambulatory surgical center facilities.
(c) Current Kentucky standards for air contaminants for incinerators regulations applicable to ambulatory surgical center facilities.
(d) Current Kentucky standards for elevators regulations applicable to ambulatory surgical center facilities.

Section 7. Facility Requirements and Special Conditions. (1) These regulations, except Section 6 which may be administered independent from these regulations, apply to the construction of new facilities and facilities that are being converted to ambulatory surgical center facilities. Existing facilities will be expected to make a concerted and demonstrated effort to fully comply with these regulations and must prove to the satisfaction of the board that there is valid, reasonable, and specific justification for not being in full compliance. The board, however, reserves the right to establish deadlines for compliance to standards of significant importance as determined by the board.
(2) All ambulatory surgical center facilities shall contain but not be limited to all the elements described herein, or the narrative program shall indicate the manner in which the needed services are to be conveniently available. When services are to be shared or purchased, appropriate modifications or deletions in space and equipment requirements should be made to avoid duplication. Each element provided in the ambulatory surgical center facility must meet the construction requirements outlined herein as a minimum, with the understanding that in many instances the elements will need to be expanded to fulfill the program requirements.
(3) A narrative program for each project shall be provided by the sponsor which describes the functional space requirements, staffing patterns, departmental relationships, and other basic information relating to the fulfillment of the objectives of the facility.

Section 8. Special Considerations. (1) The extent (number and types of rooms) of the diagnostic, clinical, and administrative facilities to be provided will be determined by the services contemplated and the estimated patient load as described in the narrative program.
(2) The planning of ambulatory surgical center facilities should provide for the privacy and dignity of the patient during interview, examination, and treatment.
(3) Facilities shall be available and accessible to the public, staff, and patients who may be physically handicapped. Special attention shall be given to ramps, drinking fountain height, tilted mirrors, and other items deemed necessary for the physically handicapped.
(4) Adequate parking facilities shall be provided for the staff and patients. In the absence of a formal parking study, vehicle parking for ambulatory surgical center facilities shall be provided at the ratio of three (3) spaces for each doctor plus one (1) space for each staff member. Exceptions may be made for facilities located in areas with a high population density if adequate public parking is available or if the facility is accessible to a public transportation system. On-street parking, if available, may be considered as meeting part of this requirement.

Section 9. Administration Department. (1) Entrance. It shall be located at grade level, sheltered from the effects of inclement weather, and be able to accommodate wheelchairs and stretchers.
(2) Lobby: shall include:
(a) Wheelchair storage space(s);
(b) Reception and information counter or desk;
(c) Waiting space(s);
(d) Public toilet facilities;
(e) Public telephone(s);
(f) Drinking fountain(s);
(3) Interview space(s). For private interview relating to social service, credit, admissions, etc.
(4) General or individual office(s). For business transactions, medical and financial records, administrative and professional staffs.
(5) Multipurpose room(s). For conferences, meetings, and health education purposes. Provide visual aids and projection equipment.
(6) Staff lounge. May be omitted in facilities having less than ten (10) full-time employees.
(7) Staff's toilet facilities.
(8) Storage space for employees' personal effects.
(9) Storage facilities for office supplies, sterile supplies, pharmacy, splints and other orthopedic supplies and housekeeping supplies and equipment.

Section 10. Clinical Facilities. (1) General purpose examination room(s) to be used for medical examinations shall have a minimum clear floor area of eighty (80) square feet, excluding such other spaces as vestibule, toilet, closet, and work counter (whether fixed or movable). Arrangement shall permit at least thirty (30) inches of clear space at each side and at foot of examination table. Provide lavatory or sink with handwashing facility and counter or shelf space for writing.
(2) Facilities for charting and for clinical records (nurses' station(s)). Provide counter space, temporary storage, and communication device; these may be located in each examination room and each treatment room.
(3) Drug distribution station. If the facility is to maintain a medication preparation room for the proper storage of drugs and biologicals, it shall be so located as to be under the nursing staff's visual control. It shall contain a work counter, refrigerator, and locked storage for drugs and biologicals.

Section 11. Medical Records Unit. This unit shall include: (1) Active record storage area;
(2) Record review and dictating room;
(3) Work area for sorting, recording, or microfilming;
(4) Inactive record storage area. (May be omitted if microfilming is used.)

Section 12. Diagnostic Facilities. (1) Radiology suite. It shall provide equipment for diagnostic purposes but may also include therapeutic equipment. The suite shall contain:
(a) Radiographic room(s);
(b) Film processing facilities;
(c) Viewing and administration area(s);
(d) Film storage facilities;
(e) Toilet room which is directly accessible from each fluoroscopy room without entering the general corridor area;
(f) Dressing area(s) with convenient access to public toilets.
(2) Laboratory facilities. Facilities shall be provided directly within the ambulatory surgical center or through an effective contract arrangement with a nearby hospital or other laboratory service for hematology, clinical chemistry, urinalysis, cytology, and bacteriology. If these

facilities are provided through such a contract, then at least the following shall be provided:

(a) Laboratory work counter(s) with sink, gas and electric service;

(b) Lavatory(ies) with handwashing facility;

(c) Storage cabinet(s) or closet(s);

(d) Specimen collection facilities. Urine collection rooms shall be equipped with a water closet and lavatory. Blood collection facilities shall have space for a chair and work counter.

Section 13. Janitor's Closet(s). This room shall contain a sink and storage for housekeeping supplies and equipment. Provide at least one (1) janitor's closet per floor.

Section 14. Surgical Suite. (1) General. The suite shall be located to prevent through traffic.

(2) Operating rooms. A minimum of two (2) operating rooms shall be provided.

(3) Recovery facilities. A separate room with charting space, medication storage and preparation space, and clinical sink is required.

(4) Service areas in each surgical suite. The size of each service area will depend on the surgical workload and shall include:

(a) Surgical supervisor station;

(b) Sterilizing facilities; near operating room with high-speed autoclave;

(c) Facilities for storage and preparation of medication;

(d) Scrubup facilities; adjacent to operating rooms;

(e) Soiled workroom. Shall contain counter, clinical sink, waste receptacles, and soiled linen receptacles;

(f) Storage for sterile and unsterile supplies, (may be in clean workroom);

(g) Anesthesia workroom for cleaning and storage of equipment;

(h) Storage room for anesthetic agents;

(i) Nitrous oxide and oxygen facilities; (provide storage room if these services are not piped in);

(j) Clean workroom for storage and assembly of supplies; shall contain counter and sink;

(k) Equipment storage room for surgical and monitoring equipment;

(l) Janitor's closet. Floor receptor or service sink and storage for housekeeping supplies and equipment;

(m) Clothing change areas, lockers, and toilet rooms for doctors, nurses, orderlies, and other personnel;

(n) Holding area (for patients) in facilities with two (2) or more operating rooms;

(o) Stretcher alcove.

Section 15. Central Medical and Surgical Supply Department. The following areas shall be separated from each other: (1) Receiving and cleanup room. Space for cleaning equipment and disposing or processing of unclean articles shall be provided.

(2) Clean workroom. This room shall be divided into work space, clean storage area, sterilizing facilities, and storage area for sterile supplies.

(3) Unsterile supply storage area: may be located in an area other than this department.

Section 16. Engineering Service and Equipment Areas. The following shall be provided: (1) Room(s) for boilers, mechanical equipment, and electrical equipment.

(2) Storage room for building maintenance supplies and yard equipment.

(3) Locker, toilet and shower room(s).

(4) Refuse storage room: this shall be located convenient to service entrance.

(5) Waste processing services:

(a) Provide space and facilities for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, or removal, or by a combination of these techniques.

(b) If provided, the incinerator shall be in a separate room, in a designated area within the boiler room, or placed outdoors.

(c) Design and construction of incinerators and chutes shall be in accordance with Part III of NFPA Standard No. 82 as adopted by the State Fire Marshal's Office for ambulatory surgical center facilties.

(d) The design and installation of incinerators must comply with the current Kentucky standards for air contaminants for incinerators regulations applicable to ambulatory surgical center facilities.

Section 17. Details and Finishes. All details and finishes shall meet the following requirements: (1) Details:

(a) Minimum public corridor width shall be five (5) feet and corridors inside surgical suite shall be eight (8) feet minimum width.

(b) Details relating to exits and other life safety features shall be in accordance with Chapter 13 of the National Fire Protection Association Standard No. 101, as adopted by the State Fire Marshal's Office for ambulatory surgical center facilities, except that sections 13-1132, 13-1253, 13-1312, 13-1313, 13-132, 13-133, and 13-142 shall not apply.

(c) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum.

(d) All doors to toilets which may be used by patients shall be equipped with hardware which will permit access in any emergency.

(e) The minimum width of doors for patient access to examination rooms shall be three (3) feet. Minimum width of doors to all rooms needing access for beds or stretchers shall be three (3) feet and eight (8) inches.

(f) Doors on all openings between corridors and rooms or spaces subject to occupancy except elevator doors, shall be swing type. Openings to showers, baths, toilets, and other small wet-type areas that are not subject to fire hazard are exempt from this requirement.

(g) No doors shall swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width except doors to spaces such as small closets which are not subject to occupancy. (Large walk-in type closets are considered as occupiable spaces.) Doors between all rooms and corridors (except those exempt from swing-type requirements) shall be of not less than one and three-fourths (1¾) inches thick solid core wood flush doors or thirty (30) minute fire-rated construction except for doors to hazardous areas which are specifically identified elsewhere. Fire door hardware is not required on thirty (30) minute fire-rated doors.

(h) Entrance doors, sidelights, borrowed lights, and windows in which the glazing extends down to within eighteen (18) inches of the floor (thereby creating possibility of accidential breakage by pedestrian traffic) shall be glazed with safety glass, wire glass or plastic glazing material that will resist breaking or will not create dangerous cutting edges when broken. Similar materials shall be used in wall openings of playrooms and exercise rooms unless required otherwise for fire safety.

(i) Thresholds and expansion joint covers shall be made flush with the floor surface to facilitate use of wheelchairs and carts.

(j) The location and arrangement of handwashing facilities shall permit their proper use and operation. Particular care shall be given to the clearances required for blade-type operating handles.

(k) Paper towel dispensers and waste receptacles shall be provided at all lavatories and sinks used for handwashing.

(l) Dumbwaiters, conveyors and material handling systems shall not open into corridor or exitway but shall open into a room enclosed by construction having a fire resistance of not less than one (1) hour and Class C three-fourths (¾) hour labeled fire doors. Service entrance doors to vertical shafts containing dumbwaiters, conveyors, and material handling systems shall be not less than Class B one and one-half (1½) hour labeled fire doors. Where horizontal systems penetrate fire-rated walls or smoke partitions, the opening thereto must be provided with Class B one and one-half (1½) hour labeled fire door for two (2) hour walls and Class C three-fourths (¾) hour labeled fire door for one (1) hour walls or partitions.

(m) Radiation protection requirements of x-ray and gamma ray installations shall conform to current Kentucky standards for radiographic and radioisotope equipment and use regulations applicable to ambulatory surgical center facilities. Provisions shall be made for testing the completed installation before use and all defects must be corrected before acceptance.

(n) Ceiling heights:

1. Boiler rooms: Not less than two (2) feet and six (6) inches above the main boiler header and connecting piping.

2. Radiographic and other rooms containing ceiling mounted equipment and including those having ceiling mounted surgical light fixtures shall have a height of not less than nine (9) feet.

3. All other rooms shall be not less than eight (8) feet high ceilings except that corridors, storage rooms, toilet rooms, and other minor rooms may be not less than seven (7) feet and eight (8) inches. Tracks, rails, pipes, etc., located in the path of normal traffic, shall be not less than six (6) feet and eight (8) inches above the floor.

(o) Rooms containing heat producing equipment (such as boiler or heater rooms) shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature ten (10) degrees Fahrenheit above the ambient room temperature.

(p) Approved fire extinguishers shall be provided throughout the building in accordance with NFPA Standard No. 10 as adopted by the State Fire Marshal's Office for ambulatory surgical center facilities.

(2) Finishes:

(a) Cubicle curtains, draperies, etc., shall be noncombustible or rendered flame retardant and shall pass both the large and small scale tests of NFPA Standard No. 701 as adopted by the State Fire Marshal's Office for ambulatory surgical center facilities.

(b) Flame spread and smoke developed requirements of finishes are covered under Section 18(2).

(c) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. In all areas subject to frequent wet cleaning, floor materials shall not be physically affected by germicidal and cleaning solutions. Floors that are subject to traffic while wet, as shower and bath areas and certain work areas, shall have a nonslip surface.

(d) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth, moisture resistant, and easily cleaned.

(e) Wall bases in soiled workrooms, areas used for surgical procedures, and other areas subject to frequent wet cleaning shall be made integral and coved with the floor, tightly sealed within the wall, and constructed without voids that can harbor insects.

(f) Floor and wall penetrations by pipes, ducts, conduits, etc., shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

(g) Acoustical ceilings shall be provided in corridors, multipurpose rooms, and waiting areas.

(h) Ceilings in operating suites shall be washable.

Section 18. Construction Including Fire-Resistive Requirements. Except as noted below, construction of ambulatory surgical center facilities shall generally be similar to recognized standards applicable to office occupancies.

(1) Foundations shall rest on natural solid bearing if a satisfactory soil is available at reasonable depths. Proper soil-bearing values shall be established in accordance with recognized standards. If solid bearing is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement, except that one (1) story buildings may rest on a fill designed by a soils engineer. When engineered fill is used, site preparation and placement of fill shall be done under the direct full-time supervision of the soils engineer. The soils engineer shall issue a final report on the grading operation and a certification of compliance with the job specifications. All footings shall extend to a depth not less than one (1) foot below the estimated maximum frost line.

(2) Interior finish of walls and ceilings of all exitways, storage rooms, and areas of unusual fire hazard shall have a flame spread rating of not more than twenty-five (25); all other areas shall have a flame spread rating of not more than seventy-five (75), except that up to ten (10) percent of the aggregate wall and ceiling area may have a finish with a rating up to 200. Floor finish materials shall have a flame spread rating of not more than seventy-five (75). Flame spread ratings for each specific product shall be determined by an independent testing laboratory in accordance with the American Society for Testing and Materials, Standard E84-70, filed herein by reference.

(3) Building insulation materials shall be noncombustible. Exposed vapor barriers and coverings on building insulation shall be noncombustible or fire retardant.

(4) Fire safety approval. Prior to final approval of plans and specifications by the state licensure agency, the plans and specifications must be approved by the State Fire Marshal's Office or their authorized representative.

Section 19. Elevators. (1) General. Elevators shall be required where examination or treatment rooms or diagnostic services are located on other than the main entrance floor. The elevators shall be installed in sufficient quantity, capacity, and speed that the average interval of dispatch time will not exceed one (1) minute, and average peak loading can be accommodated.

(2) Cars and platforms. Elevator cars and platforms shall be constructed of noncombustible material except the fire-retardant treated material may be used if all exterior surfaces of the car are covered with metal. Cars shall have a minimum inside floor dimension of not less than five (5) feet. The car door shall have a clear opening of not less than three (3) feet.

(3) Leveling. Elevators shall have automatic leveling of the two (2) way automatic maintaining type with accuracy within plus or minus one-half (½) inch.

(4) Operation. Elevators (except freight elevators) shall be equipped with two (2) way special service switches to permit cars to bypass all landing button calls and be dispatched directly to any floor.

(5) Field inspection and tests. The contractor shall be required to cause inspections and tests to be made and shall deliver to the owner written certification that the installation meets the requirements set forth in this section.

Section 20. Mechanical Requirements. (1) General: Prior to the completion of the contract and final acceptance of the facility, the architect and/or engineer shall obtain from the contractor certification that all mechanical systems have been tested and that the installation and performance of these systems conform to the requirements of the plans and specifications.

(2) Incinerators and refuse chutes. Incinerators shall be gas, electric, or oil-fired and shall be capable of, but need not be limited to, complete destruction of pathological wastes. The design and installation must comply with the current Kentucky standards for air contaminants for incinerators applicable to ambulatory surgical center facilities. Design and construction of refuse chutes shall be in accordance with Part III of the NFPA Standard No. 82 as adopted by the State Fire Marshal's Office for ambulatory surgical center facilities.

(3) Steam and hot water systems:

(a) Boilers. Boilers shall have the capacity, based upon the published Steel Boiler Institute or Institute of Boiler and Radiator Manufacturers' net ratings to supply the normal requirements of all systems and equipment. The heat source may be an integral part of the facility or from a remote facility.

(b) Boiler accessories. Boiler feed pumps, condensate return pumps, fuel oil pumps, and circulating pumps shall be connected and installed to provide standby service when any pump breaks down.

(c) Valves. Supply and return mains and risers of space heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return end.

(d) Covering. Boilers, smoke breeching, steam supply piping, high pressure steam return piping, and hot water space heating supply and return piping shall be insulated with insulation having a flame spread rating of twenty-five (25) or less and a smoke-developed rating of fifty (50) or less.

(4) Air-conditioning, heating, and ventilating systems:

(a) Temperatures and humidities:

1. The systems shall be designed to provide the temperatures and humidities shown below:

Area Designation	Temp. F.	RH
Operating	70-76*	50-60
Recovery	75	50-60

* Variable range required

2. For all other occupied areas, a minimum temperature of seventy-five (75) degrees Fahrenheit shall be provided at winter design conditions.

(b) Ventilation system details. All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at discharge end of the system. The ventilation rates shown on Table 1, Section 22, shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates if they are required to meet design conditions.

1. Outdoor ventilation air intakes, other than for individual room units, shall be located as far away as practicable but not less than twenty-five (25) feet from the exhaust from any ventilating system or combustion equipment. The bottom of outdoor intakes serving central air systems shall be located as high as possible but not less than eight (8) feet above the ground level or, if installed through the roof, three (3) feet above roof level.

2. The ventilation systems shall be designed and balanced to provide the general pressure relationship to adjacent areas as shown in Table 1, Section 22.

3. All air supplied to sensitive areas such as operating rooms shall be delivered at or near the ceiling of the area served, and all air exhausted from the area shall be removed near floor level. At least two (2) exhaust outlets shall be used in all operating rooms. Exhaust outlets shall be located not less than three (3) inches above the floor.

4. Room supply air inlets, recirculation, and exhaust air outlets installed in nonsensitive areas shall be located not less than three (3) inches above the floor.

5. Filters:

a. The ventilation systems serving sensitive areas such as operating rooms, recovery rooms, and laboratory sterile rooms, shall be equipped with a minimum of two (2) filter beds. Filter bed No. 1 shall be located upstream of the conditioning equipment and shall have a minimum efficiency of thirty (30) percent. Filter bed No. 2 shall be located downstream of the conditioning equipment and shall have a minimum efficiency of ninety (90) percent.

b. Central systems serving other than sensitive areas shall be provided with a filter or filters rated at a minimum of twenty-five (25) percent efficiency.

c. The above filter efficiencies shall be warranted by the manufacturer and shall be based on the National Bureau of Standards Dust Spot Test Method with Atmospheric Dust.

d. The exhausts from all laboratory hoods in which infectious or radioactive materials are processed shall be equipped with filters having a ninety-nine (99) percent efficiency based on the DOP (dioctyl-phthalate) test method.

e. Filter frames shall be durable and carefully dimensioned, and shall provide an air-tight fit with the enclosing ductwork. All joints between filter segments and the enclosing ductwork shall be gasketed or sealed to provide a positive seal against air leakage.

6. A manometer shall be installed across each filter bed serving central air systems.

7. Ducts shall be constructed of iron, steel, aluminum, or other approved metal or materials such as clay or asbestos cement.

8. Ducts which penetrate construction intended for x-ray or other ray protection shall not impair the effectiveness of the protection.

9. Duct linings shall meet the Erosion Test Method described in U. Pub. No. 181. Duct linings, coverings, vapor barriers, and the adhesives used for applying them shall have a flame spread classification of not more than twenty-five (25) and a smoke-developed rating of not more than fifty (50).

10. Acoustical lining materials shall not be used in the interior of duct systems serving sensitive areas such as operating rooms and recovery rooms.

11. Cold-air ducts shall be insulated wherever necessary to maintain the efficiency of the system or to minimize condensation problems.

12. Laboratories shall be provided with outdoor air at a rate of two (2) air changes per hour. If this ventilation rate does not provide the air required to ventilate fume hoods and safety cabinets, additional air shall be provided. A

filter with ninety (90) percent efficiency shall be installed in the air supply system at its entrance to the media transfer room.

13. Laboratory hoods for general use shall have a minimum average face velocity of seventy-five (75) feet per minute. Hoods in which infectious or highly radioactive materials are processed shall have a face velocity of 100 feet per minute and each shall have an independent exhaust system with the fan installed at the discharge point of the system. Hoods used for processing infectious materials shall be equipped with a means of disinfection.

14. The ventilation system for anesthesia storage rooms shall conform to the requirements of NFPA Standard No. 56A as adopted by the State Fire Marshal's Office for ambulatory surgical center facilities.

15. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and reasonable temperatures in the rooms and in adjoining areas.

(5) Plumbing and other piping systems. All plumbing systems shall be installed in accordance with the requirements of the current Kentucky plumbing standards regulations for ambulatory surgical center facilities.

(a) Plumbing fixtures:

1. The material used for plumbing fixtures shall be of nonabsorptive acid-resistant material.

2. Lavatories and sinks required in patient care areas shall have the water supply spout mounted so that its discharge point is a minimum distance of five (5) inches above the rim of the fixture. All fixtures used by medical and nursing staff shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose they shall not exceed four and one-half (4½) inches in length, except that handles on scrub sinks and clinical sinks shall be not less than six (6) inches long.

3. Hot, cold, and chilled water piping, and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior vapor barrier.

4. Backflow preventers shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as laboratory and janitor's sinks.

5. Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

6. Hot water distribution systems shall be arranged to provide hot water at each fixture at all times.

(b) Hot water heaters and tanks:

1. The hot water heating equipment shall have a sufficient capacity to supply water at the temperature and amounts indicated below:

	Use
	Clinical
Gal/hr/bed	6½
Temp. F.	125

2. Storage tank(s) shall be provided and shall be fabricated of non-corrosive metal or lined with non-corrosive material.

(c) Drainage systems:

1. Drain lines from sinks in which acid wastes may be poured shall be fabricated from an acid-resistant material.

2. Piping over operating and other critical areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of necessary overhead piping systems.

3. Floor drains shall not be installed in operating rooms.

4. Building sewers shall discharge into a community sewage system. Where such a system is not available, a facility providing sewage treatment which conforms to applicable local and state regulations is required.

(d) Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in trash rooms, bulk storage rooms, attic spaces and crawl spaces used for storage, and any other hazardous area. Storage rooms of less than 100 square feet are excluded from this requirement.

(e) Nonflammable medical gas systems. Nonflammable medical gas system installations shall be in accordance with the requirements of NFPA Standard No. 56-F as adopted by the State Fire Marshal's Office for ambulatory surgical center facilities.

Section 21. Electrical Requirements. (1) General:

(a) All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriters' Laboratories, Inc., or other similarly established standards.

(b) The contractor shall be responsible for testing all electrical installations and systems and shall show that the equipment is correctly installed and operates as planned or specified. A written record of tests of conductive floors, ground contact, indicators, and radiation protection shall be supplied to the owner.

(2) Special feeders and circuits. Fixed and mobile x-ray units shall be connected by means of independent feeders or circuits.

(3) Switchboard and power panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and distribution panelboards shall be enclosed or guarded to provide a dead front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(4) Distribution panelboards. Lighting and appliance panelboards shall be provided for the circuits on each floor. This requirement does not apply to emergency system circuits.

(5) Lighting:

(a) All spaces occupied by people, machinery, and equipment within buildings, and the approaches thereto, and parking lots shall have electric lighting.

(b) Operating rooms shall have general lighting for the room in addition to local lighting provided by special lighting units at the surgical tables. Each special lighting unit for local lighting at tables shall be connected to an independent circuit.

(6) Receptacles (convenience outlets): Anesthetizing locations: Each operating room shall have at least three (3) receptacles of the interchangeable type as defined in NFPA Standard No. 56A as adopted by the State Fire Marshal's Office for ambulatory surgical center facilities. In locations where mobile x-ray is used, an additional receptacle, distinctively marked for x-ray use, shall be fed by an independent ungrounded circuit.

(7) Equipment installation in special areas:

(a) Installation in hazardous areas: In areas where flam-

mable anesthetic agents are used, such as operating and anesthesia induction rooms, and rooms for storage of flammable gases, all electrical equipment and devices including receptacles, wiring and conductive flooring installations shall comply with NFPA Standard No. 56A as adopted by the State Fire Marshal's Office for ambulatory surgical center facilities.

(b) X-ray and gamma-ray installations: X-ray stationary installations and mobile equipment and the capacities of conductors supplying x-ray units, controls, grounding, and the overcurrent protective devices shall conform to the current Kentucky Standards for radiographic and radioisotope equipment and use regulations applicable to ambulatory surgical center facilities.

(c) X-ray film illuminator. Viewing panels shall be installed in each operating room and in the x-ray viewing room.

(8) Nurses' calling system. An emergency nurses' calling station shall be provided for nurses' use in each operating room and recovery room.

(9) Fire alarms and fire detector systems. The design and installation of these systems must be approved by the State Fire Marshal's Office.

(10) Emergency electric service:

(a) General. To provide electricity during an interruption of the normal electric supply that could affect the medical care, treatment, or safety of the occupants, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

(b) Sources. The source of this emergency electric service shall be as follows:

1. An emergency generating set, when the normal service is supplied by one or more central station transmission lines;

2. An emergency generating set or a central station transmission line, when the normal electric supply is generated on the premises.

(c) Emergency generating set. The required emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. Exception: A system of prime movers which are ordinarily used to operate the emergency generator(s) will be permitted provided that the number and arrangement of the prime movers is such that when one (1) of them is out of service (due to breakdown or for routine maintenance), the remaining prime mover(s) can operate the required emergency generator(s), and provided that the connection time requirements described in paragraph (e) of this subsection are met. The emergency generator set shall be of sufficient kilowatt capacity to supply all lighting and power load demands of the emergency system. The power factor rating of the generator shall be not less than eighty (80) percent.

(d) Emergency electrical connections. Emergency electric service shall be provided to circuits as follows:

1. Lighting:

a. Exitways and all necessary ways of approach thereto, including exit signs and exit direction signs, exterior of exits, exit doorways, stairways, and corridors.

b. Surgical room operating lights.

c. Laboratory, recovery room, nursing station and medication preparation areas.

d. Generator set location, switch-gear location, and boiler room.

2. Equipment essential to life safety and for protection of important equipment or vital materials:

a. Nurses' calling system;

b. Alarm system including fire alarm actuated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire detection systems, paging or speaker systems if intended for issuing instructions during emergency conditions, and alarms required for nonflammable medical gas systems, if installed;

c. Fire pump, if installed;

d. Pump for central suction system;

e. Sewage or sump lift pump, if installed;

f. Receptacles for blood bank refrigerator;

g. Receptacles in operating and recovery rooms except those for x-ray;

h. One (1) elevator, where elevators are used to transport patients to operating rooms;

i. Equipment such as burners and pumps necessary for operation of one or more boilers and their necessary auxiliaries and controls, required for heating of operating rooms, recovery rooms and sterilization;

j. Ventilation of operating and recovery rooms;

k. Equipment necessary for maintaining telephone service;

l. One (1) electric sterilizer, if installed.

3. Heating. Where electricity is the only source of power normally used for space heating, the emergency service shall provide for heating of operating and recovery room.

(e) Details. The emergency electrical system shall be so controlled that after interruption of the normal electric power supply, the generator is brought to full voltage and frequency and connected within ten (10) seconds through one or more primary automatic transfer switches to all emergency lighting; all alarms; blood banks; nurses' call; equipment necessary for maintaining telephone service; pump for central suction system; and receptacles in operating and recovery rooms. All other lighting and equipment required to be connected to the emergency system shall either be connected through the above described primary automatic transfer switching or shall be subsequently connected through other automatic or manual transfer switching. Where fuel is normally stored on the site, the storage capacity shall be sufficient for twenty-four (24) hour operation. Where fuel is normally piped underground to the site from a utility distribution system, storage facilities on the site will not be required.

Section 22. Tables. Table 1—Pressure Relationships and Ventilation of Certain Areas. Table 2—Lighting Levels for Certain Areas.

Table 1. Pressure Relationships and Ventilation of Certain Areas

Area Designation	Pressure Relationship to Adjacent Areas	All Supply Air From Outdoors	Minimum Air Changes of Outdoor Air per Hour
Operating Room	P	—	5
Recovery	O	—	2
Treatment Room	O	—	2
X-ray, Fluoroscopy Room	N	—	2
X-ray, Treatment Room	O	—	2
Soiled Workroom	N	—	2
Clean workroom	P	—	2
Janitor's closet	N	—	—
Sterilizer Equipment Room	N	—	—
Laboratory, General	N	—	2
Anesthesia Storage	O	—	—
Central Medical and Surgical Supply:			
Soiled or Decontamination Room	N	—	2
Clean Workroom	P	—	2
Unsterile Supply Storage	O	—	2

P = Positive N = Negative O = Equal — = Optional

Table 1. Continued

Area Designation	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Room
Operating Room	12	—	No
Recovery	6	Yes	No
Treatment Room	6	—	No
X-ray, Fluoroscopy Room	6	Yes	No
X-ray, Treatment Room	6	—	—
Soiled Workroom	4	—	No
Clean Workroom	4	—	—
Janitor's Closet	10	Yes	No
Sterilizer Equipment Room	10	Yes	No
Laboratory, General	6	—	—
Anesthesia Storage	8	Yes	No
Central Medical and Surgical Supply:			
Soiled or Decontamination Room	4	—	No
Clean Workroom	4	—	—
Unsterile Supply Storage	2	—	—

Table 2. Lighting Levels for Certain Areas

Area	Footcandles*
Administration and lobby areas, day	50
Corridors and interior ramps	20
Doorways	10
Examination and treatment room General	50
Examining Table	100
Exit stairways and landings	5
Janitor's closet	15
Nurses' station, general	50
Nurses' desk, for charts and records	70
Nurses' medicine cabinet	100
Stairways other than exits	30
Utility room, general	20
Utility room, work counter	50

*Minimum on task at anytime.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:105E. Ambulatory surgical center services.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)]
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of ambulatory surgical centers and the services to be provided by ambulatory surgical centers.* [This regulation, which relates to the operation and services of Ambulatory Surgical Center Services, 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. Defintion: Ambulatory Surgical Center Services, General: An ambulatory surgical center means a public or private institution with an organized medical staff that is established, equipped and operated primarily for the purpose of treatment of patients by surgery, whose recovery in the concurring opinions of the surgeon and/or the physician anesthesiologist or physician anesthetist or dentist anesthetist will not require inpatient care.

Section 2. Essential Characteristics of Ambulatory Surgical Center Services: The essential characteristics of ambulatory surgical centers are as follows:
(1) Is operated under the supervision of a staff of physicians.
(2) Surgical procedures shall be permitted to be performed by physicians, dentists, or podiatrists, who at the time,

are legally authorized to perform such procedures and are privileged to perform such procedures in at least one (1) hospital in the area.

(3) Requires (in all cases other than those requiring only local infiltration anesthetics) that a qualifed physician anesthesiologist or physician anesthetist or dentist anesthetist (or a registered nurse anesthetist acting under the direction of the operating surgeon) administer the anesthetics and remain present during the surgical procedure and until the patient is fully recovered from the anesthetics.

(4) Provides at least two (2) operating rooms and at least one (1) post-anesthesia recovery room.

(5) Is equipped to perform diagnostic x-ray and laboratory examinations for diagnostic purposes, or has an agreement with a licensed hospital, a licensed radiologist, or a licensed pathologist to provide these services.

(6) Does not provide accommodations for overnight stays.

(7) Provides the full-time services of registered professional nurses for patient care in the operating and post-anesthesia recovery room. A physician is required to be present in the center until all patients have been discharged and have left the center.

(8) Has available the necessary equipment and personnel to handle foreseeable emergencies (including defibrillator for cardiac arrest, a tracheotomy set for airway obstructions, and a blood or blood component supply to maintain blood volume).

(9) Maintains a written agreement with one or more licensed hospitals in close proximity for immediate acceptance of patients who develop complications or require postoperative confinement.

(10) Provides for the periodic review of the center and its operations by a utilization review committee or other committee composed as a medical audit team of physicians and/or dentists and podiatrists having no financial interest in the surgical center.

(11) Maintains adequate medical records for each patient.

(12) Provision shall not be made for any obstetrical deliveries.

Section 3. Licensure and Certificate of Need. (1) An ambulatory surgical center, as herein defined, shall not operate without having first obtained a certificate of need from the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board unless it was in operation prior to January 1, 1973.

(2) Upon submission of a properly completed license application form together with the prescribed fee an ambulatory surgical center that has been determined through a site inspection to be in compliance with the standards listed herein, may be issued a license by the Certificate of Need and Licensure Board.

(3) The license shall be posted in a public area of the facility in plain view of visitors.

Section 4. Minimum Standards for Operation: The following minimum standards of operation as set forth in this regulation shall apply to all ambulatory surgical centers:

(1) Disclosure of ownership. The ownership of the ambulatory surgical center shall be fully disclosed to the licensure board. This disclosure shall apply equally to individuals, partnerships, the officers and the board of directors of a corporation.

(2) State and local laws. The ambulatory surgical center shall be in compliance with all applicable state and local laws.

(3) Governing body and management. There shall be an organized governing body, or designated persons so functioning, that have overall legal responsibility for the conduct of the surgical center.

(a) Bylaws. Bylaws shall be adopted in accordance with legal requirements. These bylaws shall include but not be limited to:

1. Description of the organization including selection of officers.
2. Committee structures and their responsibilities.
3. Appointment of physician, dentist and podiatrist members and approval of their bylaws, rules and regulations.
4. Responsibilities for providing and maintaining the physical plant.
5. Provision for liaison between the governing body and the medical staff.
6. Frequency of meetings and the maintenance of written minutes of the governing body meetings.

(b) General administration:

1. The governing body shall appoint an administrator whose qualifications, authority and duties shall be defined in writing and adopted by the governing body.
2. The administrator shall act as the executive officer of the governing body and shall provide liaison between the governing body and medical staff, nursing department and other departments of the center.
3. He shall organize day to day operations of the center through appropriate departmentalization and delegation of duties.
4. A qualified individual shall be designated and authorized to act in the absence of the administrator.

(c) Personnel administration:

1. Written personnel policies, practices and procedures shall be developed and be available to all personnel.
2. Job descriptions shall be developed for each level of personnel and shall include the responsibilities and actual work to be performed in each classification.
3. Current employee records shall be maintained and include a resume of each employee's training and experience, evidence of current licensure or registration where required, records of health supervision and reports of all accidents occurring on duty.

Section 5. Medical Staff. There shall be a medical staff organized under bylaws approved by the governing body which shall be responsible for the quality of all medical care provided patients in the surgical center and for the ethical and professional practices of its members. It shall include physicians and may include dentists and podiatrists. Bylaws shall be adopted to govern and enable the medical staff to carry out its responsibilities. The medical staff bylaws, rules and regulations shall include, but not be limited to the following areas:

(1) Description of the medical staff organization including selection of officers, committee structures and responsibilities.

(2) State the necessary qualifications for staff membership.

(3) Procedures for granting and withdrawing staff privileges.

(4) Provision that surgical privileges will be granted only to physicians, dentists, and podiatrists who are privileged to perform such procedures in at least one (1) hospital in the area. It is necessary:

(a) That the medical staff's bylaws, rules and regulations

contain specific references governing medical, dental and podiatric services.

(b) That a medical history and physical examination be performed and entered into the medical record by a physican, no more than thirty (30) days prior to the surgical procedure.

(c) That surgical procedures permitted must be specifically defined.

(d) That surgical procedures permitted must be under the overall supervision of the center's medical audit team.

(e) That a designated physician must be responsible for all nondental and nonpodiatric medical problems.

(5) Mechanism for appeal of adverse decision regarding medical staff membership and privileges.

(6) State specifically those cases or instances in which consultations with other physicians, dentists and podiatrists are required.

(7) Procedures be established to assure that the patient is examined by a physician immediately prior to surgery, to evaluate the risk of anesthesia and of the procedure to be performed. Preoperative diagnosis shall be recorded.

(8) Provisions for performance of appropriate laboratory tests, as determined by a physician, requiring that at least a hemoglobin determination and a dip stick urinalysis be performed on all patients within forty-eight (48) hours prior to surgery and that the results be made available to the attending physician, dentist, or podiatrist.

(9) Policy permitting a surgical operation only upon written informed consent of the patient or his legal representative.

(10) Provide that the physician, dentist, or podiatrist in charge of the patient be responsible for seeing that all tissue removed during surgery is delivered to the center's pathologist and that an examination and report is made of such tissue.

(11) A statement that the physicians', dentists' or podiatrists' orders must be in writing and signed by the physician, dentist or podiatrist.

(12) Provision for keeping accurate and complete medical records.

(13) Provision for staff meetings for the purpose of reviewing clinical work performed in the center.

Section 6. Sanitary Environment: The surgical center shall provide a sanitary environment to avoid sources and transmission of infections.

(1) An infection committee composed of members of the medical and nursing staffs shall be established and responsible for controlling and preventing infections within the center.

(2) Written infection control measures shall be established. There shall be written procedures which govern the use of aseptic techniques and procedures in all areas of the center.

(3) All employees shall have a VDRL and chest x-ray or tuberculin skin test prior to employment and at least annually thereafter.

(4) To insure that cleaning procedures are effective, there shall be bacterial colony counts taken periodically in at least the operating rooms and any other high risk areas.

(5) There shall be a method of control used in relation to the sterilization of supplies and water and a written policy requiring nondisposable sterile supplies to be reprocessed no later than every thirty (30) days.

(6) There shall be rigidly enforced policies regarding the disposal of patient waste and any other potentially infectious materials.

(7) There shall be continuing education to all surgical center personnel on the cause, effect, transmission, prevention and elimination of infections.

Section 7. Surgery Department: (1) The operating rooms shall be supervised by a registered nurse.

(2) The operating room supervisor shall have on file a list of all physicians, dentists, and podiatrists with surgical privileges at the center and the privileges assigned to each by the medical staff.

(3) The medical staff shall designate which surgical procedures, if any, that will require the presence of two (2) scrubbed physicians. Assistants at lesser operations may be nurses or technicians designated by the medical staff as having sufficient training to assist in such procedures. A registered nurse shall be available to circulate.

(4) The operating room register shall be complete and up-to-date.

(5) The following equipment shall be available in the operating rooms: cardiac monitor, resuscitator, defibrillator, aspirator, thoracotomy and tracheotomy sets.

(6) There shall be effective policies regarding staff privileges for the administration of anesthetics. A post-anesthetic followup note on patients receiving general anesthetics shall be recorded two (2) to six (6) hours following surgery by the anesthetist or surgeon, noting postoperative abnormalties or complication, stating the pulse, respiration, blood pressure, presence or absence of swallowing reflex and cyanosis and general condition of the patient.

(7) Rules and regulations governing the use of the operating rooms shall be posted.

Section 8. Recovery Room: (1) There shall be adequate staff available in the recovery room so that no patient is left alone at any time.

(2) A registered nurse shall be available to the recovery room at all times.

(3) The person(s) staffing this area shall be adequately trained in all aspects of postoperative and postanesthetic care.

(4) Equipment available for emergencies shall include, but not be limited to: suction machine, stethoscope, sphygmomanometer, emergency cart and necessary drugs.

Section 9. Patient Accommodations in Recovery Room(s): (1) The surgical center shall provide suitable accommodations for all its patients. There shall be adequate floor space, furnishings, bed linens, and such other utensils, equipment and supplies as is reasonably required for the proper care of the patients accommodated. There shall be provision for the proper sterilization of supplies, utensils and equipment and for storing them in a clean, convenient and orderly manner. An adequate system for patients to use in calling nurses and attendants shall be maintained.

(2) Bedrails shall be available for any patient when required.

(3) A satisfactory bed and mattress and one (1) or more pillows of at least fifteen (15) inches by twenty (20) inches shall be provided for each patient. There shall be at least one (1) chair per patient.

Section 10. Informed Consent. All surgical operations shall require that the patient or the patient's legal representative sign a written informed consent prior to the surgical operation.

(1) A twenty-four (24) hour waiting period shall be required between the signing of an informed consent and the

performance of a voluntary interruption of pregnancy in an ambulatory surgical center, unless an emergency situation presents imminent peril substantially endangering the life of the woman.

(2) An ambulatory surgical center shall comply with the applicable Kentucky statutes concerning the voluntary interruption of pregnancies, including but not limited to KRS 311.710 to 311.990 and any regulations passed pursuant to those statutes.

Section 11. Voluntary Interruption of Pregnancies. Second and third trimester voluntary interruption of pregnancies shall not be performed in an ambulatory surgical center.

Section 12. Pharmaceutical Services: (1) The surgical center may have a licensed pharmacy. If the center does not have a licensed pharmacy, it shall have provision for promptly and conveniently obtaining prescribed drugs and biologicals from licensed community or institutional pharmacies.

(2) The center shall provide appropriate methods and procedures for storage, control and administering of drugs and biologicals, developed with the advice of a staff pharmacist, either full-time, part-time, or on a regular consultative basis. Drugs shall be properly labeled by the pharmacist for individual patients. The pharmacist shall have overall control of drugs at the center.

(3) All medications shall be administrered by licensed medical or nursing personnel in accordance with the Medical and Nurse Practice Acts. Each dose administered shall be properly recorded in the medical record.

(4) An emergency medication kit approved by the medical staff shall be readily available and maintained and replacements made by the pharmacist on a regular basis.

(5) Security and storage of all controlled substances shall be in accordance with the Kentucky Controlled Substances Act (KRS Chapter 218A).

(6) A record shall be maintained which lists on separate sheets for each type and strength of controlled substance the following information: date, time administered, name of patient, dose, physician's or dentist's name, signature of person administering dose, and balance. An audit shall be conducted by the pharmacist and a member of the nursing staff weekly.

Section 13. Laboratory Services. A surgical center may have an agreement with a licensed hospital located in close proximity to provide laboratory services; however, if the center provides their own laboratory services, the following regulations shall apply:

(1) There shall be necessary space, facilities and equipment to perform those diagnostic procedures commensurate with the center's needs for its patients.

(2) The laboratory in the surgical center or the contracted laboratory services shall be directed by a pathologist either on a full-time, part-time or regular consultative basis.

(3) There shall be a sufficient number of medical technologists to promptly and proficiently perform the tests in the laboratory.

(4) All equipment shall be in good working order, routinely checked and precise in terms of calibration.

(5) There shall be ongoing quality control programs, including the use of standards, control sera, reference samples, and periodic recalibration of instruments to insure accuracy of laboratory results.

(6) Laboratory examinations shall be made only upon the request of a physician, dentist or podiatrist.

(7) Provision shall be made for tissue pathology and diagnostic cytology examinations in the center's own laboratory or through arrangements with the pathologist director.

(8) All tissue removed from patients at surgery shall be macroscopically and, if necessary, microscopically examined by the center's pathologist.

(9) All laboratory and tissue pathology reports shall be signed and entered into the medical record.

Section 14. Radiology Services. The surgical center may have an agreement with a licensed hospital located in close proximity to provide radiology services; however, if the center provides their own radiology services, the following regulations shall apply:

(1) The surgical center shall maintain or have available, radiology services according to the needs of the center.

(2) The department shall be free of hazards for patients and personnel. Proper safety precautions shall be maintained against fire and explosion hazards, electrical hazards and radiation hazards.

(3) Periodic inspection shall be made by state authorities and hazards so identified shall be corrected.

(4) Radiology personnel shall be checked periodically for the amount of radiation exposure by the use of exposure meters or badge tests.

(5) The center shall have a qualified radiologist, either full-time, part-time, or on a consultative basis to supervise the department and to interpret films that require specialized knowledge for accurate reading.

(6) The amount of radiologist and technologist time shall be sufficient to meet the requirements or demands that the medical staff places upon the department.

(7) The use of all x-ray apparatus shall be limited to personnel designated as qualified by the radiologist or by an appropriate committee of the medical staff.

(8) Signed reports shall be promptly entered into the medical record and duplicate copies kept in the department.

(9) X-ray examinations shall be made only upon the request of a physician, dentist or podiatrist.

Section 15. Reports. Each surgical center shall furnish an annual report to the Department for Human Resources on forms supplied by the department for this purpose. This report shall consist of the total number of operations per year, number of operations by clinical category and such other statistical information that is requested.

Section 16. Medical Records: (1) Organization: The responsibility for supervision, filing and indexing of medical records shall be delegated to a responsible employee of the surgical center.

(2) Indexing: Medical records shall be properly indexed and systematically filed for ready access to properly authrorized personnel.

(3) Ownership: Records of patients are the property of the surgical center and shall not be removed from the center's jurisdiction and safekeeping except in accordance with a court order or subpoena. Medical records shall be made available, when requested for inspection by duly authorized representatives of the licensure board.

(4) Content: Adequate and complete medical records shall be prepared for all patients admitted to the surgical

center. All notes shall be legibly written or typed and signed. A minimum medical record shall include, but not be limited to the following information:

(a) Name and address of person or agency responsible for patient;

(b) Identification date (name, address, age, sex, martial status);

(c) Date of admission and discharge;

(d) Referring and attending physicians', dentists, and podiatrists names;

(e) History and physical examination record prior to surgery;

(f) Operative consent form signed by patient or his legal representative;

(g) Special examinations, such as consultation, clinical, laboratory, x-ray;

(h) Doctor's orders, dated and signed by the physician, dentist or podiatrist;

(i) Nurses' notes;

(j) Complete medical record signed by the operating surgeon, including anesthesia record, preoperative diagnosis, opertive procedures and findings, postoperative diagnosis and tissue diagnosis by a qualified pathologist on all specimens surgically removed, and postanesthesia follow-up note;

(k) Temperature chart including pulse, respiration and blood pressure;

(l) Discharge note to include condition on discharge and postoperative instructions to patient.

(5) Physician's, dentist's or podiatrist's responsibility: It shall be the responsibility of each attending physician, dentist or podiatrist to complete and sign the medical record of each patient as soon as practicable after discharge, but not to exceed ten (10) days.

(6) Orders for medication: All medical records shall contain the orders for medication and treatment written in ink and signed by the prescribing physician, dentist, or podiatrist and if given verbally, countersigned by him within forty-eight (48) hours except that all records for Schedule II drugs shall be signed immediately. A record of medication administered to the patient shall be included in the record and signed by the person administering the medication.

(7) Retention of records: All medical 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 based upon all relevant factors.

Section 17. Transfer Agreement: (1) Each surgical center shall have a written agreement with one (1) or more licensed hospitals located in close proximity to the center, for the immediate acceptance of patients who develop complications or require postopertive confinement.

(2) It shall be the responsibility of the surgical center to arrange for the transportation of patients who require hospital care and to arrange for their admission.

Section 18. Utilization Review: (1) Each surgical center shall have in effect a plan for utilization review of their services on at least a quarterly basis by a committee of physicians and/or dentists and podiatrists which have no financial interest in the center.

(2) Reviews shall be made of admissions and professional services furnished including utilization of surgical services and tissue reports.

Section 19. Fire control or Disaster Plan. The surgical center 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 assignement of specific tasks and responsibilities to the personnel.

(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 drills testing the effectiveness of the plan shall be conducted at least three (3) times a year.

(4) The plan shall be posted throughout the facility.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:110E. Medical alcohol detoxification centers.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1),(2)* [216.405 to 216.485, 216.990(2)] 222.210
PURSUANT TO: KRS 13.082, *216B.040* [216.425]
EFFECTIVE: August 8, 1980
EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.
NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of medical alcohol emergency detoxification centers and the services to be provided by medical alcohol emergency detoxification centers.* [This regulation, which relates to the operations and services of Medical Alcohol Emergency Detoxification Services, 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: Medical Alcohol Emergency Detoxification Services. Medical alcohol emergency detoxification services means a service providing treatment for intoxicated persons, or for persons evaluated by physicians to be alcoholics in need of acute emergency care in hospitals, extended care facilities, or nursing homes which operate on a twenty-four (24) hour basis and are licensed for this purpose in accordance with KRS 222.230.

Section 2. Essential Characteristics: The essential characteristics of a medical alcohol detoxification service shall be those contained in KRS 222.210 to 222.300 relating to alcoholism treatment and rehabilitation.

Section 3. Minimum Standards of Operation: (1) The hospital, extended care facility or nursing home shall have emergency medical treatment capability with staff and operating procedure appropriate to the category of the facility housing the program.

(2) The medical alcohol emergency detoxification service shall be provided on the premises of a facility primarily licensed as a hospital, extended care facility, or nursing home and under the medical aegis of the program.

(3) The facility shall provide extended intensive medical care of the patient, either within the primary facility or through cooperative arrangement with another appropriately licensed medical care facility.

(4) The service shall be operated by licensed staff specially trained in alcohol emergency treatment procedures as certified by the Department for Human Resources, except that the certification shall in no way be construed as interfering with the individual practice privileges granted medical, nursing, and other personnel through liensure in their respective professions.

(5) The service shall have twenty-four (24) hour capability, and shall provide examination and/or diagnosis, medical emergency outpatient treatment, and appropriate referral for all clients.

(6) Admission to inpatient treatment status shall be determined by an attending or examining staff physician as medically indicated.

(7) The facility shall assure a reasonable number or percentage of emergency beds to be available for medical alcohol emergencies, and shall assure space available for at least one (1) bed with reasonable privacy and appropriate stretcher or bed access wherein examination, detoxification, observation, evaluation and treatment of the medical alcohol emergency may be carried on.

(8) The facility shall show evidence of written affiliation or efforts to affiliate for reciprocal services with as many of the other licensed alcohol services as possible and available in the community, including but not limited to: situation, identification, and disposition units, thirty (30) day residential units, halfway houses, outpatient services; and shall have written affiliation with at least two (2) such services if existing within the community.

(9) The facility shall participate in a patient status tracking system as prescribed by administrative regulation of the Department for Human Resources, or its successor.

(10) The facility shall have the following on hand and operational at all times:

(a) Complete parenteral treatment equipment and capability.

(b) Appropriate pharmaceutical supplies to include tranquilizers, anti-convulsants, oral and parenteral vitamins.

(c) Inhalation equipment (including suction and positive pressure equipment).

(11) The facility shall have twenty-four (24) hour immediate access to physician services.

W. GRADY STUMBO, Secretary

ADOPTED: July 29, 1980

RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board

902 KAR 20:115E. Emergency care; ambulance services.

RELATES TO: KRS *216B.010 to 216B.130, 216B.990(1)(2)* [216.405 to 216.485, 216.990(2)]

PURSUANT TO: KRS 13.082, *216B.040* [216.425]

EFFECTIVE: August 8, 1980

EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.

NECESSITY AND FUNCTION: *KRS 216B.040 mandates that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services. This regulation provides for the licensure requirements for the operation of emergency care ambulance services and the services to be provided by emergency care ambulance services.* [This regulation, which relates to the operations and services of Emergency Care; Ambulance Services, 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 and Essential Characteristics: Emergency care ambulance service means health care and transportation provided by any individual or private or public organization having a vehicle or vehicles that are specially designed, constructed or that have been modified or equipped with the intent of using the same, or maintaining or operating the same for the health care and transportation of persons who are sick, injured, or otherwise incapacitated.

Section 2. Licensure: No person shall provide emergency care ambulance services without having first obtained a license from the board. Licenses issued by the board shall include designation thereon of "conforming" or "nonconforming" with the standards set forth in this regulation.

(1) Existing services: An "existing service" is defined as an emergency care ambulance service in operation prior to January 1, 1973 and continuously thereafter.

(a) Upon submission of a properly completed application to the board, accompanied by the prescribed fee, an existing service in full compliance with the standards herein may be issued a license designated as "conforming." Any existing service not in full compliance, upon submission of properly completed application accompanied by the prescribed fee, may be issued a license designated as "nonconforming." Those standards which are not met by the non-conforming service shall be identified and reported to the Regional Health Planning Council and responsible state and local officials. An existing licensed nonconforming service may be redesignated as a conforming service upon full compliance with the standards herein.

(b) Licenses issued to existing services designated as "non-conforming" shall not be subject to renewal when adequate services conforming to standards have been developed and are available to serve the community or area in which the non-conforming service is operating. Delineation of such community or area shall be consistent with regional emergency medical services plans developed and

adopted by the regional and state comprehensive health planning councils.

(2) Newly developed services: A "newly developed service" is defined as an emergency care ambulance service beginning operation on or after January 1, 1973.

(a) Upon submission of a properly completed application to the board, accompanied by the prescribed fee, a newly developed service in full compliance with the standards herein may be eligible to receive a license designated as "conforming." A newly developed service not in full compliance with the standards herein may, upon submission of a properly completed application accompanied by the prescribed fee, be eligible to receive a license designated as "non-conforming," provided that reasonable assurances including a plan setting dates for compliance with standards is submitted by the applicant and is accepted by the board. Newly developed services shall not be eligible for licensure when adequate services conforming to the standards herein exist in the area to be served. A newly developed service licensed as "non-conforming" may be redesignated as "conforming" upon full compliance with the standards herein.

(b) Licenses issued to newly developed services designated as "non-conforming" shall not be subject to renewal when adequate services conforming to standards have been developed and are available to serve the community or area in which the non-conforming service is operating. Delineation of such community or area shall be consistent with regional emergency medical services plans developed and adopted by the regional and state comprehensive health planning councils.

Section 3. Standards for the Operation of Ambulance Services: To be issued a license designated as "conforming," the ambulance service shall comply with the following standards: (1) Vehicle design and maintenance:

(a) On and after January 1, 1976 all vehicles used in the provision of ambulance services shall be designed to provide adequately for the care and transportation of patients and shall conform to the following patient compartment minimum dimensions: width twenty-five (25) inches of unobstructed floor space between stretcher and squad bench for the technician to perform cardiopulmonary resuscitation on the primary patient when the technician is in a right angle, kneeling position to the side of the patient; length, 116 inches (twenty-five (25) inches at the head plus fifteen (15) inches at the foot of a seventy-six (76) inch litter); height, fifty-four (54) inches from floor to ceiling; provided however, that for some of the vehicles in use by the applicant reasonable variation in dimensions may be allowed where such vehicles are to be utilized only for designated limited purposes which are specified by the applicant and approved by the board. Effective January 1, 1980, all conforming vehicles utilized (except limited purpose units) shall comply fully with vehicle design criteria contained in GSA Federal Specifications KKK-A-1822, dated January 2, 1974.

(b) All vehicles shall be kept in optimum working order. The interior of the vehicle and equipment shall be cleaned after each use, unless precluded by emergency conditions.

(2) Personnel:

(a) Ambulance services shall provide emergency service on a twenty-four (24) hour basis. This provision may be met through an adequate call system.

(b) Each emergency ambulance service shall be staffed to provide at least one (1) driver and one (1) attendant for each run. The attendant shall remain with the patient at all times during transport.

(c) Each employee shall receive pre-employment and annual physical examinations which shall include at least a chest x-ray (or recommended tuberculin testing procedure).

(d) All attendants utilized in the provision of ambulance services shall be trained to at least minimal level. Until such time as EMT-A training becomes mandatory, the following are acceptable: Red Cross Advanced, Red Cross Standard First Aid and Personal Safety, either to be supplemented by ten (10) hours Cardio-Pulmonary Resuscitation; Red Cross Advanced First Aid and Emergency Care Certification with ten (10) hours supplemental CPR instruction, EMT-A certification, and Medical Corpsman Training within the last five (5) years supersede the above listed programs. Certification must be current.

(e) Effective January 1, 1976, each attendant shall be certified as an EMT-A by the Department for Human Resources. All additional personnel utilized in the provision of EMS Transportation shall be trained to the minimal levels specified in paragraph (d) above. New personnel added after January 1, 1976, shall receive the minimal training within six (6) months from date of inital utilization.

(3) Equipment: All vehicles used in the provision of ambulance services shall have at least the following essential equipment or such equipment as is prescribed by the board, viz:

(a) Suction apparatus (fixed or portable);

(b) Hand operated bag-mask ventilation unit with adult, child, and infant size masks (capable of use with oxygen);

(c) Oropharyngeal airways in adult, child, and infant sizes;

(d) Oxygen equipment (fixed or portable);

1. Pressure gauge and flow rate regulator;
2. Adaptor and tubing;
3. Transparent masks in adult, child, and infant sizes; and
4. Filled spare cylinder.

(e) Mouth gags (commercial or made from tongue blades);

(f) Universal dressing approximately ten (10) inches by thirty-six (36) inches, compactly folded and packaged;

(g) Sterile gauze pads, four (4) inches by four (4) inches;

(h) Soft roller self-adhering bandages, various sizes;

(i) Roll of aluminum foil, sterlized and wrapped;

(j) Adhesive tape, various size rolls;

(k) Two (2) sterile burn sheets;

(l) Hinged half-ring lower extremity traction splint, length forty-three (43) inches or substitute padded board splints four and one-half feet by three inches (4½ ′ x 3″);

(m) Inflatable air splints for arm, leg and foot as minimum or a suitable substitute (i.e., padded boards, etc.);

(n) Short and long spine boards with accessories (orthopedic "scoop" stretcher preferred over long spine board);

(o) Triangular bandages;

(p) Large safety pins;

(q) Shears for bandages;

(r) Sterile obstetrical kit; and

(s) Sphygmomanometer and stethoscope.

(t) Additionally, the following medical items are to be considered mandatory on-board equipment as of January 1, 1980:

1. Mouth-to-mouth artificial ventilation airways for adults and children;
2. Sterile IV agents with administration kits to be used by qualified personnel;

3. Two (2) or more padded board splints four and one-half (4½) feet long by three (3) inches wide;
4. Poison kit.

(4) Extrication equipment: Effective January 1, 1980, all conforming vehicles shall carry the full contingent of access and extrication equipment for ambulance use as stipulated in the Highway Safety Program Manual No. 11, date April 1974 except for, those ambulance services which have written agreements with rescue squads, fire departments or any emergency service agency that meets the requirements of the Highway Safety Program manual, for extrication service.

(5) Radio communications equipment: All ambulance services shall be equipped with two (2) way radio communications equipment compatible with the statewide ambulance-to-hospital emergency radio communications system. This requirement becomes effective upon implementation of the regional communications network for the region in which a particular ambulance service is located.

(6) Records: All ambulance services shall keep adequate records, and shall utilize forms which may subsequently be specified by the board. Records shall be maintained at the ambulance base headquarters, and shall be available for periodic review as deemed necessary by the board. Records shall include at least the following information:

(a) Name of patient;
(b) Date of run;
(c) Time and odometer readings;
(d) Vehicle license or unit number;
(e) Name of driver and attendant;
(f) Destination;
(g) Nature of call (illness, injury, etc.);
(h) Victim status (conscious, convulsing, hemorrhaging, etc.);
(i) Cause of injury (motor vehicle accident, gunshot wound, etc.);
(j) Case severity;
(k) Vital signs (blood pressure, pulse, respiration);
(l) Response to external stimuli (patient does not react to pin prick, pupils do not react to light, etc.);
(m) Aid given to patient;
(n) Employe records, including a resume of each employe's training and experience, shall be maintained; and
(o) Health records of all drivers and attendants including evidence of pre-employment and annual physical examination, chest x-ray (or recommended tuberculin testing procedure) and records of all illnesses or accidents occurring on duty.

W. GRADY STUMBO, Secretary
ADOPTED: July 29, 1980
RECEIVED BY LRC: August 8, 1980 at 2:30 p.m.

Amended Regulations Now In Effect

COMPILER'S NOTE: The following regulations for the Board of Examiners of Psychologists were originally published in the April 1, 1979 edition of the "Register," and became effective August 6, 1980.

DEPARTMENT OF FINANCE
Division of Occupations and Professions
Board of Examiners of Psychologists
As Amended

201 KAR 26:010. Licensure; qualifications [and examinations].

RELATES TO: KRS 319.050, *319.040*
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: To fulfill requirement of defining qualifications and examinations for licensure, and applications and fees.

[Section 1. Qualifications. (1) Training. In order to be admitted to examination for licensure, an applicant must have, among other requirements described in KRS 319.050, "a degree of doctor of philosophy or its equivalent in psychology from an educational institution voted as acceptable. . . ."]

[(a) The following criteria will be used by the board to identify and designate educational programs as psychology programs:]

[1. Programs that are accredited by the American Psychological Association are recognized as meeting the definition of a professional psychology program. The criteria for accreditation serve as a model for professional psychology training.]

[2. Training in professional psychology is doctoral training offered in a regionally accredited institution of higher education.]

[3. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists.]

[4. The psychology program must stand as a recognizable, coherent organizational entity within the institution.]

[5. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.]

[6. The program must be an integrated, organized sequence of study.]

[7. There must be an identifiable psychology faculty and a psychologist responsible for the program.]

[8. The program must have an identifiable body of students who are matriculated in that program for a degree.]

[9. The program must include supervised practicum, internship, field, or laboratory training appropriate to the practice of psychology.]

[10. The curriculum shall encompass a minimum of three (3) academic years or equivalent of graduate study. In addition to instruction in scientific and professional ethics and standards, research design and methodology, statistics, and psychometrics, the core program shall require each student to demonstrate competence in each of

the following substantive content areas. This typically will be met by including a minimum of three (3) or more graduate semester hours (five (5) or more quarter hours) in each of these four (4) substantive content areas:

[a. Biological bases of behavior: Physciological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology.]

[b. Cognitive-affective bases of behavior: Learning, thinking, motivation, emotion.]

[c. Social bases of behavior: Social psychology, group processes, organizational and systems theory.]

[d. Individual differences: Personality theory, human development, abnormal psychology.]

[11. In addition to the core courses, all professional education programs in psychology will include course requirements in specialty areas.]

[(b) Equivalent to a degree of Doctor of Philosophy (Ph.D.) in Psychology: An applicant holding a Doctor of Education in Psychology (Ed.D.) or a Doctor of Psychology (Psy.D.) from an accredited institution of higher learning will be deemed to have the equivalent of a Doctor of Philosophy (Ph.D.) in Psychology; however, such applicant must meet the core and specialty requirements of training and experience.]

[(c) Experience: An internship in the practice of an appropriate specialty area at a program site acceptable to the board is required. In the event a formal internship site does not exist for a particular specialty, 2,000 hours of supervised experience acceptable to the board will be required.]

[(2) The following criteria will be used in specifying an applicant's eligibility to be examined in a specialty area(s) of competence. Specialty course requirements are in addition to the core course. A course used by the applicant to meet the core course requirement shall not be used to meet a specialty requirement. All courses must be at the graduate level.]

[(a) Clinical psychology:]

[1. Content and theoretical foundations (six (6) semester hours): Developmental psychology, social psychology, emotions, motivation, learning, physiological psychology, sensation, perception, personality.]

[2. Psychological assessment (six (6) semester hours): Individual and group approaches, projective and actuarial approaches to assessment of intelligence, perception and personality.]

[3. Psychological classification (three (3) semester hours): Psychopathology, abnormal psychology.]

[4. Psychological intervention (six (6) semester hours): Psychotherapy, systems of psychotherapy, specific psychotherapeutic or intervention strategies.]

[5. Quantitative, measurement and research techniques (nine (9) semester hours): Statistics, data analysis, experimental design, measurement, empirical investigation, research methods, tests and measurements.]

[6. Applied training:]

[a. Practicum in psychological assessment (three (3) semester hours).]

[b. Practicum in psychotherapy (three (3) semester hours).]

[7. Internship: A one (1) year internship at a program site acceptable to the board and which provides a minimum of two (2) weekly face-to-face supervisory sessions throughout the year and a total of 2,000 hours of supervised clinical experience, 400 hours of which must be in clinical assessment and 400 hours of which must be in psychotherapy.]

[(b) Counseling psychology:]

[1. Content and theoretical foundations (six (6) semester hours): World of work, occupational trends, culture and personality, social psychology, industrial psychology, educational psychology, personality, psychology of adjustment, psychology of specific groups.]

[2. Psychological assessment (six (6) semester hours): Individual and group psychometric techniques related to intelligence, aptitudes, abilities and interests. Personnel selection, vocational-occupational evaluation, educational assessment.]

[3. Psychological classification (three (3) semester hours): Individual differences, psychopathology, abnormal psychology.]

[4. Psychological intervention (six (6) semester hours): Counseling, psychotherapy, systems of counseling, specific counseling techniques, personnel, vocational, educational or rehabilitation counseling.]

[5. Quantitative, measurement and research techniques (nine (9) semester hours): Statistics, data analysis, measurement, research or experimental design, empirical investigation of behavior.]

[6. Applied training:]

[a. Practicum in psychological assessment (three (3) semester hours).]

[b. Practicum in counseling (three (3) semester hours).]

[7. Internship: An internship at a program site acceptable to the board and which provides a minimum of two (2) weekly face-to-face supervisory sessions throughout the year and a total of 1,200 hours of supervised experience appropriate to counseling psychology.]

[(c) School psychology:]

[1. Content and theoretical foundations (six (6) semester hours): Developmental psychology, educational psychology, social psychology, group dynamics, community psychology, exceptional child, special education, pupil personnel, learning, teaching strategies, perception.]

[2. Psychological and educational assessment (six (6) semester hours): Individual and group psychometric techniques relating to children's intelligence, perception, social behavior. Assessment of student's aptitude, achievement, educational deficiencies and abilities.]

[3. Psychological and educational classification (three (3) semester hours): Psychopathology, abnormal psychology, individual differences, exceptionalities of children.]

[4. Psychological intervention (six (6) semester hours): Counseling or psychotherapy, educational consultation, psycho-educational strategies of modifying behavior of students or school personnel.]

[5. Quantitative and research techniques (nine (9) semester hours): Statistics, data processing and analysis, psychological or educational research, program evaluation, experimental design, tests and measurements, test construction and development, attitude scaling.]

[6. Applied training:]

[a. Practicum in psychological assessment (three (3) semester hours).]

[b. Practicum in psychological intervention (three (3) semester hours).]

[7. Internship: An internship at a program site acceptable to the board and which provides a minimum of two (2) weekly face-to-face supervisory sessions throughout the year and a total of 1,200 hours of supervised experience appropriate to school psychology.]

[(d) Industrial/organizational psychology:]

[1. Content and theoretical foundations (six (6) semester hours): Differential psychology, personality, social psychology, industrial psychology, sensation perception, physiological psychology, motivation, learning, experimental psychology.]

[2. Applied techniques (twenty-one (21) semester hours):

Psychological assessment, intervention, classification and applied training. The applicant should have general familiarity with all the following five (5) areas and knowledge and experience in depth of at least one (1) of the five (5):]

[a. Industrial personnel psychology.]

[b. Human factors engineering psychology.]

[c. Organizational-social psychology.]

[d. Industrial-clinical psychology.]

[e. Marketing and consumer psychology.]

[3. Quantitative and research techniques (nine (9) semester hours): Statistics, research design, experimental methods, data processing or analysis, test construction and development, evaluation techniques, questionnaire development, attitude scaling.]

[4. Internship: An internship at a program site acceptable to the board or 1,200 hours of supervised experience acceptable to the board.]

[(e) Other specialties in psychology: Other specialties such as social, community, developmental, educational, experimental but not limited to these, will include course requirements according to the following categories:]

[1. Content and theoretical foundations (six (6) semester hours).]

[2. Applied techniques (twenty-one (21) semester hours): To include psychological assessment, intervention strategies, classification systems, applied training such as practica, and content courses of a special nature.]

[3. Quantitative and research techniques (nine (9) semester hours).]

[4. An internship or 1,200 hours of supervised experience acceptable to the board.]

[(3) References:]

[(a) Letters of reference from at least three (3) doctoral-level psychologists will be required, one (1) of which should be from the applicant's training program and one (1) of which should be from the internship site.]

[(b) Letters which document incompetent or unethical conduct will be sufficient to reject a person's application; however, in this event, an applicant will be notified of the reasons for rejection and be given a hearing upon request.]

[(4) Documents:]

[(a) The board will require official transcripts of all undergraduate and graduate work.]

[(b)The board may require other supporting documentation related to the applicant's training, experience or professional conduct.]

Section *1.* [2.] Examinations: (1) Candidates for a license must take an examination consisting of objective, essay and oral portions. In addition, the board may require work samples or may directly observe the candidate in practice.

(a) The objective portion will include but will not be limited to the national examination of the American Association of State Psychology Boards (AASPB). Other portions, including objective, essay and oral, will be prepared or approved by the board.

(b) Specialty areas include but are not limited to the following: Clinical, school, counseling, community, social, industrial/organizational, educational, developmental, experimental.

(2) Each candidate may retake the examination, or any portion thereof, once. If a candidate fails the first examination, he may apply to retake the examination. Such application must be accompanied by another application fee. Temporary license may be withdrawn by the board depending on the candidate's performance on the first examination, or the board may impose restrictions on the candidate's practice and supervision.

(3) A candidate who passes a portion of the examination will not be required to retake the passed portion.

(4) Schedule of examination:

(a) Examinations will be given at least semi-annually, in the fall and in the spring, and at other times as determined by the board.

(b) The location at which the examination will be held will be determined by the board. The time and place of examination will be announced *four (4)* [two (2)] weeks prior to examination date.

(5) *Candidates for examination must submit their applications for review at least one (1) month prior to the scheduled examination.* [The deadline for admission to examination will be two (2) weeks prior to the date of examination. A completed and acceptable application must be received by that time.]

[(6) Scoring procedure and criteria:]

[(a) The criteria for passing the objective portion will be a raw score not lower than three-fourths (0.75) of a standard deviation below the mean of the score of those candidates across the nation who took the examination.]

[(b) The essay and oral portions will be scored on a five (5) point scale by at least two (2) board members or designated examiners as follows: 5.0 Excellent, 4.0 Good, 3.0 Passing, 2.0 Failing-Poor, 1.0 Failing-Very Poor.]

[(c) An average score of 3.0 by each reader is passing. If one (1) reader rates the performance below 3.0 and the other reader rates the performance at 3.0 or greater, a third reader will score the examination. In this event, at least two (2) readers must score 3.0 or greater.]

[(7) Reporting:]

[(a) Candidates will be notified in writing of the results of examination within six (6) weeks of the examination date.]

[(b) Any candidate will, upon request, receive feedback regarding his performance. A candidate may read his essay performance provided he comes to the office of the board. Examination materials will not be mailed to candidates. Specific scores will not be released beyond a pass or fail designation.]

Section *2.* [3.] Applications and Fees: (1) The board will take action only upon completed applications.

(2) Any application for licensure which is incomplete for a period of twelve (12) months from the date initially made shall be closed. An applicant whose file has been closed shall subsequently be considered only upon the filing of a new application and payment of a new application fee.

(3) The fee for application for a license is $100 payable at the time of application.

(4) An application will not be considered nor will temporary permission to practice be granted without payment of the required fee.

(5) Fees are not refundable due to incomplete applications, inadequate qualifications or experience, unethical conduct, failure to pass examinations or withdrawn applications.

ROBERT B. SIVLEY, Chairman

ADOPTED: May 16, 1980

RECEIVED BY LRC: June 25, 1980 at 1 p.m.

DEPARTMENT OF FINANCE
Division of Occupations and Professions
Board of Examiners of Psychologists
Reprint

201 KAR 26:030. Reciprocity.

RELATES TO: KRS 319.061
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: To fulfill requirement defining standards related to a license issued without examination.

Section 1. The board will consider the following criteria in determining if a license will be granted without examination or by "reciprocity:"
(1) Requirements for licenses in KRS 319.050 and related regulations.
(2) Standards for admission to examination including training, experience, and references.
(3) Examination procedures including criteria for passing of each portion.
(4) Experience.
(5) References.

Section 2. Portions of the examination may be required if the applicant did not take such a portion for licensure in another state. Portions of the examination may be waived if in the judgment of the board the applicant has met an equivalent standard or examination. However, the board must have at least one (1) face-to-face interview with such an applicant before granting a license.

Section 3. The board may require documented evidence or copies of examinations completed by the applicant.

Section 4. A fee of $100 must accompany the application in order for it to be considered.

DEPARTMENT OF FINANCE
Division of Occupations and Professions
Board of Examiners of Psychologists
As Amended

201 KAR 26:050. Exclusions from licensure or certification.

RELATES TO: KRS 319.015
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: To fulfill requirement of defining professions and professional activities excluded from KRS Chapter 319.

Section 1. The professional pursuits of clergy or chaplains are not included in the practice of psychology. Clergy or chaplains who offer or provide psychological services to the general public which are not within the usual and customary duties of the clergy or chaplains to their pastorates, congregations, or institutions must be certified or licensed.

Section 2. The usual and customary professional pursuits of marriage counselors who are certified by the American Association of Marriage and Family *Therapy (AAMFT)* [Counselors (AAMFC)] are not limited nor authorized by KRS Chapter 319.

Section 3. (1) Persons certified by the State Board of Education as "school psychologists" are excluded from the provision of KRS Chapter 319.
(2) Psychological service by such "certified school psychologists" shall not be offered to the general public without certification or licensure by the board nor shall a school system offer to the public or to other firms, corporations or school systems for remuneration any psychological service defined in KRS Chapter 319 without certification or licensure by the board.

ROBERT B. SIVLEY, Chairman
ADOPTED: May 16, 1980
RECEIVED BY LRC: June 25, 1980 at 1 p.m.

DEPARTMENT OF FINANCE
Division of Occupations and Professions
Board of Examiners of Psychologists
As Amended

201 KAR 26:070. Titles.

RELATES TO: KRS 319.005
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: To fulfill requirement of authorizing usage of title and/or description of "psychologist."

Section 1. The titles "psychologist" or "licensed psychologist" are restricted to persons holding a license in psychology. Such persons may also use modifiers denoting specialty areas such as "clinical psychologist," "school psychologist," "counseling psychologist," "industrial psychologist," or "experimental psychologist" provided the person has been designated by the board as being properly qualified in such a specialty area.

Section 2. The title *certificand* ["certified psychologist"] is restricted to persons holding a certificate in psychology. Such persons may add modifiers denoting specialty area such as "certified [psychologist] in clinical psychology," "certified [psychologist] in school psychology," or "certified [psychologist] in counseling psychology."

ROBERT B. SIVLEY, Chairman
ADOPTED: May 16, 1980
RECEIVED BY LRC: June 25, 1980 at 1 p.m.

DEPARTMENT OF FINANCE
Division of Occupations and Professions
Board of Examiners of Psychologists
As Amended

201 KAR 26:080. Limited practice.

RELATES TO: KRS 319.050, 319.055
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: To fulfill requirement of defining limits of practice and changes in the status of psychologists.

Section 1. A licensed [or certified] psychologist *or certificand* must not practice nor present himself outside the area of competency specified in the application and the area approved by the board based upon examination or review of qualifications, training and experience.

Section 2. Practice outside the approved area is deemed to be a violation of KRS Chapter 319 and the American Psychological Association's Code of Ethics adopted by the board.

Section 3. A change in a licensed or certified [psychologist's] area of competency must include: (1) A written petition to the board.

(2) A review of the applicant's credentials, qualifications and experience.

(3) Following such review, the board may approve the designation of additional areas of competency or may require examination in the requested area. If the examination is required, the *candidate* [licensed or certified psychologist] must submit a complete application with the approved fee for licensure or certification.

[(4) A licensed [or certified] psychologist *or certificand* who wishes to change or to expand the approved area of competency must meet the same requirements with respect to subject matter, education, training, professional skills and qualifications that apply to the area of competency in question as attested by an accredited institution of higher learning. Such training should be individualized with due academic credit being given for relevant coursework or requirements that have previously been satisfied. Merely taking an internship or acquiring experience in a work or practicum setting is not considered adequate training or education for changing or expanding the approved area of competency.]

Section 4. Change from *Certificand* [Certified Psychologist] to Licensed Psychologist. (1) If a person has been certified and later wishes, on the basis of additional training and experience to be licensed as a psychologist, a new and complete application for licensure as a psychologist with area of competency requested must be submitted with an application fee.

(2) The board will accept the applicant's previous examination results for the objective (AASPB) examination if the original test score satisfies the licensure requirement as to criterion level.

(3) The essay and oral portions of the examination must be completed by the applicant.

Section 5. Change from Unsuccessful Candidate for License to Applicant for Certification. (1) If a person who has been admitted to examination for licensure but who failed to pass the examination wishes to apply for certification, a completed application for certification with the required fee must be completed with proposed area of competency and supervision indicated.

(2) The board will accept the applicant's previous examination results if the original test scores of each portion required satisfies the certification requirement as to criteria level and area of competency.

[Section 6. Change from Unsuccessful Candidate for Licensure or Certificate to Excluded Categories. If a person who has been admitted to examination for licensure or certification and who failed the examination wishes to practice in an excluded category, the educational training and certification or licensure requirements of the exclusion in question must be met and communicated to the board in writing. Failure to do so is deemed a violation of KRS Chapter 319.]

ROBERT B. SIVLEY, Chairman
ADOPTED: May 16, 1980
RECEIVED BY LRC: June 25, 1980 at 1 p.m.

EDUCATION AND ARTS CABINET
Department of Education
Bureau of Instruction
As Amended

704 KAR 5:050. Public school programs.

RELATES TO: KRS 157.312, 157.315, 157.360, 158.070, 158.090, 158.300
PURSUANT TO: KRS 13.082, 156.070, 156.160
EFFECTIVE: July 15, 1980
NECESSITY AND FUNCTION: KRS 157.315 requires the State Board for Elementary and Secondary Education to adopt regulations defining and prescribing the criteria for kindergartens in the common schools and the eligibility requirements of pupils to attend these classes.

Section 1. Personnel qualified to serve in an approved unit for kindergarten shall hold Kentucky teacher certification as follows:

(1) A Kentucky certificate endorsement for kindergarten teaching; or

(2) A Kentucky certificate valid for kindergarten teaching; or

(3) A Kentucky certificate valid for elementary classroom teaching initially issued prior to September 1, 1971.

Section 2. (1) State funding for a public school kindergarten unit shall be allocated for each fifty (50) kindergarten children enrolled in a school district. A fractional portion of a unit will be awarded on the ratio of one (1) unit to fifty (50) children enrolled.

(2) If the total kindergarten units appropriated in the state biennium budget bill are not allocated based on the enrollment requirement, the Superintendent of Public Instruction shall make a percentage reduction in the enrollment requirement in order to allot the total units appropriated.

Section 3. Scheduling for a kindergarten unit shall meet one (1) of the following plans:

(1) Conduct half-day session(s) for the school year.

(2) Conduct all day session(s) for the first semester. Conduct all day session(s) for the second semester. The second semester enrollment shall be children that have not previously enrolled in a kindergarten session in the district.

(3) Conduct alternate day session(s) all year.

(4) A school district desiring to implement a plan other than those listed in Section 3 (1) (2) and (3) shall submit a request for approval of such plan to the Assistant Superintendent for the Bureau of Instruction prior to implementing such plan.

Section 4. [(1)] Any child who is five (5) years of age or who may become five (5) years of age by [September] *October* 1, 19*80* [79], and any year thereafter, shall be permitted to enroll in a public school kindergarten. *Notwithstanding the age requirement listed above, each child who has satisfactorily completed [an approved] nursery school and will be five (5) years of age on or before December 31, 1980, shall be eligible for enrollment in a public kindergarten program in the 1980-81 school year and in the first grade during the 1981-82 school year.*

[(2) The parent or legal guardian of any child who becomes five (5) years of age on or before December 31, may petition the State Board for Elementary and Secondary Education to allow the child to be enrolled in kindergarten at the beginning of the school year in which the child become five (5).]

Section 5. The program shall include desirable experiences in social living, physical development, emotional growth and stability, language arts, science, music, art, and creative activities. The program shall provide opportunities and experiences in accordance with each child's level of comprehension and maturation.

Section 6. The facilities shall be in compliance with the regulations of the Department of Education's Division of Buildings and Grounds.

RAYMOND BARBER
Superintendent of Public Instruction

PUBLIC PROTECTION AND REGULATION CABINET
Department of Housing, Buildings and Construction
As Amended

815 KAR 20:141. Standards for subsurface sewage disposal systems.

RELATES TO: KRS Chapter 318
PURSUANT TO: KRS 13.082, 198B.040(10), 318.130, 318.134
EFFECTIVE: August 6, 1980
NECESSITY AND FUNCTION: The department is directed by KRS 318.130 and through the State Plumbing Code Committee to adopt and put into effect a state plumbing code. This regulation establishes uniform standards for subsurface sewage disposal systems. This regulation is necessary to adequately evaluate soil conditions, as well as to designate the type and size of the on-site sewage disposal system that is suitable for any particular project, prior to the issuance of KRS 318.134 plumbing construction permits.

Section 1. Citation of Regulation. This regulation may be cited as the "Kentucky Subsurface Sewage Disposal Regulation."

Section 2. Permit Required. No person shall construct, install or alter a subsurface sewage disposal system or dispose of sewage below the surface of the earth without first having received a permit pursuant to this regulation. The permit may be obtained from the department or from a local board of health which has been authorized to act for the department.

Section 3. Definitions. As used in this regulation the following terms shall have the meanings set forth below:
(1) "Approved percolation test" means a test conducted on a parcel of property at the location where the subsurface sewage system is to be installed and the written results of which are given in the following manner:
(a) Four (4) test holes at least thirty (30) inches deep and four (4) inches to twelve (12) inches in diameter shall be dug to the bottom depth of the drain field;
(b) The sides and bottom of the holes shall be scarified to remove any smeared surfaces;
(c) All loose material shall be removed from the holes;
(d) The holes shall be presoaked by filling with water for at least fourteen (14) hours prior to the test;
(e) Prior to the commencement of readings the water in the test holes shall be adjusted to a six (6) inch depth to begin the test;
(f) A reading shall be taken each hour over a four (4) hour period and the depth shall be readjusted to the six (6) inch level after each hourly reading;
(g) A fixed point shall be established for evaluating each test hole (e.g. by placing a stake approximately three (3) feet long in the test hole with two (2) nails in the stake, one four (4) and the other ten (10) inches from the bottom of the stake. The stake shall be driven into the ground with the first nail resting on the bottom of the hole. The first nail shall be used as a bench mark for each hourly reading and the second nail shall be used as a guide in adjusting the waterlevel);
(h) The hourly rate of absorption shall be recorded and the average fourth hour rate shall be considered the equilibrium rate;
(i) Four (4) rock sounding tests shall be conducted to detect the presence of rock formation at a depth of six (6) feet or less;
(j) Test holes for determining the equilibrium rate and rock sounding tests shall be conducted in separate locations and shall be so spaced as to accurately reflect the general configuration of the proposed lateral system;
(k) Seasonal high water table within six (6) feet of the surface shall be ascertained and reported whenever the percolation test is conducted in the months of May, June, July, August or September;
(l) Where soil maps are available, soil characteristics at the location of the proposed system shall be reported on the percolation test sheet;
(m) The percolation tests results shall be reported on a departmental form and certified by a person authorized to perform such a test. The report shall include, as a minimum, a sketch of the shape and dimensions of the lot lines, location of the test holes in relation thereto and proposed location of the building;
(n) The percolation test shall be void if the area in which the percolation test was conducted is regraded, or if the system is not to be installed in the area where the test was conducted. *If regrading of the area after a system is installed results in removal of any of the original soil, approval of the system shall be void.* [The regrading of an area after the system has been installed shall also void the test.] If an area is filled, the site shall not be utilized for subsurface disposal for a period of one (1) year; this requirement may be waived after review and approval by the department of soil compaction test results prepared and certified by a professional engineer registered in Kentucky.
(2) "Drain field" means a system of piping installed in a two (2) foot wide trench approximately thirty (30) inches deep. The piping shall be either four (4) inch open joint or four (4) inch perforated pipe. Six (6) inches of number

three (3) rock shall be placed below the pipe, six (6) inches of number three (3) rock shall be placed over the (above the crown of the) pipe, with a total depth of sixteen (16) inches.

(3) "Subsurface disposal system" means an installation intended for the treatment and disposal of sewage by means of a septic tank, or other approved device, and includes the drain field into which the effluent will disperse. (See Section 5.)

(4) "Equilibrium rate" means the average fourth hour absorption rate of the test holes. However, if review of the data indicates that the rate of fall is not consistent, tests shall be continued until such time as a consistent absorption rate is obtained. This consistent absorption rate is the equilibrium rate.

Section 4. Standards for Issuing Subsurface Sewage Disposal Permits. No permit shall be issued for a subsurface sewage disposal system unless: (1) The rock sounding test indicated the absence of rock formation at a depth of at least four (4) feet; and

(2) The seasonal high water table was not within four (4) feet of the surface; and

(3) The septic tank (or other approved treatment device) and drain field are sized in accordance with Sections 5 and 6; and

(4) An approved percolation test was conducted and reported and the results thereof indicate that the equilibrium rate was at least one (1) inch per hour; however, in the event the equilibrium rate is greater than one-half (½) inch per hour the site may be approved provided:

(a) The parcel of property is of sufficient size to reconstruct the drain field in an alternate location should the initial installation malfunction; and

(b) That additional approved treatment is given the waste water before disposal to the drain field; and

(5) Plans for the proposed system have been submitted which when taken together with the percolation test report show the following: the location of the building; the distances from the proposed system to the property line and nearby wells and streams; size and shape of lot lines, including length and width of the site; the location of the proposed system in relation to the percolation test holes; and elevations where the department or person authorized to conduct the percolation test deems it necessary to adequately evaluate the site.

(6) In the event a proposed site fails to meet the criteria set forth in this section, a permit *shall* [may] be issued for an approved alternative system, other than a septic tank, which is appropriate to the individual characteristics of the site or a variance *shall* [may] be granted if the department or authorized local board of health finds that health standards and water quality criteria are not jeopardized.

(7) Any person who wishes a variance to the requirements of this section, must petition the department or authorized board of health in writing. Such request shall be accompanied by a statement of the reasons for seeking the variance. Variances may be issued for any lot which can safely accommodate the proposed system.

Section 5. Table I. Size of Septic Tank:

Minimum Capacity for Septic Tank and Other Sewage Treatment Devices

Number of Bedrooms	Size in Gallons
2 or less	750
3	900
4	1,000
each additional	250

Section 6. Table II. Length of Drain Field:

Footage of Drainage Lines Required

Equilibrium Rate (Greater than inches per hour)	Bedrooms (feet) 2	3	4	5
1/2	495	660	825	990
1	330	495	660	825
1 1/8	320	480	640	800
1 1/4	315	475	630	790
1 3/8	310	465	620	775
1 1/2	300	450	600	750
1 5/8	290	435	580	725
1 3/4	275	415	550	690
1 7/8	260	390	520	650
2	250	375	500	625

Section 7. Authorized Local Boards of Health and Persons Approved to Conduct Percolation Tests. (1) The Commissioner of the Department of Housing shall, upon written request from a local board of health, authorize such board to serve as its agent to issue permits for on-site sewage disposal systems within that area of local board jurisdiction. Such request shall include a method of administering this regulation. As agent, the authorized local board of health shall act for the department in issuing permits and granting variances for on-site sewage disposal systems. Actions by the local board of health shall comply with the requirements of KRS 318.134 and 318.160 and with the regulations established by the department for on-site sewage disposal systems. Whenever the local health board grants a subsurface sewage system permit, a copy of same shall be placed on file in the Department of Housing, Buildings and Construction, Division of Plumbing.

(2) All persons who propose to conduct percolation tests shall submit their name, occupation, registration number and address to the department.

(3) In the event the department finds that an authorized local board of health, professional engineer or land surveyor, registered sanitarian or other person authorized by the department to conduct and report percolation tests is not complying with the terms of this regulation, the commissioner may suspend or revoke such authorization after a hearing thereon.

Section 8. Effect on Local Regulation. This regulation shall not supersede more stringent regulations of any local government body.

JOHN T. GROVES, JR., Commissioner
ADOPTED: July 14, 1980
APPROVED: H. FOSTER PETTIT, Secretary
RECEIVED BY LRC: June 30, 1980 at 9:30 a.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Social Insurance
As Amended

904 KAR 3:060. Administrative fraud hearings.

RELATES TO: KRS 194.050
PURSUANT TO: KRS 13.082, 194.050
EFFECTIVE: August 6, 1980
NECESSITY AND FUNCTION: The Department for Human Resources has responsibility to administer a food stamp progam as prescribed by the Food Stamp Act of 1977, as amended and 7 CFR Part 270 through 280. KRS 194.050 provides that the secretary shall, by regulation, develop policies and operate programs concerned with the welfare of the citizens of the Commonwealth. This regulation sets forth the procedures used by the department to disqualify food stamp recipients who have committed fraud.

Section 1. Fraud Disqualification *Penalties.* Individuals found through an administrative fraud hearing to have committed fraud shall be ineligible to participate for three (3) months beginning with the periods specified in 7 CFR Part 273.16(b)(8). Individuals found guilty of criminal or civil fraud by a court of appropriate jurisdiction shall be ineligible for not less than six (6) months and not more than twenty-four (24) months as determined by the court. *If the court fails to specify or address a disqualification period for the fraudulent act, the department shall impose a six (6) month disqualification period unless it is contrary to the court order. The department shall disqualify only the individual convicted of fraud and not the entire household. If the individual fails to agree to make restitution, the period of disqualification shall continue until the individual agrees to make restitution. Individuals or the remaining household members shall be permitted to make restitution during the period of disqualification in accordance with established procedures for cash repayment or allotment reduction. The department shall inform the household in writing of the disqualification penalties for committing fraud at each time it applies for benefits.* [The disqualification shall apply only to the individual and not to the entire household.]

Section 2. Definition of Fraud. [The department shall use the criteria outlined in 7 CFR Part 273.16(b) for purposes of determining at an administrative fraud hearing whether or not fraud was committed.] *For purposes of determining at an administrative fraud hearing whether or not fraud was committed, fraud shall consist of any action by an individual to knowingly, willfully, and with deceitful intent:*

(1) Make a false statement to the department, either orally or in writing, to obtain benefits to which the household is not entitled;

(2) Conceal information to obtain benefits to which the household is not entitled;

(3) Alter ATP's to obtain benefits to which the household is not entitled;

(4) Use coupons to buy expensive conspicuous nonfood items such as alcohol or cartons of cigarettes;

(5) Use or possess improperly obtained coupons or ATP's; or

(6) Trade or sell coupons or ATP's.

Section 3. Administrative Disqualification. An administrative fraud hearing *may* [shall] be initiated by the department whenever the department has documented evidence to prove that a currently certified household member has committed fraud [and the department believes the household member should be disqualified]. *The department may initiate an administrative fraud hearing regardless of the current eligibility of the individual. The disqualification period for nonparticipants at the time of the final hearing decision shall be deferred until the individual applies for and is determined eligible for program benefits.* Fraud hearings shall not be conducted if the amount the department suspects has been fraudulently obtained is less than thirty-five dollars ($35) or if the value of the ineligible items that have been purchased with food stamps is under thirty-five dollars ($35). The burden of proving fraud is on the department. [If the household member is not certified when the suspected fraud is discovered, the department shall initiate the hearing when the household member becomes certified. An administrative fraud hearing shall not be conducted if the local office plans to refer the case for legal action.]

Section 4. Fraud Hearing Procedures. The department will provide administrative fraud hearings at the local level in all counties with a right to appeal to a state-level fraud hearing. The conduct of a fraud hearing will be similar to that of a fair hearing. The department will designate hearing officials to conduct only local fraud hearings. Fraud hearing decisions appealed to the state level will be heard by the fair hearing officials. Hearings shall be conducted by an impartial official(s) who did not have any personal stake or involvement in the case; who was not directly involved in the initial determination that the household member had committed fraud; and was not the immediate supervisor of the eligibility worker who took the action. State level hearings shall be conducted by state-level personnel. The hearing official(s) shall be an employee of the department. [The department shall follow the hearing procedures outlined in 7 CFR Part 273.16(d)(2)(ii), (iii), (iv), (v).]

(1) The powers and duties of the hearing official shall be the same as those specified in 904 KAR 3:070, Section 12.

(2) The household's rights during the fraud hearing shall be the same as those specified in 904 KAR 3:070, Section 13.

(3) The hearing decision shall comply with provisions specified in 904 KAR 3:070, Section 14(1).

(4) At the fraud hearing, the hearing official shall advise the household member or representative that they may refuse to answer questions during the hearing.

(5) Within ninety (90) days of the date the household member is notified in writing that a local hearing has been scheduled, the department shall conduct the hearing, arrive at a decision and initiate administrative action which will make the decision effective. If the household decides to appeal its case to a state level hearing, the department shall conduct the state level hearing, arrive at a decision and initiate administrative action which will make the decision effective within sixty (60) days of the date the household member appealed its case. The household member or representative is entitled to a postponement of up to thirty (30) days. If a hearing is postponed, the above time limits shall be extended for as many days as the hearing is postponed.

Section 5. Advance Notice of [Local Level] Hearing. *(1)* The department shall provide written notice to the household member suspected of fraud at least thirty (30) days in advance of the date a *local level* fraud hearing in-

itiated by the *department* [agency] has been scheduled. The notice shall be mailed certified mail, return receipt requested[.] *and shall contain:* [The time and place of the hearing shall be arranged so that the hearing is accessible to the household member suspected of fraud. If the household member or its representative cannot be located or fails to appear at the hearing without good cause, the hearing shall be conducted without the household member represented. Even though the household member is not represented, the hearing official is required to carefully consider the evidence and determine if fraud was committed based on clear and convincing evidence. If the household member is found to have committed fraud but the local hearing officer later determines that the household member or representative had good cause for not appearing, the previous decision shall no longer remain valid and the department shall conduct a new hearing. The household member has ten (10) days from receipt of the notice of the fraud decision to present reasons indicating a good cause for failure to appear. The hearing official must enter the good cause decision into the record. Good cause is defined as:]

[(1) The household member was away from home during the entire filing period; or]

[(2) The household member is unable to read or to comprehend the notice; or]

[(3) The household member moved and a delay resulted in receiving adequate notice; or]

[(4) Serious illness of a household member; or]

[(5) The delay was no fault of a household member.]

(a) The date, time, and place of the hearing;

(b) The charge(s) against the household member;

(c) A summary of the evidence, and how and where the evidence can be examined;

(d) A warning that the decision will be based solely on information provided by the food stamp office if the household member fails to appear at the hearing;

(e) A warning that a determination of fraud will result in a three (3) month disqualification;

(f) A listing of the household member's rights as contained in 904 KAR 3:070, Section 13;

(g) A statement that the hearing does not preclude the state or federal government from prosecuting the household member for fraud in a civil or criminal court action, or from collecting the overissuance;

(h) A telephone number of someone who can give free legal advice.

(2) If the household member suspected of fraud is appealing a local level hearing to a state level hearing the department shall provide a written notice to that household member at least ten (10) days in advance of the scheduled hearing. The ten (10) day advance notice shall contain the provisions of paragraphs (a), (f), (g), and (h) of subsection (1) of this section, as well as a statement that the department will dismiss the hearing request and the household member will be disqualified in accordance with the local hearing decision if the household or its representative fails to appear for the hearing without good cause. The department's hearing procedures will be listed on the ten (10) and thirty (30) day written notices.

Section 6. *Scheduling the Hearing. The time and place of the hearing shall be arranged so that the hearing is accessible to the household member suspected of fraud. If the household member or its representative cannot be located or fails to appear at a hearing initiated by the department without good cause, the hearing shall be conducted without the household member represented. Even though the household member is not represented, the hearing official is required to carefully consider the evidence and determine if fraud was committed based on clear and convincing evidence. If the household member is found to have committed fraud but a hearing official later determined that the household member or representative had good cause as defined in 904 KAR 3:070, Section 9, for not appearing, the previous decision shall no longer remain valid and the department shall conduct a new hearing. The hearing official who originally ruled on the case may conduct the new hearing. The household member has ten (10) days from receipt of the notice of the fraud decision to present reasons indicating a good cause for failure to appear. A hearing official must enter the good cause decision into the record. If a local fraud hearing decision is appealed to a higher hearing level but the household member or its representative fails to appear for the hearing, the department shall dismiss the hearing request and notify the household member that it will be disqualified for three (3) months in accordance with the local hearing decision unless the household member or its representative provides good cause for not appearing at the hearing within ten (10) days of receipt of the notice. If the hearing official determines that the household member or representative had good cause for not appearing, the department shall reschedule the hearing.* [Participation While Awaiting a Hearing. A pending fraud hearing shall not affect the individual's or the household's right to be certified and participate in the program. Since the department cannot disqualify a household member for fraud until the hearing official finds that the individual has committed fraud, the department shall determine the eligibility and benefit level of the household in the same manner it would be determined for any other household as specified in 7 CFR Part 273.16(d)(5).]

Section 7. *Participation While Awaiting a Hearing. A pending fraud hearing shall not affect the individual's or the household's right to be certified and participate in the program. Since the department cannot disqualify a household member for fraud until the hearing official finds that the individual has committed fraud, the department shall determine the eligibility and benefit level of the household in the same manner it would be determined for any other household.* [Fraud Hearing Decision. The hearing official shall base the determination of fraud on clear and convincing evidence which demonstrates that the household member knowingly, willfully and with deceitful intent committed fraud. Decisions of the hearing official shall comply with federal policy and shall be based on the hearing record. An official report containing the substance of what transpired at the hearing, together with all papers and requests filed in the hearing proceeding, shall be retained by the department. This record shall also be available, to the household or its representative at any reasonable time for copying and inspection.]

Section 8. *Fraud Hearing Decision. The hearing official shall base the determination of fraud on clear and convincing evidence which demonstrates that the household member knowingly, willfully, and with deceitful intent committed fraud. Decisions of the hearing official shall specify the reasons for the decision, identify the supporting evidence, identify the pertinent handbook section and corresponding FNS regulation and respond to reasoned arguments made by the household member or representative. An official report containing the substance of what*

transpired at the hearing, together with all papers and requests filed in the hearing proceeding, shall be retained by the department. This record shall also be available to the household or its representative during work hours for copying and inspection. [Appeal Rights of the Household. Household members found to have committed fraud may appeal their decision as specified in 7 CFR Part 273.16(d)(8).]

Section 9. *Appeal Rights of the Household. Household members found to have committed fraud may appeal their decision as follows:* [Notification of Fraud Hearing Decisions. The department shall notify a household member in writing of fraud hearing decisions as specified in 7 CFR Part 273.16(d)(9).]

(1) Appeal after local hearing. A household member found to have committed fraud by a local hearing authority has fifteen (15) days after the member receives the local hearing decision to appeal the decision to a state level hearing. The department shall mail the notice by certified mail, return receipt requested. If a state level hearing is not requested, the household member shall be disqualified for three (3) months. If, however, the household member requests a state level hearing within the fifteen (15) day period, the household member shall not be disqualifeid unless the state level hearing also finds the household member committed fraud. If a state level hearing is requested, a new hearing shall be conducted and a decision rendered within sixty (60) days of the request. In a new hearing, the prior decision shall not be taken into consideration.

(2) Appeal after state level hearing. After a household member has been found to have committed fraud by a state level hearing official, the household member shall be disqualified for three (3) months beginning with the first month which follows the date the household member has received the state level hearing notice. No further administrative appeal procedure exists after an adverse state level hearing. The determination of fraud made by a fraud hearing official cannot be reversed by a subsequent fair hearing decision. The household member, however, is entitled to seek relief in a court having appropriate jurisdiction. The period of disqualification may be subject to stay or other injunctive remedy.

Section 10. *Notification of Fraud Hearing Decisions. The department shall notify a household member in writing of fraud hearing decisions as specified below:* [Court Imposed Disqualification. A court of appropriate jurisdiction, with either the state, a political subdivision of the state, or the United States as prosecutor or plaintiff, may order an individual disqualified from participation in the program for not less than six (6) months and not more than twenty-four (24) months if the court finds that individual guilty of civil or criminal fraud. Court ordered disqualifications may be imposed separate and apart from any action taken by the department to disqualify the individual through an administrative fraud hearing. Fraud disqualifications which are reversed by a court shall be processed as specified in 7 CFR Part 273.16(f).]

(1) If the hearing finds that the household member did not commit fraud, the department shall provide a written notice which informs the household member of the decision.

(2) If the administrative fraud hearing finds that the household member committed fraud, the department shall mail a written notice to the household member prior to disqualification. The notice shall inform the household member of the decision and the reason for the decision. The notice shall also inform the remaining household members, if any, of either the allotment they will receive during the period of disqualification, or they must reapply because the certification period has expired. For state level decisions, the notice shall inform the household member of the date disqualification will take effect. For local level decisions, the notice shall inform the household member of the deadline for requesting a state level hearing, the date disqualification will take effect unless a state level hearing is requested, and that benefits will be continued pending a state level hearing if the household is otherwise eligible. If the individual is no longer participating, the notice shall inform the individual that the period of disqualification will be deferred until such time as the individual again applies for and is determined eligible for program benefits. A written agreement letter for restitution, explaining the repayment requirements shall also be sent. A list of the household member's rights shall also be printed on the notice of fraud hearing decisions.

Section 11. Court Imposed Disqualification. A court of appropriate jurisdiction, with either the state, a political subdivision of the state, or the United States as prosecutor or plaintiff, may order an individual disqualified from participation in the program for not less than six (6) months and not more than twenty-four (24) months if the court finds that individual guilty of civil or criminal fraud. Court ordered disqualifications may be imposed separate and apart from any action taken by the department to disqualify the individual through an administrative fraud hearing. In cases where the determination of fraud is reversed by a court the department shall reinstate the individual if eligible and restore any benefits that were lost as a result of the disqualification.

W. GRADY STUMBO, Secretary
ADOPTED: May 5, 1980
RECEIVED BY LRC: July 23, 1980 at 2 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Social Insurance
As Amended

904 KAR 3:070. Fair hearings.

RELATES TO: KRS 194.050
PURSUANT TO: KRS 13.082, 194.050
EFFECTIVE: August 6, 1980
NECESSITY AND FUNCTION: The Department for Human Resources has responsibility to administer a food stamp program as prescribed by the Food Stamp Act of 1977, as amended and 7 CFR Part 270 and 280. KRS 194.050 provides that the secretary shall, by regulation, develop policies and operate programs concerned with the welfare of the citizens of the Commonwealth. This regulation sets forth the fair hearing procedures used by the department to administer the food stamp program.

Section 1. Availability of Hearings. The department shall provide a fair hearing to any household aggrieved by any action of the department which affects the participa-

tion of the household in the food stamp program. The department shall provide *state level fair hearing conducted by state level hearing officers which shall be carried out at the local level.* [fair hearings at the local level which shall be conducted by state level hearing officers.]

Section 2. Timely Action on Hearing Requests. The department shall acknowledge all hearing requests, conduct a hearing, and issue a decision within sixty (60) days of a request for a fair hearing. *Decisions which result in an increase in houshold benefits shall be reflected in the coupon allotment within ten (10) days of the receipt of the hearing decision even if the department must provide a supplementary ATP or otherwise provide the household with an opportunity to obtain the allotment outside the normal issuance cycle. However, the department may take longer than ten (10) days if it elects to make the decision effective in the household's normal issuance cycle, provided that the issuance will occur within sixty (60) days from the household's request for the hearing. Decisions which result in a decrease in household benefits shall be reflected in the next scheduled issuance following receipt of the hearing decision.* [The department shall take action on hearing decisions as specified in 7 CFR Part 273.15(c).]

Section 3. Agency Conference. The department shall offer an agency conference to households adversely affectd by a departmental action. The household shall be advised that an agency conference is optional and will in no way delay or replace the fair hearing process. An agency conference may lead to an informal resolution of the dispute. However, a fair hearing must still be held unless the household makes a written withdrawal. The agency conference is to be attended by the eligibility worker, his/her supervisor, and the household member and/or representative. An agency conference for households contesting a denial of expedited service shall be scheduled within two (2) working days, unless the household requests that it be scheduled later or states no agency conference is wanted.

Section 4. Group Hearings. The department may respond to a series of individual requests for fair hearings by conducting a single group hearing [if there is a single common issue in question]. Hearing cases may be consolidated only *where individual issues of fact are not disputed and* if the sole issue is one of federal law, regulation or policy. In all group hearings the policies governing hearings must be followed. Each individual client shall be permitted to present his own case or be represented by legal counsel or other spokesperson.

Section 5. Postponement of Hearings. Households may request and are entitled to receive a postponement of the scheduled hearing. The postponement shall not exceed thirty (30) days from the date of the postponement request and the time limit for action on the decision may be extended for as many days as the hearing is postponed.

Section 6. Notification of Rights to Request a Hearing. At the time of application the department shall notify each household *in writing* of its right to a hearing, of the method by which a hearing may be requested and that its case may be presented by a household member or a representative, such as a legal counsel, a relative, a friend or other spokesperson. In addition, at any time the household expresses to the department that it disagrees with the departmental action, it shall be reminded *in writing* of the right to request a fair hearing. If there is an individual or organization available that provides free legal representation, the household shall be informed *in writing* of the availability of that service.

Section 7. Request for Hearings. A household or member shall be allowed to request a hearing on any action by the department or loss of benefits which occurred in the prior ninety (90) days [, and, at any time within the current certification period to dispute its current level of benefits. The department shall use the criteria outlined in 7 CFR Part 273.15(h) to define a hearing request]. *A household shall be allowed to request a hearing on any action by the department or loss of benefits which occurred in the prior ninety (90) days. Action by the department shall include a denial of a request for restoration of any benefits lost more than ninety (90) days but less than a year prior to the request. In addition, at any time within a certification period a household may request a fair hearing to dispute its current level of benefits.*

Section 8. Departmental Responsibilities on Hearing Request. [The department shall be responsible for complying with the policies and procedures specified in 7 CFR Part 273.15(h)(i) upon receipt of a fair hearing request.] *A request for a hearing is defined as a clear expression, oral or written, by the household or its representative to the effect that it wishes to appeal a decision or that an opportunity to present its case to a higher authority is desired. If it is unclear from the household's request what action it wishes to appeal, the department may request the household to clarify its grievance. The freedom to make a request for a hearing shall not be limited or interfered with in any way.*

(1) Upon request, the department shall make available without charge the specific materials necessary for a household or its representative to determine whether a hearing should be requested or to prepare for a hearing. Upon request, the department shall also help a household with its hearing request. If a household makes an oral request for a hearing, the department shall complete the procedures necessary to start the hearing process. Households shall be advised of any legal services available that can provide representation at the hearing.

(2) The department shall expedite hearing requests from households, such as migrant farmworkers, that plan to move from the jurisdiction of the hearing official before the hearing decision would normally be reached. Hearing requests from these households shall be processed faster than others if necessary to enable them to receive a decision before they leave the area.

Section 9. Denial or Dismissal of a Fair Hearing Request. The department shall not deny or dismiss a request for a hearing unless:

(1) The request is not received within the time period specified in Section 7.

(2) The client or his representative withdraws in writing a request for a hearing at any time prior to the release of the hearing officer's decision.

(3) The household or its representative fails to appear to the scheduled hearing without good cause, as defined [in 904 KAR 3:060, Section 6.] *below:*

(a) The household member was away from home during the entire filing period; or

(b) The household member is unable to read or to comprehend the notice; or

(c) The household member moved and a delay resulted in receiving inadequate notice; or

(d) Serious illness of a household member; or
(e) The delay was no fault of a household member;
(f) The household member did not receive the notice.

Section 10. Continuation of Benefits. Households which request a fair hearing shall be allowed to continue participation in the program on the basis authorized immediately prior to notice of adverse action provided that such household requests a hearing within the period provided on the notice of adverse action and provided its certification period has not expired. *If the adverse notice period ends on a weekend or holiday, and a request for a fair hearing and continuation of benefits is received the day after the weekend or holiday, the state agency shall consider the request timely received. If the household fails to request a hearing within the notice period for good cause, benefits shall be reinstated on the prior basis. When benefits are reduced or terminated due to a mass change, participation on the prior basis shall be reinstated only if the isue is food stamp eligibility or benefits were improperly computed or that federal law or regulation is being misapplied or misinterpreted by the department.* [The department will follow the procedures specified in 7 CFR Part 273.15(k).]

Section 11. Notification of Time and Place of Hearing. The time, date and place of the hearing shall be arranged so that the hearing is accessible to the household [as specified in 7 CFR Part 273.15(1)]. *At least ten (10) days prior to the hearing, advance written notice shall be provided to all parties involved to permit adequate preparation of the case. However, the household may request less advance notice to expedite the scheduling of the hearing. The notice shall:*

(1) Advise the household or representative of the name, address, and phone number of the person to notify in the event it is not possible for the household to attend the scheduled hearing.

(2) Specify that the department will dismiss the hearing request if the household or its representative fails to appear for the hearing without good cause.

(3) Include the department's procedures and any other information that would provide the household with an understanding of the proceedings and that would contribute to the effective presentation of the household's case.

(4) Explain that the household or representative may examine the case file prior to the hearing.

Section 12. Hearing Official. The department shall designate a hearing official who [meets the criteria specified in 7 CFR Part 273.15(m)(1) and who has the powers and duties outlined in 7 CFR Part 273.15(m)(2).] *does not have any personal stake or involvement in the case; was not directly involved in the initial determination of the action which is being contested; was not the immediate supervisor of the eligibility worker who took the action and is an employee of the department. The power and duties of the hearing official shall be as follows:*

(1) Adminster oaths or affirmations;

(2) Insure that all relevant issues are considered;

(3) Request, receive and make part of the record all evidence determined necessary to decide the issues being raised;

(4) Regulate the conduct and course of the hearing consistent with due process to insure an orderly hearing;

(5) Order, where relevant and useful, an independent medical assessment or professional evaluation from a source mutually satisfactory to the household and the department;

(6) Subpoena relevant and useful information or individuals;

(7) Provide a hearing record and recommendation for final decision by the hearing authority; or, if the hearing official is the hearing authority, render a hearing decision in the name of the department in accordance with Section 14.

Section 13. Rights During Hearing. During the hearing process the household [shall have the rights specified in 7 CFR Part 273.15(p).] *or its representative must be given adequate opportunity to:*

(1) Examine all documents and records to be used at the hearing at anytime during working hours before the date of the hearing as well as during the hearing. The contents of the case file including the application form and documents of verification used by the department to establish the household's ineligibility or eligibility and allotment shall be made available, provided that confidential information such as the names of individuals who have disclosed information about the household without its knowledge or the nature or status of pending criminal prosecutions, is protected from release. If requested by the household or its representative, the department shall provide a free copy of the portions of the case file that are relevant to the hearing. Confidential information that is protected from release and other documents or records which the household will not otherwise have an opportunity to contest or challenge shall not be introduced at the hearing or affect the hearing official's decision.

(2) Present the case or have it presented by a legal counsel or other person.

(3) Bring witnesses, friends or relatives.

(4) Advance arguments without undue interference.

(5) Question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses.

(6) Submit evidence to establish all pertinent facts and circumstances in the case.

Section 14. Hearing Decisions. *(1)* Decisions of the hearing officer shall comply with federal law and regulation and will be based on the hearing record. The recording of testimony and exhibits, and an official report containing the substance of what transpired at the hearing, together with all papers and requests filed in the proceeding, shall constitute the exclusive record for a final decision by the hearing authority. This record shall be retained in accordance with *904 KAR 3:050, Section 7.* [7 CFR Part 272.1(f).] This record shall also be available to the household or its representative *during working hours* [at any reasonable time] for copying and inspection. [The departmental policies and procedures regarding hearing decisions shall comply with 7 CFR Part 273.15(g)(2)(3)(i)(5).]

(2) A decision by the hearing authority shall be binding on the department and shall summarize the facts of the case, specify the reasons for the decision, and identify the supporting evidence and the pertinent manual section and corresponding federal regulation. The decision shall become a part of the record.

(3) The household and the local office shall each be notified in writing of: The decision; the reasons for the decision; the available appeal rights; and that the household's benefits will be issued or terminated as decid-

ed by the hearing authority. The notice shall also state that an appeal may result in a reversal of the decision.

(4) After a department's hearing decision which upholds the department's action, the household shall be notified of the right to pursue judicial review of the decision. In addition, the household shall be notified of the right to appeal their case to the appeal board in accordance with Section 16.

Section 15. Implementation of Hearing Decision. The department shall insure that [the hearing decision is implemented in accordance with 7 CFR Part 273.15(s).] *all final hearing decisions are reflected in the household's coupon allotment within the time limits specified in Section 2.*

(1) When the hearing authority determines that a household has been improperly denied program benefits or has been issued a lesser allotment than was due, lost benefits shall be provided to the household. The department shall restore benefits to households which are leaving the county before the departure whenever possible. If benefits are not restored prior to the household's departure, the county shall forward an authorization to the benefits to the household or to the county if this information is known. The county shall accept an authorization and issue the appropriate benefits whether the notice is presented by the household or received directly from another county.

(2) When the hearing authority upholds the department's action, a claim against the household for any overissuances shall be prepared.

Section 16. Appeal Board. Households dissatisfied with the hearing officer's decision may appeal to *the* [an] appeal board within twenty (20) days from the date of the hearing decision. *Within forty-five (45) days of receipt of the request for an appeal of a fair hearing decision, the department shall ensure that the review is conducted, a decision is reached and reflected in the coupon allotment.*

Section 17. Judical Review. Households aggrieved by the appeal board's decision shall have the right to appeal this decision to the court of appropriate jurisdiction.

W. GRADY STUMBO, Secretary
ADOPTED: May 5, 1980
RECEIVED BY LRC: July 23, 1980 at 2 p.m.

Amended After Hearing

(Republished prior to Subcommittee consideration as required by KRS 13.085(4).)

PUBLIC PROTECTION AND REGULATION CABINET
Department of Housing, Buildings and Construction
Amended After Hearing

815 KAR 20:050. Installation permits.

RELATES TO: KRS Chapter 318
PURSUANT TO: KRS 13.082, 318.010, 318.134
NECESSITY AND FUNCTION: The department is directed by KRS 318.134 to adopt a reasonable schedule of fees and charges to be paid for plumbing installation permits and the necessary inspections incident thereto. This regulation is to assure uniformity of fees and charges for plumbing installation permits throughout the state.

Section 1. Issuance of permits. (1) Except as otherwise provided by subsection (3) of this section, permits to construct, install or alter plumbing, sewerage or drainage shall be issued only to licensed master plumbers.

(2) Journeyman plumbers shall not construct, install or alter plumbing, sewerage or drainage except when the work is done under the supervision of a licensed master plumber.

(3) Permits to construct, install or alter plumbing, sewerage or drainage may be issued to homeowners who desire to install plumbing in homes actually occupied by them provided:

(a) Application is made for the permit prior to the beginning of the work;

(b) All work is performed in compliance with the state plumbing law and code and the rules and regulations thereunder promulgated;

(c) The work is not performed for monetary gain;

(d) All the work is personally performed by the owner and he does not employ any other person to assist him.

(4) No permit shall be required for the repairing of leaks, cocks, valves, or for cleaning out waste or sewer pipes.

Section 2. When a permit is required. A plumbing construction permit shall be required for the following: (1) For all new plumbing installations.

(2) For all existing plumbing installations where a fixture or a soil waste opening is to be moved or relocated.

(3) For each individual unit of a multi-story building where there is more than one (1) unit.

(4) For each individual building. (Buildings shall be deemed separate if the connection between them is not a necessary part of the structure of either building, or if they are not under a continuous roof.)

(5) For a new house sewer and for a house sewer that is to be replaced.

(6) For a new water service and for a water service that is to be replaced.

(7) For a new water heater installation and for a water heater installation that is to be replaced.

(8) For any other installation which constitutes "plumbing" within the meaning of KRS Chapter 318 and the state plumbing code.

Section 3. Plumbing installation permit fees. (1) The fee for each plumbing installation permit shall be *fifteen dollars ($15)* [twelve dollars ($12)] plus:

(a) *Four dollars ($4)* [Three dollars ($3)] for each plumbing fixture or appliance or plumbing fixture opening or appliance opening left in the soil or waste pipe system including openings left for future fixtures or appliances;
(b) *Four dollars ($4)* [Three dollars ($3)] for each domestic water heater.

(2) In the event only a new domestic water heater is installed or replaced, the fee for the plumbing installation permit shall be ten dollars ($10).

(3) In the event only a new water service is constructed or replaced the fee for the plumbing construction permit shall be *fifteen dollars ($15)* [ten dollars ($10)].

(4) In the event only a new house sewer is constructed or replaced the fee for a plumbing construction permit shall be *fifteen dollars ($15)* [ten dollars ($10)].

(5) In the event only a new private sewage disposal system is constructed or replaced the fee for a plumbing construction permit shall be *fifteen dollars ($15)* [ten dollars ($10)].

(6) All persons securing plumbing permits shall be entitled to plumbing inspections at no additional cost; provided, however, that all inspections in excess of three (3) shall be charged at the rate of three dollars ($3) per inspection.

(7) All plumbing installation permits issued under this regulation shall expire one (1) year after date of issuance thereof; provided, however, if construction is begun within one (1) year after date of issuance the permit shall not expire until completion of the planned plumbing installation.

(8) Plumbing fixtures may be replaced without procuring a plumbing installation permit provided the county plumbing inspector is notified of the installation.

Section 4. Plumbing inspection fees for public buildings. The schedule of fees for inspection of the construction, installation or alteration of plumbing in public buildings shall be the same as specified in Section 3.

JOHN R. GROVES, JR., Commissioner
H. FOSTER PETTIT, Secretary
ADOPTED: August 6, 1980
RECEIVED BY LRC: August 7, 1980 at 9 a.m.

Proposed Amendments

DEPARTMENT OF PERSONNEL
(Proposed Amendment)

101 KAR 1:120. Separations and disciplinary actions.

RELATES TO: KRS 18.110, 18.170, 18.210, 18.240, 18.270
PURSUANT TO: KRS 13.082, 18.170, 18.190, 18.210
NECESSITY AND FUNCTION: KRS 18.170 requires the Personnel Board to adopt comprehensive rules consistent with KRS Chapter 18. KRS 18.190 requires the Commissioner of Personnel to prepare and recommend to the board rules which provide for layoffs and for separation of employees deemed unsatisfactory or excessive by agency or department heads. KRS 18.210 requires the commissioner to prepare and submit to the board rules which provide for layoffs, imposition of fines of not more than ten (10) days' pay, suspension without pay for not longer than thirty (30) days, and for discharge or reduction in rank. This rule is necessary to comply with these statutory requirements.

Section 1. General Provisions. Except as otherwise provided in these rules, the tenure of an employee with status shall be during good behavior and the satisfactory performance of his duties.

Section 2. Layoffs. (1) An appointing authority may layoff an employee in the classified service whenever he deems it necessary by reason of shortage of funds or work, abolishment of a position, or other material change in duties or organization. An employee with status may appeal his lay-off in accordance with 101 KAR 1:130. The employee shall be notified of the effective date *at least fourteen (14) calendar days prior to such effective date* and shall be given written notice of the reasons for the layoff and of his right to appeal. *The appointing authority shall conduct a personal interview with each laid-off employee to explain the re-employment rights available to that employee under the merit system regulations, unless circumstances prevent such an interview; such circumstances must be detailed in writing to the Commissioner of Personnel.*

(2) Seniority, performance appraisals, conduct, qualifications and type of appointment shall be considered in determining the order of layoffs in a manner prescribed or approved by the commissioner. No status employee is to be separated by layoff while there are provisional, temporary, emergency, or probationary employees serving in the agency in the same class in the same locality.

(3) The appointing authority and the department shall attempt to place the employee in another position for which the employee is qualified.

Section 3. Dismissals. (1) The appointing authority may remove any employee with status only for cause after furnishing the employee and the commissioner with a written statement of the specific reasons for dismissal. Such reasons shall be specific as to the statutory and/or rule violation, the time, place, and persons by name involved in the alleged violation, and a specific description of the alleged unlawful activity. Notifications of dismissal that do not properly specify the reasons shall be considered invalid and the employee shall remain on the payroll until such time as proper charges are affected.

(2) Notifications of dismissal shall inform the employee that he has ten (10) working days, not including the date the notice is received, to reply thereto in writing, or upon request, to appear personally with counsel and reply to the appointing authority or his deputy.

(3) An employee with status may appeal his dismissal as set forth in 101 KAR 1:130.

(4) A dismissed employee may be required to forfeit all accrued leave.

(5) Any employee who has been dismissed for cause or

who has resigned while charges for dismissal for cause were pending and who seeks further employment with the state shall not be certified to the agency from which separated unless the agency requests such certification.

Section 4. Separation During Probationary Period. An employee may be separated without the right of appeal at any time during the probationary period as set forth in 101 KAR 1:100, Section 3.

Section 5. Resignations. An employee who desires to terminate his service with the state shall submit a written resignation to the appointing authority. Resignations shall be submitted at least fourteen (14) calendar days before the final working day. A copy of an employee's resignation shall be attached to the advice effecting the separation and be filed in the employee's service record in the department. Failure of an employee to give fourteen (14) calendar days notice with his resignation may result in forfeiture of accrued annual leave.

Section 6. Retirement. If an employee with status is retired, he is considered as separated without prejudice and does not have the right of appeal.

Section 7. Suspensions. An appointing authority, upon written notice stating the reasons therefor, a copy of which shall be sent to the commissioner, may suspend an employee without pay or other compensation as punishment for disciplinary cause. In the case of an employee with status, such reasons shall be specific as to the statutory and/or rule violation, the time, place, and persons by name involved in the alleged violation, and a specific description of the alleged unlawful activity. Such a suspension shall not exceed thirty (30) working days during any twelve (12) month period. The twelve (12) month period begins with the first day of the suspension. An employee with status may appeal his suspension as set forth in 101 KAR 1:130.

Section 8. Disciplinary Fines. An appointing authority may impose as a disciplinary measure, a fine of not more than ten (10) days pay to be computed on the basis of the employee's current salary. Disciplinary fines may not exceed ten (10) days pay for each occurrence, and may not exceed a total of thirty (30) days pay in any twelve (12) month period. The twelve (12) month period begins with the first day of the disciplinary fine. The employee shall be notified in writing by the appointing authority of the reasons for the action, a copy of which shall be sent to the commissioner. In the case of an employee with status, such reasons shall be specific as to the statutory and/or rule violation, the time, place, and persons by name involved in the alleged violation, and a specific description of the alleged unlawful activity. An employee with status may appeal the action in accordance with the provisions of 101 KAR 1:130. For purposes of 101 KAR 1:130, the effective date of a disciplinary fine shall be deemed to be the date the employee receives the notification required by this section.

Section 9. Written Reprimands. An appointing authority may give an employee a written reprimand as a preliminary disciplinary measure. A copy of the written reprimand shall be placed in the employee's personnel file in the agency and a copy shall be given to the employee. The employee shall be given the opportunity to reply in writing to the written reprimand and to include this reply in his personnel file with the written reprimand. The employee shall be informed of his right to reply at the time the written reprimand is given. A written reprimand, in and of itself, is not an appealable penalization and is not a basis for appeal.

DICK ROBINSON, Commissioner
PHILIP TALIAFERRO, Chairman
ADOPTED: July 30, 1980
RECEIVED BY LRC: July 31, 1980 at 11 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Commissioner, Department of Personnel, Capitol Annex, Frankfort, Kentucky 40601.

COMMISSION ON HUMAN RIGHTS
(Proposed Amendment)

104 KAR 1:010. Posting and distribution of notices.

RELATES TO: KRS Chapter 344
PURSUANT TO: KRS 13.082, 344.190
NECESSITY AND FUNCTION: KRS 344.190(14) provides for Commission adoption of regulations requiring the posting of notices prepared or approved by the Commission. This rule is designed to educate the public as well as covered businesses to promote acceptance of the respective sections of the Civil Rights Act.

Section 1. Nature of Fair Employment Practices Notices and Who Must Post. Every employer, employment agency, and labor organization subject to the Kentucky Civil Rights Act, shall post and maintain at their establishments fair employment practices notices furnished by the Kentucky Commission on Human Rights indicating the substantive provisions of the Kentucky Civil Rights Act, where complaints may be filed and such other information as the Kentucky Commission on Human Rights deems pertinent.

Section 2. Where Employers and Employment Agencies Must Post. With respect to employers and employment agencies such notices must be posted conspicuously in easily-accessible and well-lighted places customarily frequented by employes and applicants for employment, and at or near each location where the employes services are performed.

Section 3. Where Labor Organizations Must Post. With respect to labor organizations, such notices must be posted conspicuously in easily-accessible and well-lighted places customarily frequented by members and applicants for membership.

Section 4. Nature of Public Accomodations Notices and Who Must Post. Every owner, lessee, proprietor or manager of any place of public accommodation, resort, or amusement, shall post and maintain at such places of public accommodation, resort or amusement notices furnished by the commission indicating the provisions of the Kentucky Civil Rights Act dealing with places of public accommodation, resort or amusement; where complaints may be filed and such other information as the commission deems pertinent.

Section 5. Where Public Accommodations Notices Must be Posted. Such notices must be posted conspicuous-

ly in easily-accessible and well-lighted places at the place of public accommodation, resort or amusement where they may be readily observed by those seeking or granting any of the accommodations, advantages, facilities, or privileges of such places of public accommodations, resort or amusement.

Section 6. Nature of Housing Notices and Who Must Post. Every real estate operator, real estate broker, real estate salesman, financial institution, builder, developer, *insurer* or apartment owner subject to KRS 344.360 *and 344.367* shall post and maintain at each location and elsewhere, where their services are regularly performed, notices indicating the provisions of the Kentucky Civil Rights Act dealing with housing, where complaints may be filed, and such other information as the commission deems pertinent.

Section 7. Where Housing Notices Must be Posted. Every real estate operator, real estate broker, real estate salesman, financial institution, builder, developer, *insurer* or apartment owner subject to KRS 344.360 *and 344.367* must post such notices furnished by the Kentucky Commission on Human Rights at every business location and elsewhere, where their services are regularly performed, in an easily-accessible and well-lighted place.

Section 8. Notice to Owners Listing Property. Every real estate operator, real estate broker, real estate salesman, financial institution, builder, [and] developer *and insurer* subject to the Kentucky Civil Rights Act shall provide to owners of real property at the time they contract for the sale, purchase, or rent, or financing of property, a copy of the memorandum entitled: "Your Rights and Responsibilities Under Kentucky's Civil Rights Act" and any amendments thereto, prepared with assistance from the office of the Attorney General of Kentucky on the subject of Kentucky law against discrimination in housing. Such notices shall be supplied by the Kentucky Commission on Human Rights.

EDMUND P. KAREM, Chairperson
ADOPTED: July 9, 1980
APPROVED: GALEN MARTIN, Executive Director
RECEIVED BY LRC: July 21, 1980 at 10:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Galen Martin, Kentucky Commission on Human Rights, Capital Plaza Tower, Frankfort, Kentucky 40601.

DEPARTMENT OF FINANCE
Board of Physical Therapy
(Proposed Amendment

201 KAR 22:040. *Procedure for renewing licenses.* [License renewal.]

RELATES TO: KRS 327.050
PURSUANT TO: KRS 327.040
NECESSITY AND FUNCTION: Provides specific directions for the annual renewal of the physical therapy license. The billfold license is a means of identifying those persons holding themselves out as a licensed physical therapist. This mechanism may be beneficial upon the visitation of a board member to the clinic setting.

Section 1. The licensed physical therapist will automatically receive renewal of licensure upon payment on or before January 31, of each year of a renewal fee of *thirty dollars ($30)* [twenty dollars ($20)] by money order, [or] certified *or cashiers* check made payable to the Kentucky State Treasurer and *current complete home and business addresses and telephone numbers* and sent to the *executive* secretary of the board. *If payment and complete information is not received by the executive secretary by January 31, the license shall lapse.*

Section 2. Upon initial licensing and each subsequent renewal, all licensed physical therapists will be furnished a billfold license with a tear-out validation that must be posted to the original *wall* [license] certificate and *displayed* [kept] kept at the *primary* business address. The billfold license must be in his possession when on duty and shall be exhibited by the holder upon request of any member of the board or its official representative.

MICKEY BARON, Chairman
ADOPTED: July 11, 1980
RECEIVED BY LRC: August 14, 1980 at 2:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Nancy Brinly, Executive Secretary, 1614 Dunbarton Wynde, Louisville, Kentucky 40205.

DEPARTMENT OF FINANCE
Board of Physical Therapy
(Proposed Amendment)

201 KAR 22:110. Renewal of assistant's certification.

RELATES TO: KRS 327.040
PURSUANT TO: KRS 327.040
NECESSITY AND FUNCTION: This regulation provides specific directions for the annual renewal of the assistant's certification. The billfold certificate is a means of identifying those persons holding themselves out as a certified physical therapist's assistant. This mechanism may be beneficial upon the visitation of a board member to the clinic setting.

Section 1. The assistant will automatically receive a renewal certificate upon payment on or before January 31 of each year a renewal fee of *twenty dollars ($20)* [ten dollars ($10)] by money order, [or] certified *or cashiers* check made payable to the Kentucky State Treasurer and *current complete home and business addresses and telephone numbers* and sent to the *executive* secretary of the board. *If payment and complete information is not received by the executive secretary by January 31, the certificate shall lapse.*

Section 2. Upon initial certification and each subsequent renewal, all certified physical therapist's assistants will be furnished a billfold certificate with a tear-out validation that must be posted to the original *wall* certificate and *displayed* [kept] kept at the *primary* business address. The billfold license must be in his possession when

on duty and shall be exhibited by the holder upon request of any member of the board or its official representative.

MICKEY BARON, Chairman

ADOPTED: July 11, 1980
RECEIVED BY LRC: August 14, 1980 at 2:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Nancy Brinly, Executive Secretary, 1614 Dunbarton Wynde, Louisville, Kentucky 40205.

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution
(Proposed Amendment)

401 KAR 50:015. Documents incorporated by reference.

RELATES TO: KRS Chapter 224
PURSUANT TO: KRS 13.082, 224.033
NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement, and control of air pollution. This regulation provides for the incorporation by reference of documents referred to within these regulations.

Section 1. Code of Federal Regulations. (1) The following documents from the "Code of Federal Regulations" which are in effect at the time of the effective date of this regulation, are incorporated herein by reference:

(a) 40 CFR 50:

1. Appendix A: Reference Method for the Determination of Sulfur Dioxide in the Atmosphere (Pararosaniline Method).
2. Appendix B: Reference Method for the Determination of Suspended Particulates in the Atmosphere (High Volume Method).
3. Appendix C: Measurement Principle and Calibration Procedure for the Continuous Measurement of Carbon Monoxide in the Atmosphere (Non-Dispersive Infrared Spectrometry).
4. Appendix D: Measurement Principle and Calibration Procedure for the Measurement of Photochemical Oxidants Corrected for Interferences due to Nitrogen Oxides and Sulfur Dioxide.
5. Appendix E: Reference Method for the Determination of Hydrocarbons Corrected for Methane.
6. Appendix F: Measurement Principle and Calibration Procedure for the Measurement of Nitrogen Dioxide in the Atmosphere (Gas Phase Chemiluminescence).
7. Appendix G: Reference Method for the Determination of Lead in Suspended Particulate Matter Collected from Ambient Air.
8. Appendix H: Interpretation of the National Ambient Air Quality Standards for Ozone.

(b) 40 CFR 60:

1. Appendix A: Reference Methods:

a. Method 1—Sample and Velocity Traverses for Stationary Sources.
b. Method 2—Determination of Stack Gas Velocity and Volumetric Flow Rate (Type S Pitot Tube).
c. Method 3—Gas Analysis for Carbon Dioxide, Excess Air, and Dry Molecular Weight.
d. Method 4—Determination of Moisture in Stack Gases.
e. Method 5—Determination of Particulate Emissions from Stationary Sources.
f. Method 6—Determination of Sulfur Dioxide Emissions from Stationary Sources.
g. Method 7— Determination of Nitrogen Oxide Emissions from Stationary Sources.
h. Method 8—Determination of Sulfuric Acid Mist and Sulfur Dioxide Emissions from Stationary Sources.
i. Method 9—Visual Determination of the Opacity of Emissions from Stationary Sources.
j. Method 10—Determination of Carbon Monoxide Emissions from Stationary Sources.
k. Method 11—Determination of Hydrogen Sulfide Content of Fuel Gas Streams in Petroleum Refineries.
l. Method 13A—Determination of Total Fluoride Emissions from Stationary sources—SPADNS Zirconium Lake Method.
m. Method 13B—Determination of Total Fluoride Emissions from Stationary Sources—Specific Ion Electrode Method.
n. Method 14—Determination of Fluoride Emissions from Potroom Roof Monitors of Primary Aluminum Plants.
o. Method 15—Determination of Hydrogen Sulfide, Carbonyl Sulfide, and Carbon Disulfide Emissions from Stationary Sources.
p. Method 16—Semicontinuous Determination of Sulfur Emissions from Stationary Sources.
q. Method 17—Determination of Particulate Emissions from Stationary Sources (Instack Filtration Method).
r. Method 19—Determination of Sulfur Dioxide Removal Efficiency and Particulate, Sulfur Dioxide and Nitrogen Oxides Emission Rates from Electric Utility Steam Generators.
s. Method 20—Determination of Nitrogen Oxides, Sulfur Dioxide, and Oxygen Emissions from Stationary Gas Turbines.

2. Appendix B: Performance Specifications:

a. Performance Specification 1—Performance specifications and specification test procedures for transmissometer systems for continuous measurement of the opacity of stack emissions.
b. Performance Specification 2—Performance specifications and specification test procedures for monitors of sulfur dioxide and nitric oxides from stationary sources.
c. Performance Specification 3—Performance specifications and specification test procedures for monitors of carbon dioxide and oxygen from stationary sources.

(c) 40 CFR 61: Appendix B: Test Methods:

1. Method 101—Reference method for determination of particulate and gaseous mercury emissions from stationary sources (air streams).
2. Method 102—Reference method for determination of particulate and gaseous mercury emissions from stationary sources (hydrogen streams).
3. Method 103—Beryllium screening method.
4. Method 104—Reference method for determination of beryllium emissions from stationary sources.
5. Method 105—Method for determination of mercury in wastewater treatment plant sewage sludges.
6. Method 106—Determination of vinyl chloride from stationary sources.

7. Method 107—Determination of vinyl chloride content of inprocess wastewater samples, and vinyl chloride content of polyvinyl chloride resin, slurry, wet cake, and latex samples.

(2) Copies may be obtained from: Office of the Federal Register, National Archives and Records Service, 8th and Pennsylvania Avenue, NW, Washington, D.C. 20408; Phone (202) 523-5215.

Section 2. Association of Official Analytical Chemists. The following document from the Association of Official Analytical Chemists is incorporated herein by reference:

(1) Method 9—Spectrophotometric Molybdovanadophosphate from "Official Method of Analysis" of the Association of Official Analytical Chemists, 11th Edition.

(2) Copies may be obtained from: Association of Official Analytical Chemists, Box 540, Benjamin Franklin Station, Washington, D.C. 20014; Phone (202) 245-1191.

Section 3. American Society for Testing and Materials. The following documents from the appropriate annual "Book of ASTM Standards" from the American Society for Testing and Materials are incorporated herein by reference:

(1) ASTM Standards:

(a) A 99-66(71) Standard Specification for Ferromanganese.

(b) A 100-69(74) Standard Specification for Ferrosilicon.

(c) A 101-73 Standard Specification for Ferrochromium.

(d) A 482-66(71) Standard Specification for Ferrochrome-Silicon.

(e) A 483-64(74) Standard Specification for Silicomanganese.

(f) A 495-64(70) Standard Specification for Calcium-Silicon and Calcium-Manganese-Silicon.

(g) D 240-76 Standard Test Method for Heat of Combustion of Liquid Hydrocarbon Fuels by Bomb Calorimeter.

(h) D 322-67(77) Standard Test Method for Gasoline Diluent in Used Gasoline Engine Oils by Distillation.

(i) [(h)] D 388-66(72) Standard Specification for Classification of Coals by Rank.

(j) D 1072-56(75) Standard Test Method for Total Sulfur in Fuel Gases.

(k) [(i)] D 1137-53(75) Standard Method for Analysis of Natural Gases and Related Types of Gaseous Mixtures by the Mass Spectrometer.

(l) [(j)] D 1475-60(74) Standard Test Method for Density of Paint, Varnish, Lacquer, and Related Products.

(m) [(k)] D 1644-75 Standard Test Methods for Nonvolatile Content of Varnishes.

(n) [(l)] D 1826-64(75) Standard Test Method for Calorific Value of Gases in Natural Gas Range by Continuous Recording Calorimeter.

(o) [(m)] D 1945-64(73) Standard Method for Analysis of Natural Gas by Gas Chromatography.

(p) [(n)] D 1946-67(72) Standard Method for Analysis of Reformed Gas by Gas Chromatography.

(q) [(o)] D 2015-66(72) Standard Test Method for Gross Calorific Value of Solid Fuel by the Adiabatic Bomb Calorimeter.

(r) [(p)] D 2369-73 Standard Test Method for Volatile Content of Paints.

(s) D 2880-78 Standard Specification for Gas Turbine Fuel Oils.

(t) [(q)] D 3176-74 Standard Method for Ultimate Analysis of Coal and Coke.

(u) [(r)] D 3178-73 Standard Test Methods for Carbon and Hydrogen in the Analysis Sample of Coal and Coke.

(v) E 123-78 Standard Specification for Apparatus for Determination of Water by Distillation.

(2) Copies may be obtained from: American Society for Testing Materials, 1916 Race Street, Philadelphia, Pennsylvania 19103; Phone (215) 299-5400.

Section 4. Technical Association of the Pulp and Paper Industry. The following document from the Technical Association of the Pulp and Paper Industry (TAPPI) is incorporated herein by reference:

(1) T624 os-68—Analysis of Soda and Sulfate—White and Green Liquors. This reference is also numbered ANSI P3.6-1970 (American National Standards Institute).

(2) Copies may be obtained from: TAPPI, 1 Dunwood Park, Atlanta, Georgia 30341.

Section 5. EPA. The following documents from the U. S. EPA are incorporated herein by reference:

(1) (a) Guideline on Air Quality Models, EPA-450/2-78-027, OAQPS No. 1.2-080, April, 1978.

(b) Workbook for Comparison of Air Quality Models, EPA-450/2-78-028a, OAQPS No. 1.2-097, May, 1978.

(c) Control of Volatile Organic Compound Leaks from Petroleum Refinery Equipment, Appendix B, EPA-450/2-78-036, OAQPS No. 1.2-111, June, 1978.

(2) Copies may be obtained from: U. S. EPA, Office of Air Quality Planning and Standards, Research Triangle Park, North Carolina 27711.

Section 6. American Association of State Highway and Transportation Officials. The following document from the American Association of State Highway and Transportation Officials (AASHTO) is incorporated herein by reference:

(1) AASHTO T 59-78 Standard Method of Test for Testing Emulsified Asphalt.

(2) Copies may be obtained from: American Association of State Highway and Transportation Officials, 444 N. Capitol Avenue, Washington, D.C. 20001.

Section 7. Federal Test Method Standard. The following document from the Federal Test Standard is incorporated herein by reference:

(1) Federal Test Method Standard No. 141a, Method 4082.1, "Water in Paints and Varnishes (Karl Fischer Titration Method)."

(2) Single copies may be obtained from:

(a) General Services Administration Regional Offices; or

(b) Superintendent of Documents, U. S. Government Printing Office, Washington, D.C. 20402.

Section 8. Kentucky Division of Air Pollution. The following documents from the Kentucky Division of Air Pollution are incorporated herein by reference:

(1) (a) Kentucky Method 50: Kentucky Division of Air Pollution Control Reference Method 50, "Determination of Total Particulate Emissions from Stationary Sources."

(b) Kentucky Method 90: Kentucky Division of Air Pollution Control Reference Method 90, "Determination of Total Gaseous Organic Emissions from Stationary Sources."

(c) Kentucky Method 91: Kentucky Division of Air Pollution Control Reference Method 91, "Alternate Test

Method for the Determination of Total Gaseous Organic Emissions from Stationary Sources."

(d) Kentucky Method 95: Kentucky Division of Air Pollution Control Reference Method 95, "Determination of Gasoline Vapor Emissions from Bulk Terminals."

(e) Kentucky Method 130: Kentucky Division of Air Pollution Control Reference Method 130, "Determination of Gaseous Fluoride Emissions from Stationary Sources."

(2) Copies may be obtained from: Division of Air Pollution Control, Technical Services, Department for Natural Resources and Environmental Protection, 5th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

Section 9. American National Standards Institute. The following document from the American National Standards Institute is incorporated herein by reference:

(1) Voluntary Product Standard PS 59-73—Prefinished Hardboard Paneling. This reference is also numbered ANSI A135.5-1973 (American National Standards Institute).

(2) Copies may be obtained from: American National Standards Institute, 1430 Broadway, New York, New York 10018.

JACKIE SWIGART, Secretary

ADOPTED: August 14, 1980

RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.

PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution
(Proposed Amendment)

401 KAR 51:010. Attainment status designations.

RELATES TO: KRS Chapter 224

PURSUANT TO: KRS 13.082, 224.033

NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement and control of air pollution. This regulation designates the status of all areas of the Commonwealth of Kentucky with regard to attainment of the ambient air quality standards.

Section 1. Attainment Status Designations. (1) The attainment status of areas of the Commonwealth of Kentucky with respect to the ambient air quality standards for particulates, sulfur dioxide, carbon monoxide, ozone and nitrogen oxides are as listed in Appendices A through E of this regulation.

(2) Within sixty (60) days of revision by the U.S. Environmental Protection Agency of a national ambient air quality standard, the department shall review applicable data and submit to the U.S. EPA a revision to the attainment—non-attainment list pursuant to Section 107(d)(1) of the Clean Air Act.

Section 2. Attainment Timetable. Primary and secondary ambient air quality standards shall be attained as expeditiously as practicable, however, primary ambient air quality standards shall be attained no later than December 31, 1982 in non-attainment areas with respect to the pollutants for which the area is non-attainment. The above date shall be extended to December 31, 1987 for ozone and carbon monoxide for those areas granted such an extension by the U. S. EPA.

APPENDIX A TO 401 KAR 51:010

ATTAINMENT STATUS DESIGNATIONS FOR TOTAL SUSPENDED PARTICULATES

Designated Areas	Does Not Meet Primary Standards	Does Not Meet Secondary Standards	Better Than Standards
Bell County	X	X	
Boyd County	X	X	
That portion of Bullitt Co. in Shepherdsville	X	X	
That portion of Campbell Co. in Newport	X	X	
That portion of Daviess Co. in Owensboro	X	X	
That portion of Henderson Co. in Henderson	X	X	
Jefferson County	X	X	
That portion of Lawrence Co. in Louisa	X	X	
McCracken County	X	X	
Marshall County		X	
That portion of Madison Co. in Richmond	X	X	
Muhlenberg County	X	X	
That portion of Perry Co. in Hazard	X	X	
That portion of Pike Co. in Pikeville	X	X	
That portion of Whitley Co. in Corbin	X	X	
Rest of State			X

APPENDIX B TO 401 KAR 51:010

ATTAINMENT STATUS DESIGNATIONS FOR SULFUR DIOXIDE

Designated Areas	Does Not Meet Primary Standards	Does Not Meet Secondary Standards	Better Than Standards
That portion of Boyd County south of the Northern UTM line 4251 Km	X	X	
That portion of Daviess Co. in Owensboro	[X]	[X]	X
Greenup County			X
That portion of Henderson Co. in Henderson	[X]		X
Jefferson County	X	X	
McCracken County	X		
Muhlenberg County	X	X	
Webster County	X	X	
Rest of State			X

APPENDIX C TO 401 KAR 51:010

ATTAINMENT STATUS DESIGNATIONS FOR CARBON MONOXIDE

Designated Area	Does Not Meet Primary Standards	Cannot Be Classified or Better Than Standards
Jefferson County	X	
Rest of State		X

APPENDIX D TO 401 KAR 51:010

ATTAINMENT STATUS DESIGNATIONS FOR OZONE

Designated Area	Does Not Meet Primary Standards	Better Than Standards	Cannot Be Classified
Boone County	X		
Boyd County	X		
Campbell County	X		
Daviess County		X	
Fayette County	X		
Henderson County	[X]	X	
Jefferson County	X		
Kenton County	X		
McCracken County		X	
Rest of State			X

APPENDIX E TO 401 KAR 51:010

ATTAINMENT STATUS DESIGNATIONS FOR NITROGEN OXIDES

Designated Area	Does Not Meet Primary Standards	Cannot Be Classified or Better Than Standards
Statewide		X

JACKIE SWIGART, Secretary

ADOPTED: August 14, 1980

RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.

PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution
(Proposed Amendment)

401 KAR 59:015. New indirect heat exchangers.

RELATES TO: KRS Chapter 224

PURSUANT TO: KRS 13.082, 224.033

NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement, and control of air pollution. This regulation provides for the control of emissions from new indirect heat exchangers.

Section 1. Applicability. The provisions of this regulation shall apply to each affected facility commenced on or after the applicable classification date defined below. *Any affected facility subject to 401 KAR 59:016 is not subject to this regulation.*

Section 2. Definitions. As used in this regulation, all terms not defined herein shall have the meaning given them in 401 KAR 50:010 and 401 KAR 50:025.

(1) "Affected facility" means an indirect heat exchanger having a heat input capacity of more than one (1) million BTU per hour.

(2) "Indirect heat exchanger" means any piece of equipment, apparatus or contrivance used for the combustion of fuel in which the energy produced is transferred to its point of usage through a medium that does not come in contact with or add to the products of combustion.

(3) "Classification date" means:

(a) August 17, 1971 for affected facilities with a capacity of more than 250 million BTU per hour heat input with respect to particulate emissions, sulfur dioxide emissions and (if fuels other than lignite are burned) nitrogen oxide emissions;

(b) April 9, 1972 for affected facilities with a capacity of 250 million BTU per hour heat input or less with respect to particulate emissions and sulfur dioxide emissions;

(c) December 22, 1976 for affected facilities with a capacity of more than 250 million BTU per hour heat input with respect to nitrogen oxides if lignite is the fuel burned.

Section 3. Method for Determining Allowable Emission Rates. (1) Except as provided in subsection (3) of this section, the total rated heat input capacity of all affected facilities within a source, including those for which an application to construct, modify or reconstruct has been submitted to the department, shall be used as specified in Sections 4 and 5 to determine the allowable emission in terms of pounds of effluent per million BTU input.

(2) At such time as any affected facility is assigned an allowable emission rate by the department, at no time thereafter shall that rate be changed due to inclusion or shutdown of any affected facility at the source.

(3) (a) A source may petition the department to establish an allowable emission rate which may be apportioned without regard to individual heat input provided that the conditions specified in paragraphs (b), (c), (d), and (e) of this subsection are met. Such allowable emission rate shall be determined according to the following equation:

$$F = (AB + DE)/C$$

Where:

A = the allowable emission rate (in pounds per million BTU input) as determined according to subsection (1) of this section;

B = the total rated heat input (in millions of BTU per hour) of all affected facilities commenced on or after the applicable classification date within a source, including those for which an application to construct, modify, or reconstruct has been submitted to the department;

C = the total rated heat input (in millions of BTU per hour) of all affected facilities within a source, including those for which an application to construct, modify, or reconstruct has been submitted to the department;

D = the allowable emission rate (in pounds per million BTU input) as determined according to 401 KAR 61:*015* [005], Section 3(1);

E = the total rated heat input (in millions of BTU per hour) of all affected facilities commenced before the applicable classification date;

F = the alternate allowable emission rate (in pounds per actual million BTU input).

(b) At no time shall the owner or operator of the source allow the total emissions (in pounds per hour) from all affected facilities within the source divided by the total actual heat input (in millions of BTU per hour) of all affected facilities within the source to exceed the alternate allowable emission rate as determined by paragraph (a) of this subsection.

(c) At no time shall the owner or operator of any source subject to federal new source performance standards allow the emissions from any affected facility commenced on or after the applicable classification date to exceed the allowable emission rate determined by use of that affected facility's rated heat input (instead of the heat input as determined by subsection (1) of this section) as specified in Sections 4 and 5.

(d) The owner or operator of the source must demonstrate compliance with this subsection by conducting a performance test according to 401 KAR 50:045 on each affected facility under such conditions as may be specified by the department.

(e) Upon petition, the department will establish an alternate emission rate in accordance with this subsection if the owner or operator demonstrates to the department's satisfaction that the source will maintain compliance with this subsection on a continual basis.

Section 4. Standard for Particulate Matter. Except as provided in Section 3(3), no owner or operator of an affected facility subject to the provisions of this regulation shall cause to be discharged into the atmosphere from that affected facility, particulate matter in excess of that specified below:

(1) For sources having a total heat input capacity, as determined by Section 3(1), which is:

(a) Ten (10) million BTU per hour or less, the standard is 0.56 pounds per million BTU actual heat input;

(b) 250 million BTU per hour or more, the standard is 0.10 pounds per million BTU actual heat input;

(c) For heat input values between those specified in paragraphs (a) and (b) of this subsection, the standard in pounds per million BTU actual heat input, is equal to: 0.9634 times that quantity obtained by raising the total heat input capacity (in millions of BTU per hour) to the -0.2356 power;

(2) Emissions which exhibit greater than twenty (20) percent opacity except:

(a) That, for indirect heat exchangers with heat input capacity of 250 million BTU per hour or more, a maximum of twenty-seven (27) percent opacity shall be permissible for not more than one (1) six (6) minute period in any sixty (60) consecutive minutes.

(b) That, for indirect heat exchangers with heat input capacity of less than 250 million BTU per hour, a maximum of forty (40) percent opacity shall be permissible for not more than six (6) consecutive minutes in any sixty (60) consecutive minutes during cleaning the fire box or blowing soot.

(c) For emissions from an indirect heat exchanger during building a new fire for the period required to bring the boiler up to operating conditions provided the method used is that recommended by the manufacturer and the time does not exceed the manufacturer's recommendations.

Section 5. Standard for Sulfur Dioxide. Except as provided in Section 3(3), no owner or operator of an affected facility subject to the provisions of this regulation shall cause to be discharged into the atmosphere from that affected facility, any gases which contain sulfur dioxide in excess of that specified below:

(1) For sources which have a total heat input capacity, as determined by Section 3(1), which is:

(a) Ten (10) million BTU per hour or less, the standard is three (3.0) pounds per million BTU actual heat input for combustion of liquid and gaseous fuels and five (5.0) pounds per million BTU actual heat input for combustion of solid fuels;

(b) 250 million BTU per hour or more, the standard is 0.8 pounds per million BTU actual heat input for combustion of liquid and gaseous fuels and 1.2 pounds per million BTU actual heat input for combustion of solid fuels;

(c) For heat input values between those specified in paragraphs (a) and (b) of this subsection, the standard in pounds per million BTU actual heat input, is equal to:

1. For combustion of liquid and gaseous fuels, 7.7223

times that quantity obtained by raising the total heat input capacity (in millions of BTU per hour) to the -0.4106 power;

2. For combustion of solid fuels, 13.8781 times that quantity obtained by raising the total heat input capacity (in millions of BTU per hour) to the -0.4434 power.

(2) When different fuels are burned simultaneously in any combination the applicable standard shall be determined by proration using the equation given in Appendix A of this regulation.

(3) Compliance shall be based on the total heat input from all fuels burned, including gaseous fuels.

Section 6. Standard for Nitrogen Oxides. (1) No owner or operator of an affected facility with a heat input capacity of 250 million BTU per hour or more subject to the provisions of this regulation shall cause to be discharged into the atmosphere any gases which contain nitrogen oxides expressed as nitrogen dioxide in excess of:

(a) 0.20 lb. per million BTU heat input (0.36 g. per million cal) derived from gaseous fuel;

(b) 0.30 lb. per million BTU heat input (0.54 g. per million cal) derived from liquid fuel;

(c) 0.70 lb. per million BTU heat input (1.26 g. per million cal) derived from solid fuel (except lignite);

(d) 0.60 lb. per million BTU heat input (1.08 g. per million cal) derived from lignite or lignite and wood residue except as provided under paragraph (e) of this subsection;

(e) 0.80 lb. per million BTU derived from lignite which is mined in North Dakota, South Dakota, or Montana and which is burned in a cyclone-fired unit.

(2) Except as provided in subsections (3) and (4) of this section, when different fuels are burned simultaneously in any combination, the applicable standard shall be determined by proration using the equation given in Appendix B to this regulation.

(3) When a fossil fuel containing at least twenty-five (25) percent by weight, of coal refuse is burned in combination with gaseous, liquid, or other solid fossil fuel or wood residue, the standard for nitrogen oxides does not apply.

(4) Cyclone-fired units which burn fuel containing at least twenty-five (25) percent of lignite that is mined in North Dakota, South Dakota, or Montana remain subject to subsection (1)(e) of this section regardless of the types of fuel combusted in combination with that lignite.

Section 7. Emission and Fuel Monitoring. The provisions of this section shall apply to any affected facility of more than 250 million BTU per hour rated heat input capacity.

(1) Each owner or operator shall install, calibrate, maintain, and operate continuous monitoring systems for measuring the opacity of emissions, sulfur dioxide emissions, nitrogen oxides emissions and either oxygen or carbon dioxide except as provided in subsection (2) of this section.

(2) Certain of the continuous monitoring system requirements under subsection (1) of this section do not apply to owners or operators under the following conditions:

(a) For an indirect heat exchanger that burns only gaseous fuel, continuous monitoring systems for measuring the opacity of emissions are not required;

(b) For an indirect heat exchanger that burns only natural gas, continuous monitoring systems for measuring sulfur dioxide emissions are not required;

(c) Notwithstanding 401 KAR 59:005, Section 4(2), installation of a continuous monitoring system for nitrogen oxides may be delayed until after the initial performance tests under 401 KAR 59:005, Section 2, have been conducted. If the owner or operator demonstrates during the performance test that emissions of nitrogen oxides are less than seventy (70) percent of the applicable standards in Section 6, a continuous monitoring system for measuring nitrogen oxides emissions is not required. If the initial performance test results show that nitrogen oxide emissions are greater than seventy (70) percent of the applicable standard, the owner or operator shall install a continuous monitoring system for nitrogen oxides within one (1) year after the date of the initial performance tests under 401 KAR 59:005, Section 2, and comply with all other applicable monitoring requirements under this chapter;

(d) If an owner or operator does not install any continuous monitoring systems for sulfur oxides and nitrogen oxides, as provided under paragraphs (a) and (c) or paragraphs (b) and (c) of this subsection, a continuous monitoring system for measuring either oxygen or carbon dioxide is not required.

(e) For an indirect heat exchanger that does not use a flue gas desulfurization device, a continuous monitoring system for measuring sulfur dioxide emissions is not required if the owner or operator monitors sulfur dioxide emissions by fuel sampling and analysis under subsection (6) of this section.

(3) For performance evaluations under 401 KAR 59:005, Section 4(3), and calibration checks under 401 KAR 59:005, Section 4(4), the following procedures shall be used:

(a) Reference Methods 6 or 7, filed by reference in 401 KAR 50:015, as applicable, shall be used for conducting performance evaluations of sulfur dioxide and nitrogen oxides continuous monitoring systems;

(b) Sulfur dioxide or nitric oxide, as applicable, shall be used for preparing calibration gas mixtures under Performance Specification 2 of Appendix B to 40 CFR 60, filed by reference in 401 KAR 50:015;

(c) For affected facilities burning fossil fuel(s), the span value for a continuous monitoring system measuring the opacity of emissions shall be eighty (80), ninety (90), or 100 percent and for a continuous monitoring system measuring sulfur oxides or nitrogen oxides the span value shall be determined as shown in Appendix C of this regulation;

(d) All span values computed under paragraph (c) of this subsection for burning combinations of fuels shall be rounded to the nearest 500 ppm;

(e) For an indirect heat exchanger that simultaneously burns fossil fuel and nonfossil fuel, the span value of all continuous monitoring systems shall be subject to the department's approval.

(4) A continuous monitoring system for measuring either oxygen or carbon dioxide in the flue gases, shall be installed, calibrated, maintained and operated by the owner or operator.

(5) For any continuous monitoring system installed under subsection (1) of this section, the following conversion procedures shall be used to convert the continuous monitoring data into units of the applicable standards (ng/J, lb/million BTU):

(a) When a continuous monitoring system for measuring oxygen is selected, the measurement of the pollutant concentration and oxygen concentration shall each be on a consistent basis (wet or dry). Alternative procedures approved by the department and the U. S. EPA shall be used

when measurements are on a wet basis. When measurements are on a dry basis, the following conversion procedure shall be used:

$$E = (20.9CF)/(20.9 - \%\ \text{oxygen})$$

where:
E, C, F, and % oxygen are determined under subsection (6) of this section.

(b) When a continuous monitoring system for measuring carbon dioxide is selected, the measurement of a pollutant concentration and carbon dioxide concentration shall each be on a consistent basis (wet or dry) and the following conversion procedure shall be used:

$$E = (100\ CFc)/(\%\ \text{carbon dioxide})$$

where:
E, C, Fc and % carbon dioxide are determined under subsection (6) of this section.

(6) The values used in the equations under subsection (5)(a) and (b) of this section are derived as follows:

(a) E = Pollutant emission, g/million cal (lb/million BTU).

(b) C = Pollutant concentration, g/dscm (lb/dscf), determined by multiplying the average concentration (ppm) for each one (1) hour period by .0000415 M g/dscm per ppm (2.59 times ten (10) raised to the negative nine (9) power times M lb/dscf per ppm) where M = pollutant molecular weight, g/g-mole (lb/lb-mole). M = 64.07 for sulfur dioxide and 46.01 for nitrogen oxides.

(c) F, Fc = a factor representing a ratio of the volume of dry flue gases generated to the calorific value of the fuel combusted (F), and a factor representing a ratio of the volume of carbon dioxide generated to the calorific value of the fuel combusted (Fc), respectively, as follows (ASTM designations are filed by reference in 401 KAR 50:015.):

1. For anthracite coal as classified according to ASTM D388-66(72), F = 10,140 dscf/million BTU and Fc = 1980 scf CO2/million BTU.

2. For sub-bituminous and bituminous coal as classified according to ASTM D388-66(72), F = 9820 dscf/million BTU and Fc = 1810 scf CO2/million BTU.

3. For liquid fossil fuels including crude, residual, and distillate oils, F = 9220 dscf/million BTU and Fc = 1430 scf CO2/million BTU.

4. For gaseous fossil fuels, F = 8740 dscf/million BTU. For natural gas, propane and butane fuels, Fc = 1040 scf CO2/million BTU for natural gas, 1200 scf CO2/million BTU for propane, and 1260 scf CO2/million BTU for butane.

5. For bark, F = 9575 dscf/million BTU and Fc = 1927 scf CO2/million BTU. For wood residue other than bark, F = 9233 dscf/million BTU and Fc = 1842 scf CO2/million BTU.

6. For lignite coal as classified according to ASTM D388-66(72), F = 9900 dscf/million BTU and Fc = 1920 scf CO2/million BTU.

(d) The owner or operator may use the equation given in Appendix D of this regulation to determine an F factor (dscm/million cal, or dscf/million BTU) on a dry basis (if it is desired to calculate F on a wet basis, consult with the department) or Fc factor (scm CO2/million cal, or scf CO2/million BTU) on either basis in lieu of the F or Fc factors specified in paragraph (c) of this subsection.

1. H, C, S, N, and O are content by weight of hydrogen, carbon, sulfur, nitrogen, and oxygen (expressed as percent), respectively, as determined on the same basis as GCV by ultimate analysis of the fuel fired using ASTM method D3178-73 or D3176-74 (solid fuels) or computed from results using ASTM methods D1137-53(75), D1945-64(73), or D1946-67(72) (gaseous fuels) as applicable.

2. GCV is the gross calorific value (cal/g, BTU/lb) of the fuel combusted determined by ASTM test methods D2015-66(72) for solid fuels and D1826-64(70) for gaseous fuels as applicable.

(e) For affected facilities firing combinations of fuels, the F or Fc factors determined by paragraphs (c) and (d) of this subsection shall be prorated in accordance with the applicable formula as given in Appendix E of this regulation.

(7) For the purpose of reports required under 401 KAR 59:005, Section 3(3), periods of excess emissions that shall be reported are defined as follows:

(a) Excess emissions are defined as any six (6) minute period during which the average opacity of emissions exceeds twenty (20) percent opacity, except that one six (6) minute average per hour of up to twenty-seven (27) percent opacity need not be reported.

(b) Sulfur dioxide. Excess emissions for affected facilities are defined as: Any three (3) hour period during which the average emissions (arithmetic average of three (3) contiguous one (1) hour periods) of sulfur dioxide as measured by a continuous monitoring system exceed the applicable standard under Section 5.

(c) Nitrogen oxides. Excess emissions for affected facilities using a continuous monitoring system for measuring nitrogen oxides are defined as any three (3) hour period during which the average emissions (arithmetic average of three (3) contiguous one (1) hour periods) exceed the applicable standards under Section 6.

(8) The department may require for any indirect heat exchanger unit of 250 million BTU per hour heat input or less any or all the emission and fuel monitoring required by this section.

Section 8. Test Methods and Procedures. (1) The reference methods in Appendix A of 40 CFR 60 except as provided in 401 KAR 50:045 shall be used to determine compliance with the standards as prescribed in Sections 4, 5, and 6 as follows:

(a) Reference Method 1 for the selection of sampling site and sample traverses;

(b) Reference Method 3 for gas analysis to be used when applying Reference Methods 5, 6, and 7;

(c) Reference Method 5 for concentration of particulate matter and the associated moisture content;

(d) Reference Method 6 for the concentration of sulfur dioxide; and

(e) Reference Method 7 for the concentration of nitrogen oxides.

(2) For Reference Method 5, Reference Method 1 shall be used to select the sampling site and the number of traverse sampling points. The sampling time for each run shall be at least sixty (60) minutes and the minimum sampling volume shall be 0.85 dscm (30 dscf) except that smaller sampling times or volumes, when necessitated by process variables or other factors, may be approved by the department. The probe and filter holder heating systems in the sampling train shall be set to provide a gas temperature no greater than 160°C (320°F).

(3) For Reference Methods 6 and 7, the sampling site shall be the same as that selected for Reference Method 5. The sampling point in the duct shall be at the centroid of the cross section or at a point no closer to the walls than one (1) m (3.28 ft). For Reference Method 6, the sample

shall be extracted at a rate proportional to the gas velocity at the sampling point.

(4) For Reference Method 6, the minimum sampling time shall be twenty (20) minutes and the minimum sampling volume shall be 0.02 dscm (0.71 dscf) for each sample. The arithmetic mean of two (2) samples shall constitute one (1) run. Samples shall be taken at approximately thirty (30) minute intervals.

(5) For Reference Method 7, each run shall consist of at least four (4) grab samples taken at approximately fifteen (15) minute intervals. The arithmetic mean of the samples shall constitute the run value.

(6) For each run using the methods specified by subsection (1)(a), (b) and (c) of this section, the emissions expressed in g/million cal (lb/million BTU) shall be determined by the following procedure:

$$E = (20.9\ CF)/(20.9 - \%\ \text{oxygen})$$

where:

(a) E = pollutant emission, g/million cal (lb/million BTU).

(b) C = pollutant concentration, g/dscm (lb/dscf), determined by Reference Methods 5, 6 or 7.

(c) % oxygen = oxygen content by volume (expressed as percent), dry basis. Percent oxygen shall be determined by using the integrated or grab sampling and analysis procedures of Reference Method 3 as applicable. The sample shall be obtained as follows:

1. For determination of sulfur dioxide and nitrogen oxides emissions, the oxygen sample shall be obtained simultaneously at the same point in the duct as used to obtain the samples for Reference Methods 6 and 7 determinations, respectively. For Reference Method 7, the oxygen sample shall be obtained using the grab sampling and analysis procedures of Reference Method 3.

2. For determination of particulate emissions, the oxygen sample shall be obtained simultaneously by traversing the duct at the same sampling location used for each run of Reference Method 5 under subsection (2) of this section. Reference Method 1 shall be used for selection of the number of traverse points except that no more than twelve (12) sample points are required.

(d) F = a factor as determined in Section 7(6)(c), (d), or (e).

(7) When combination of fossil fuels are fired, the heat input, expressed in cal/hr (BTU/hr), shall be determined during each testing period by multiplying the gross calorific value of each fuel fired by the rate of each fuel burned. Gross calorific value shall be determined in accordance with ASTM methods D2015-66(72) (solid fuels), D240-76 (liquid fuels), or D1826-64(70) (gaseous fuels) as applicable. The rate of fuels burned during each testing period shall be determined by suitable methods and shall be confirmed by a material balance over the steam generation system.

APPENDIX A TO 401 KAR 59:015 DETERMINATION OF ALLOWABLE SULFUR DIOXIDE EMISSION

Allowable sulfur dioxide emission in pounds per million BTU per hour heat input =

$$\frac{y\,(a) + z\,(b)}{y + z}$$

Where:

y is the percent of total heat input derived from liquid or gaseous fuel,

z is the percent of total heat input derived from solid fuel,

a is the allowable sulfur dioxide emission in pounds per million BTU heat input derived from liquid or gaseous fuel, and

b is the allowable sulfur dioxide emission in pounds per million BTU heat input derived from solid fuel.

APPENDIX B TO 401 KAR 59:015 DETERMINATION OF ALLOWABLE NITROGEN DIOXIDE EMISSION

Allowable nitrogen dioxide emission in pounds per million BTU/hour heat input =

$$\frac{x(0.20) + y(0.30) + z(0.70) + w(0.60)}{x + y + z + w}$$

Where:

x is the percent of total heat input derived from gaseous fuel,

y is the percent of total heat input derived from liquid fuel,

z is the percent of total heat input derived from solid fuel (except lignite), and

w is the percent of total heat input derived from lignite.

APPENDIX C TO 401 KAR 59:015 DETERMINATION OF SPAN VALUE

(in parts per million)

Fossil Fuel	Span Value for Sulfur Dioxide	Span Value for Nitrogen Oxides
Gas	*	500
Liquid	1,000	500
Solid	1,500	500
Combinations	1,000y + 1,500z	500(x + y) + 1,000z

* Not applicable

Where:

x = the fraction of total heat input derived from gaseous fossil fuel,

y = the fraction of total heat input derived from liquid fossil fuel, and

z = the fraction of total heat input derived from solid fossil fuel.

APPENDIX D TO 401 KAR 59:015
DETERMINATION OF F OR Fc FACTOR

$$F = \frac{227.2(\%H) + 95.5(\%C) + 35.6(\%S) + 8.7(\%N) - 28.7(\%O)}{GCV}$$

(metric units)

$$F = \frac{10^6 [3.64(\%H) + 1.53(\%C) + 0.57(\%S) + 0.14(\%N) - 0.46(\%O)]}{GCV}$$

(English units)

$$Fc = \frac{2.0 \times 10^{-5} (\%C)}{GCV}$$ (metric units)

$$Fc = \frac{321 \times 10^3 (\%C)}{GCV}$$ (English units)

Where:
H, C, S, N, and O are content by weight of hydrogen, carbon, sulfur, nitrogen, and oxygen (expressed as percent) respectively, as determined on the same basis as GCV by ultimate analysis of the fuel fired, using ASTM method D3178-73 or D3176-74 (solid fuels) or computed from results using ASTM methods D1137-53(75), D1945-64(73), or D1946-67(72) (gaseous fuels) as applicable.

GCV is the gross calorific value (cal/g, BTU/lb) of the fuel combusted, determined by ASTM test methods D2015-66(72) for solid fuels and D1826-64(70) for gaseous fuels as applicable.

APPENDIX E TO 401 KAR 59:015
DETERMINATION OF F OR Fc FACTOR
FOR FIRING COMBINATIONS

$$F = xF_1 + yF_2 + zF_3$$

Where:
x, y, z = the fraction of total heat input derived from gaseous, liquid, and solid fuel, respectively.
F_1, F_2, F_3 = the value of F for gaseous, liquid, and solid fuels respectively under Section 7(6)(c) and (d).

$$Fc = \sum_{i=1}^{n} X_i (Fc)i$$

Where:
X_i = the fraction of total heat input derived from each type fuel (e.g., natural gas, butane, crude oil, bituminous coal, etc.)
$(Fc)i$ = the applicable Fc factor for each fuel type determined in accordance with Section 7(6)(c) and (d).

JACKIE SWIGART, Secretary
ADOPTED: August 14, 1980
RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.
PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution
(Proposed Amendment)

401 KAR 59:020. New incinerators.

RELATES TO: KRS Chapter 224
PURSUANT TO: KRS 13.082, 224.033
NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement, and control of air pollution. This regulation is to provide standards of performance for new incinerators.

Section 1. Applicability. The provisions of this regulation shall apply to each affected facility which means each incinerator commenced on or after the applicable classification date defined below.

Section 2. Definitions. As used in this regulation, all terms not defined herein shall have the meaning given them in 401 KAR 50:010.
(1) "Incinerator" means any furnace used in the process of burning waste for the purpose of reducing the volume of the waste by removing combustible matter.
(2) "Day" means twenty-four (24) hours.
(3) "Auxiliary fuel" means a substance burned in an incinerator to supply additional heat to attain temperature sufficiently high to dry and ignite waste material and to maintain ignition of the waste material.
(4) "Classification date" means:
(a) August 17, 1971 for incinerators with a charging rate of more than fifty (50) tons/day; [,]
(b) April 9, 1972 for incinerators with a charging rate of fifty (50) tons/day or less, *subject to Section 3(2)(b); and*
(c) June 6, 1979 for incinerators with a charging rate of fifty (50) tons/day or less subject to Section 3(2)(a).

Section 3. Standards for Particulate Matter. (1) No owner or operator of any affected facility shall cause, suffer, allow, or permit the emission produced by the incineration of any substance to have greater than twenty (20) percent opacity.
(2) *(a)* No owner or operator of an affected facility of 500 lb/hr up to and including forty-five (45) metric tons per day charging rate (fifty (50) tons/day) *commenced on or after June 6, 1979* shall cause to be discharged into the atmosphere from any affected facility any gases which contain particulate matter in excess of 0.23 g/dscm (0.1 gr/dscf) corrected to twelve (12) percent carbon dioxide excluding the contribution of carbon dioxide from auxiliary fuel.
(b) No owner or operator of an affected facility of 500 lb/hr up to and including forty-five (45) metric tons per day charging rate (fifty (50) tons/day) commenced on or after April 9, 1972 but before June 6, 1979 shall cause to be discharged into the atmosphere from any affected facility any gases with contain particulate matter in excess of 0.45 g/dscm (0.2 gr/dscf) corrected to twelve (12) percent carbon dioxide excluding the contribution of carbon dioxide from auxiliary fuel.
(3) On and after the date on which the performance test required to be conducted by 401 KAR 59:005 is completed, no owner or operator of an affected facility of more than forty-five (45) metric tons per day charging rate (fifty (50)

tons/day) shall cause to be discharged into the atmosphere from any affected facility any gases which contain particulate matter in excess of 0.18 g/dscm (0.08 gr/dscf) corrected to twelve (12) percent carbon dioxide excluding the contribution of carbon dioxide from auxiliary fuel.

Section 4. Monitoring of Operations. The owner or operator of an affected facility of more than forty-five (45) metric tons per day charging rate (fifty (50) tons per day) shall record the daily charging rates and hours of operation.

Section 5. Nameplate. All affected facilities shall have a nameplate installed in a conspicuous place on the unit giving the manufacturer's name, model number, rated capacity, and the types of waste material for which the unit is designed.

Section 6. Test Methods and Procedures. (1) The reference methods as defined in Appendix A of 40 CFR 60, filed by reference in 401 KAR 50:015, except as provided for in 401 KAR 50:045, shall be used to determine compliance with the standards prescribed in Section 3 as follows:

(a) Reference Method 5 for the concentration of particulate matter and the associated moisture content;

(b) Reference Method 1 for sample and velocity traverses;

(c) Reference Method 2 for velocity and volumetric flow rate; and

(d) Reference Method 3 for gas analysis and calculation of excess air, using the integrated sample technique.

(2) The sampling time for each run shall be at least sixty (60) minutes and the minimum sample volume shall be 0.85 dscm (30.0 dscf) except that smaller sampling times or sample volumes, when necessitated by process variables or other factors, may be approved by the department.

(3) If a wet scrubber is used, the gas analysis sample shall reflect flue gas conditions after the scrubber, allowing for carbon dioxide absorption by sampling the gas on the scrubber inlet and outlet sides according to either the procedure under paragraphs (a) through (f) of this subsection or the procedure under Section 7.

(a) The inlet site shall be selected according to Reference Method 1 or as specified by the department.

(b) The outlet sampling site shall be the same as for the particulate matter measurement.

(c) Randomly select nine (9) sampling points within the cross section at both the inlet and outlet sampling sites. Use the first set of three (3) for the first run, the second set for the second run, and the third set for the third run.

(d) Simultaneously with each particulate matter run, extract and analyze for carbon dioxide an integrated gas sample traversing the three (3) sample points and sampling at each point for equal increments of time. Conduct the runs at both inlet and outlet sampling sites.

(e) Measure the volumetric flow rate at the inlet during each particulate matter run using the full number of traverse points. For the inlet make two (2) full velocity traverses approximately one (1) hour apart during each run and average the results. The outlet volumetric flow rate may be determined from the particulate matter run.

(f) Calculate the adjusted carbon dioxide percentage using the equation in Appendix A of this regulation.

Section 7. Alternatively, the following procedures may be substituted for the procedures under Section 6(3)(d), (e) and (f).

(1) Simultaneously with each particulate matter run, extract and analyze for carbon dioxide, oxygen, and nitrogen an integrated gas sample traversing the three (3) sample points and sampling for equal increments of time at each point. Conduct the runs at both the inlet and outlet sampling sites.

(2) After completing the analysis of the gas sample, calculate the percentage of excess air for both the inlet and outlet sampling sites.

(3) Calculate the adjusted carbon dioxide percentage using the equation in Appendix B of this regulation.

(4) Particulate matter emissions, expressed in g/dscm, shall be corrected to twelve (12) percent carbon dioxide by using the formula in Appendix C of this regulation.

APPENDIX A TO 401 KAR 59:020
CALCULATION FOR ADJUSTED CARBON DIOXIDE PERCENTAGE FOR INCINERATORS

$$\%\,CO_2A = \%\,CO_2D\,(Q_i/Q_o)$$

where:

$\%\,CO_2A$ is the adjusted carbon dioxide percentage which removes the effect of carbon dioxide absorption and dilution air.

$\%\,CO_2D$ is the percentage of carbon dioxide measured before the scrubber, dry basis.

Q_i is the volumetric flow rate before the scrubber average of two (2) runs, dscf/min, and

Q_o is the volumetric flow rate after the scrubber, dscf/min.

APPENDIX B TO 401 KAR 59:020
CALCULATION FOR ADJUSTED CARBON DIOXIDE PERCENTAGE INCINERATOR, ALTERNATE PROCEDURE

$$\%\,CO_2A = \%\,CO_2D\,\frac{100 + \%\,EA_i}{100 + \%\,EA_o}$$

where:

$\%\,CO_2A$ is the adjusted outlet carbon dioxide percentage,

$\%\,CO_2D$ is the percentage of carbon dioxide measured before the scrubber, dry basis,

$\%\,EA_i$ is the percentage of excess air at the inlet, and

$\%\,EA_o$ is the percentage of excess air at the outlet.

APPENDIX C TO 401 KAR 59:020
PARTICULATE EMISSIONS CORRECTION CALCULATION FOR INCINERATORS, ALTERNATE PROCEDURE

$$C_{12} = \frac{12C_p}{\%\,CO_2}$$

where:

C_{12} is the concentration of particulate matter corrected to twelve (12) percent carbon dioxide,

C_p is the concentration of particulate matter and,

$\%\,CO_2$ is the percentage of measured carbon dioxide or when applicable, the adjusted outlet carbon dioxide percentage as determined by Appendix B to this regulation.

JACKIE SWIGART, Secretary

ADOPTED: August 14, 1980

RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.

PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution
(Proposed Amendment)

401 KAR 59:045. New petroleum refineries.

RELATES TO: KRS Chapter 224

PURSUANT TO: KRS 13.082, 224.033

NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement, and control of air pollution. This regulation is to provide standards of performance for new petroleum refineries.

Section 1. Applicability. (1) The provisions of this regulation are applicable to the following affected facilities in petroleum refineries: fluid catalytic cracking unit catalyst regenerators, fuel gas combustion devices, and all Claus sulfur recovery plants except Claus plants of twenty (20) long tons per day (LTD) or less associated with a small petroleum refinery. The Claus sulfur recovery plant need not be physically located within the boundaries of a petroleum refinery to be an affected facility, provided it processes gases produced within a petroleum refinery.

(2) Any fluid catalytic cracking unit catalyst regenerator or fuel gas combustion device under subsection (1) of this section which commences on or after the classification date defined in Section 2*(13)* [(14)] or any Claus sulfur recovery plant under subsection (1) of this section which commences on or after the classification date defined in Section 2*(13)* [(14)] is subject to the requirements of this regulation.

Section 2. Definitions. As used in this regulation, all terms not defined herein shall have the meaning given them in 401 KAR 50:010.

(1) "Petroleum refinery" means any facility engaged in producing gasoline, kerosene, distillate fuel oils, residual fuel oils, lubricants, or other products through distillation of petroleum or through redistillation, cracking or reforming of unfinished petroleum derivatives.

(2) "Petroleum" means the crude oil removed from the earth and the oils derived from tar sands, shale and coal.

(3) "Process gas" means any gas generated by a petroleum refinery process unit, except fuel gas and process upset gas as defined in this section.

(4) "Fuel gas" means any gas which is generated by a petroleum refinery process unit and which is combusted, including any gaseous mixture of natural gas and fuel gas which is combusted.

(5) "Process upset gas" means any gas generated by a petroleum refinery process unit as a result of startup, shutdown, upset or malfunction.

(6) "Refinery process unit" means any segment of the petroleum refinery in which a specific processing operation is conducted.

(7) "Fuel gas combustion device" means any equipment, such as process heaters, boilers and flares used to combust fuel gas, but does not include fluid coking unit and fluid catalytic cracking unit incinerator-waste heat boilers, facilities combusting coke oven gas in a by-product coke manufacturing plant, or facilities in which gases are combusted to produce sulfur or sulfuric acid.

(8) "Coke burn-off" means the coke removed from the surface of the fluid catalytic cracking unit catalyst by combustion in the catalyst regenerator. The rate of coke burn-off is calculated by the formula specified in Appendix A of this regulation.

(9) "Claus sulfur recovery plant" means a process unit which recovers sulfur from hydrogen sulfide by a vapor-phase catalytic reaction of sulfur dioxide and hydrogen sulfide.

(10) "Oxidation control system" means an emission control system which reduces emissions from sulfur recovery plants by converting these emissions to sulfur dioxide.

(11) "Reduction control system" means an emission control system which reduces emissions from sulfur recovery plants by converting these emissions to hydrogen sulfide.

(12) "Reduced sulfur compounds" means hydrogen sulfide, carbonyl sulfide and carbon disulfide.

[(13) "Small petroleum refinery" means a petroleum refinery which has a crude oil processing capacity of 50,000 barrels per stream day or less, and which is owned or controlled by a refinery with a total combined crude oil processing capacity of 137,500 barrels per stream day or less.]

(13) [(14)] "Classification date" means June 11, 1973 for any fluid catalytic cracking unit catalyst regenerator or fuel gas combustion device and October 4, 1976 for any Claus recovery plant.

Section 3. Standard for Particulate Matter. (1) On and after the date on which the performance test required to be conducted by 401 KAR 59:005, Section 2, is completed, no owner or operator subject to the provisions of this regulation shall discharge or cause the discharge into the atmosphere from any fluid catalytic cracking unit catalyst regenerator:

(a) Particulate matter in excess of 1.0 kg/1000 kg (1.0 lb/1000 lb) of coke burn-off in the catalyst regenerator.

(b) Gases exhibiting greater than thirty (30) percent opacity, except for one (1) six (6) minute average opacity reading in any one (1) hour period.

(2) Where the gases discharged by the fluid catalytic cracking unit catalyst regenerator pass through an incinerator or waste heat boiler in which auxiliary or supplemental liquid or solid fossil fuel is burned, particulate matter in excess of that permitted by subsection (1)(a) of this section may be emitted to the atmosphere, except that the incremental rate of particulate matter emissions shall not exceed 43.0 g/MJ (0.10 lb/million BTU) of heat input attributable to such liquid or solid fossil fuel.

Section 4. Standard for Carbon Monoxide. On and after the date on which the performance test required to be conducted by 401 KAR 59:005, Section 2, is completed, no owner or operator subject to the provisions of this regulation shall discharge or cause the discharge into the atmosphere from the fluid catalytic cracking unit catalyst regenerator any gases which contain carbon monoxide in excess of 0.050 percent by volume.

Section 5. Standard for Sulfur Dioxide. On and after the date on which the performance test required to be conducted by 401 KAR 59:005, Section 2, is completed, no owner or operator subject to the provisions of this regulation shall:

(1) Burn in any fuel gas combustion device any fuel gas which contains hydrogen sulfide in excess of 230 mg/dscm (0.10 gr/dscf), except that the gases resulting from the combustion of fuel gas may be treated to control sulfur dioxide emissions provided the owner or operator demonstrates to the satisfaction of the department that this is as effective in preventing sulfur dioxide emissions to the atmosphere as restricting the hydrogen sulfide concentration in the fuel gas to 230 mg/dscm or less. The combustion in a flare of process upset gas, or fuel gas which is released to the flare as a result of relief valve leakage, is exempt from this subsection.

(2) Discharge or cause the discharge of any gases into the atmosphere from any Claus sulfur recovery plant containing in excess of:

(a) 0.025 percent by volume of sulfur dioxide at zero percent oxygen on a dry basis if emissions are controlled by an oxidation control system, or a reduction control system followed by incineration; or

(b) 0.030 percent by volume of reduced sulfur compounds and 0.0010 percent by volume of hydrogen sulfide calculated as sulfur dioxide at zero percent oxygen on a dry basis if emissions are controlled by a reduction control system not followed by incineration.

Section 6. Emission Monitoring. (1) Continuous monitoring systems shall be installed, calibrated, maintained, and operated by the owner or operator as follows:

(a) A continuous monitoring system for the measurement of the opacity of emissions discharged into the atmosphere from the fluid catalytic cracking unit catalyst regenerators. The continuous monitoring system shall be spanned at sixty (60), seventy (70) or eighty (80) percent opacity.

(b) An instrument for continuously monitoring and recording the concentration of carbon monoxide in gases discharged into the atmosphere from fluid catalytic cracking unit catalyst regenerators. The span of this continuous monitoring system shall be 1,000 ppm.

(c) A continuous monitoring system for the measurement of sulfur dioxide in the gases discharged into the atmosphere from the combustion of fuel gases (except where a continuous monitoring system for the measurement of hydrogen sulfide is installed under paragraph (d) of this subsection). The pollutant gas used to prepare calibration gas mixtures under Paragraph 2.1 of Performance Specification 2 of 40 CFR 60, filed by reference in 401 KAR 50:015, and for calibration checks under 401 KAR 59:005, Section 4(4), shall be sulfur dioxide. The span shall be set at 100 ppm. For conducting monitoring system performance evaluations under 401 KAR 59:005, Section 4(3), Reference Method 6 shall be used.

(d) An instrument for continuously monitoring and recording concentrations of hydrogen sulfide in fuel gases burned in any fuel gas combustion device, if compliance with Section 5(1) is achieved by removing hydrogen sulfide from the fuel gas before it is burned; fuel gas combustion devices having a common source of fuel gas may be monitored at one (1) location, if monitoring at this location accurately represents the concentration of hydrogen sulfide in the fuel gas burned. The span of this continuous monitoring system shall be 300 ppm.

(e) An instrument for continuously monitoring and recording concentrations of sulfur dioxide in the gases discharged into the atmosphere from any Claus sulfur recovery plant if compliance with Section 5(2) is achieved through the use of an oxidation control system or a reduction control system followed by incineration. The span of this continuous monitoring system shall be set at 500 ppm.

(f) An instrument(s) for continuously monitoring and recording the concentration of hydrogen sulfide and reduced sulfur compounds in the gases discharged into the atmosphere from any Claus sulfur recovery plant if compliance with Section 5(2) is achieved through the use of a reduction control system not followed by incineration. The span(s) of this continuous monitoring system(s) shall be set at twenty (20) ppm for monitoring and recording the concentration of hydrogen sulfide and 600 ppm for monitoring and recording the concentration of reduced sulfur compounds.

(2) The average coke burn-off rate (thousands of kilogram/hr) and hours of operation for any fluid catalytic cracking unit catalyst regenerator subject to Sections 3 or 4 shall be recorded daily.

(3) For any fluid catalytic cracking unit catalyst regenerator which is subject to Section 3 and which utilizes an incinerator-waste heat boiler to combust the exhaust gases from the catalyst regenerator, the owner or operator shall record daily the rate of combustion of liquid or solid fossil fuels (liters/hr or kilograms/hr) and the hours of operation during which liquid or solid fossil fuels are combusted in the incinerator-waste heat boiler.

(4) For the purpose of reports under 401 KAR 59:005, Section 3, periods of excess emissions that shall be reported are defined as follows:

(a) Opacity. All one (1) hour periods which contain two (2) or more six (6) minute periods during which the average opacity as measured by the continuous monitoring system exceeds thirty (30) percent.

(b) Carbon monoxide. All hourly periods during which the average carbon monoxide concentration in the gases discharged into the atmosphere from any fluid catalytic cracking unit catalyst regenerator subject to Section 4 exceeds 0.050 percent by volume.

(c) Sulfur dioxide:

1. Any three (3) hour period during which the average concentration of hydrogen sulfide in any fuel gas com-

busted in any fuel gas combustion device subject to Section 5(1) exceeds 230 mg/dscm (0.10 gr/dscf), if compliance is achieved by removing hydrogen sulfide from the fuel gas before it is burned; or any three (3) hour period during which the average concentration of sulfur dioxide in the gases discharged into the atmosphere from any fuel gas combustion device subject to Section 5(1) exceeds the level specified in Section 5(1) if compliance is achieved by removing sulfur dioxide from the combusted fuel gases.

2. Any twelve (12) hour period during which the average concentration of sulfur dioxide in the gases discharged into the atmosphere from any Claus sulfur recovery plant subject to Section 5(2) exceeds 250 ppm at zero (0) percent oxygen on a dry basis if compliance with Section 5(2)(b) is achieved through the use of an oxidation control system or a reduction control system followed by incineration; or any twelve (12) hour period during which the average concentration of hydrogen sulfide or reduced sulfur compounds in the gases discharged into the atmosphere of any Claus sulfur plant subject to Section 5(2) exceeds ten (10) ppm or 300 ppm, respectively, at zero (0) percent oxygen and on a dry basis if compliance is achieved through the use of a reduction control system not followed by incineration.

(d) Any six (6) hour period during which the average emissions (arithmetic average of six (6) contiguous one (1) hour periods) of sulfur dioxide as measured by a continuous monitoring system exceed the standard under Section 5.

Section 7. Test Methods and Procedures. (1) The reference methods in Appendix A of 40 CFR 60, except as provided for in 401 KAR 50:045, shall be used to determine compliance with the provisions in Sections 3, 4 and 5 as follows:

(a) For gases released to the atmosphere from the fluid catalytic cracking unit catalyst regenerator:

1. Method 5 for the concentration of particulate matter and moisture content;
2. Method 1 for sample and velocity traverses; and
3. Method 2 for velocity and volumetric flow rate.

(b) For Method 5, the sampling time for each run shall be at least sixty (60) minutes and the sampling rate shall be at least 0.015 dscm/min (0.53 dscf/min), except that shorter sampling times may be approved by the department when process variables or other factors preclude sampling for at least sixty (60) minutes.

(c) For exhaust gases from the fluid catalytic cracking unit catalyst regenerator prior to the emission control system, the integrated sample techniques of Method 3 and Method 4 for gas analysis and moisture content, respectively; Method 1 for velocity traverses; and Method 2 for velocity and volumetric flow rate.

(d) Coke burn-off rate shall be determined by the formula in Appendix A of this regulation.

(e) Particulate emissions shall be determined by the equation in Appendix B of this regulation.

(f) For each run emissions expressed in kg/1000 kg (lb/1000 lb) of coke burn-off in the catalyst regenerator shall be determined by the equation in Appendix C of this regulation.

(g) In those instances in which auxiliary liquid or solid fossil fuels are burned in an incinerator-waste heat boiler, the rate of particulate matter emissions permitted under Section 3(2) must be determined. Auxiliary fuel heat input, expressed in millions of cal/hr (MM BTU/hr) shall be calculated for each run by fuel flow rate measurement and analysis of the liquid or solid auxiliary fossil fuels. For each run, the rate of particulate emissions permitted under Section 3(2) shall be calculated from the equation in Appendix D of this regulation.

(2) For the purpose of determining compliance with Section 4, the integrated sample technique of Method 10 shall be used. The sample shall be extracted at a rate proportional to the gas velocity at a sampling point near the centroid of the duct. The sampling time shall not be less than sixty (60) minutes.

(3) For the purpose of determining compliance with Section 5(1), Method 11 shall be used to determine the concentration of hydrogen sulfide and Method 6 shall be used to determine the concentration of sulfur dioxide.

(a) If Method 11 is used, the gases sampled shall be introduced into the sampling train at approximately atmospheric pressure. Where refinery fuel gas lines are operating at pressures substantially above atmosphere, this may be accomplished with a flow control valve. If the line pressure is high enough to operate the sampling train without a vacuum pump, the pump may be eliminated from the sampling train. The sample shall be drawn from a point near the centroid of the fuel gas line. The minimum sampling time shall be ten (10) minutes and the minimum sampling volume 0.01 dscm (0.35 dscf) for each sample. The arithmetic average of two (2) samples of equal sampling time shall constitute one (1) run. Samples shall be taken at approximately one (1) hour intervals. For most fuel gases, sample times exceeding twenty (20) minutes may result in depletion of the collecting solution, although fuel gases containing low concentrations of hydrogen sulfide may necessitate sampling for longer periods of time.

(b) If Method 6 is used, Method 1 shall be used for velocity traverses and Method 2 for determining velocity and volumetric flow rate. The sampling site for determining sulfur dioxide concentration by Method 6 shall be the same as for determining volumetric flow rate by Method 2. The sampling point in the duct for determining sulfur dioxide concentration by Method 6 shall be at the centroid of the cross section if the cross-sectional area is less than five (5) square meters (fifty-four (54) ft. squared) or at a point no closer to the walls than one (1) meter (thirty-nine (39) inches) if the cross-sectional area is five (5) square meters or more and the centroid is more than one (1) meter from the wall. The sample shall be extracted at a rate proportional to the gas velocity at the sampling point. The minimum sampling time shall be ten (10) minutes and the minimum sampling volume 0.01 dscm (0.35 dscf) for each sample. The arithmetic average of two (2) samples of equal sampling time shall constitute one (1) run. Samples shall be taken at approximately one (1) hour intervals.

(4) For the purpose of determining compliance with Section 5(2), Method 6 shall be used to determine the concentration of sulfur dioxide and Method 15 shall be used to determine the concentration of sulfur dioxide and reduced sulfur compounds.

(a) If Method 6 is used, the procedure outlined in subsection (3)(b) of this section shall be followed except that each run shall span a minimum of four (4) consecutive hours of continuous sampling. A number of separate samples may be taken for each run, provided the total sampling time of these samples adds up to a minimum of four (4) consecutive hours. Where more than one (1) sample is used, the average sulfur dioxide concentration for the run shall be calculated as the time weighted average of the sulfur dioxide concentration for each sample according to the formula in Appendix E of this regulation.

(b) If Method 15 is used, each run shall consist of sixteen (16) samples taken over a minimum of three (3) hours. The

sampling point shall be at the centroid of the cross section of the duct if the cross-sectional area is less than five (5) square meters (fifty-four (54) ft. squared) or at a point no closer to the walls than one (1) meter (*thirty-nine (39)* inches) if the cross-sectional area is five (5) square meters or more and the centroid is more than one (1) meter from the wall. To insure minimum residence time for the sample inside the sample lines, the sampling rate shall be at least three (3) liters/minute (0.1 cfm). The sulfur dioxide equivalent for each run shall be calculated as the arithmetic average of the sulfur dioxide equivalent of each sample during the run. Reference Method 4 shall be used to determine the moisture content of the gases. The sampling point for Method 4 shall be adjacent to the sampling point for Method 15. The sample shall be extracted at a rate proportional to the gas velocity at the sampling point. Each run shall span a minimum of four (4) consecutive hours of continuous sampling. A number of separate samples may be taken for each run provided the total sampling time of these samples adds up to a minimum of four (4) consecutive hours. Where more than one (1) sample is used, the average moisture content for the run shall be calculated as the time weighted average of the moisture content of each sample according to the formula in Appendix F of this regulation.

(5) An owner or operator of an affected facility may request the department to determine opacity of emissions from the affected facility during any performance test covered under 401 KAR 59:005, Section 2. In such event the provisions of 401 KAR 50:055, Section 2(6) shall apply.

APPENDIX A TO 401 KAR 59:045
Formula for Coke Burn-off Rate

$$R_c = 0.2982 Q_{RE}(\%CO_2 + \%CO) + 2.088 Q_{RA} - 0.0994 Q_{RE}(\%CO/2 + \%CO_2 + \%O_2)$$
(metric units)

or

$$R_c = 0.0186 Q_{RE}(\%CO_2 + \%CO) + 0.1303 Q_{RA} - 0.0062 Q_{RE}(\%CO/2 + \%CO_2 + \%O_2)$$
(English units)

Where:

R_c = coke burn-off rate, kg/hr (lb/hr).

0.2982 = metric units material balance factor divided by 100, kg-min/hr-m^3.

0.0186 = English units material balance factor divided by 100, lb-min/hr-ft^3.

Q_{RE} = fluid catalytic cracking unit catalyst regenerator exhaust gas flow rate before entering the emission control system, as determined by Method 2, dscm/min (dscf/min).

$\%CO_2$ = percent carbon dioxide by volume, dry basis, as determined by Method 3.

%CO = percent carbon monoxide by volume, dry basis, as determined by Method 3.

$\%O_2$ = percent oxygen by volume, dry basis, as determined by Method 3.

2.088 = metric units material balance factor divided by 100, kg-min/hr-m^3.

0.1303 = English units material balance factor divided by 100, lb-min/hr-ft^3.

Q_{RA} = air rate to fluid catalytic cracking unit catalyst regenerator, as determined from fluid catalytic cracking unit control room instrumentation, dscm/min (dscf/min).

0.0994 = metric units material balance factor divided by 100, kg-min/hr-m^3.

0.0062 = English units material balance factor divided by 100, lb-min/hr-ft^3.

APPENDIX B TO 401 KAR 59:045
Equation to Determine Particulate Emissions

$$RE = (60 \times 10^{-6}) Q_{RV} C_s \text{ (metric units)}$$

or

$$RE = (8.57 \times 10^{-3}) Q_{RV} C_s \text{ (English units)}$$

or

RE = particulate emission rate, kg/hr (lb/hr)

Where:

60×10^{-6} = metric units conversion factor, min-kg/hr-mg.

8.57×10^{-3} = English units conversion factor, min-lb/hr-gr.

Q_{RV} = volumetric flow rate of gases discharged into the atmosphere from the fluid catalytic cracking unit catalyst regenerator following the emission control system, as determined by Method 2, dscm/min (dscf/min).

C_s = particulate emission concentration discharged into the atmosphere, as determined by Method 5, mg/dscm (gr/dscf).

APPENDIX C TO 401 KAR 59:045
Equation to Determine Emissions (expressed in kg/1000 kg of coke burn-off) in the catalyst regenerator.

$$R_s = 1000\ Re/Rc \quad \text{(metric or English units)}$$

Where:

R_s = particulate emission rate, kg/1000 kg (lb/1000 lb) of coke burn-off in the fluid catalytic cracking unit catalyst regenerator.

1000 = conversion factor, kg to 1000 kg (lb to 1000 lb).

Re = particulate emission rate, kg/hr (lb/hr).

Rc = coke burn-off rate, kg/hr (lb/hr).

APPENDIX D TO 401 KAR 59:045
Equation for particulate emissions of auxiliary heat input expressed in millions of cal/hr
(English units: millions of BTU/hr)

$$R_s = 1.0 + \frac{0.18\,H}{Rc} \quad \text{(metric units)}$$

or

$$R_s = 1.0 + \frac{0.10\,H}{Rc} \quad \text{(English units)}$$

Where:
R_s = allowable particulate emission rate, kg/1000 kg (lb/1000 lb) of coke burn-off in the fluid catalytic cracking unit catalyst regenerator.
1.0 = emission standard, 1.0 kg/1000 kg (1.0 lb/1000 lb) of coke burn-off in the fluid catalytic cracking unit catalyst regenerator.
0.18 = metric units maximum allowable incremental rate of particulate emissions, g/million cal.
0.10 = English units maximum allowable incremental rate of particulate emissions, lb/million BTU.
H = heat input from solid or liquid fossil fuel, million cal/hr (million BTU/hr).
Rc = coke burn-off rate, kg/hr (lb/hr).

APPENDIX E TO 401 KAR 59:045
Equation for time weighted average of SO_2 concentration

$$C_R = \sum_{i=1}^{N} C_{Si}\,\frac{t_{Si}}{T}$$

Where:
C_R = SO_2 concentration for the run.
N = Number of samples.
C_{Si} = SO_2 Concentration for sample i.
t_{si} = Continuous sampling time of sample i.
T = Total continuous sampling time of all N samples.

APPENDIX F TO 401 KAR 59:045
Equation for the time weighted average of the moisture content.

$$B_{WO} = \sum_{i=1}^{N} B_{Si}\,\frac{t_{Si}}{T}$$

Where:
B_{wo} = Proportion by volume of water vapor in the gas stream for the run.
N = Number of samples.
B_{si} = Proportion by volume of water vapor in the gas stream for the sample i.
t_{si} = Continuous sampling time for sample i.
T = Total continuous sampling time of all N samples.

JACKIE SWIGART, Secretary
ADOPTED: August 14, 1980
RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.
PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution
(Proposed Amendment)

401 KAR 59:175. New service stations.

RELATES TO: KRS Chapter 224
PURSUANT TO: KRS 13.082, 224.033
NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement, and control of air pollution. This regulation provides for the control of volatile organic compound emissions from new service stations.

Section 1. Applicability. The provisions of this regulation shall apply to each affected facility located in urban counties designated non-attainment for ozone according to 401 KAR 51:010 which commenced on or after the classification date defined below.

Section 2. Definitions. As used in this regulation, all terms not defined herein shall have the meaning given to them in 401 KAR 50:010.
(1) "Affected facility" means the gasoline storage tanks at a service station.
(2) "Classification date" means *June 6, 1979* [the effective date of this regulation].

(3) "Service station" means any public or private establishment which dispenses gasoline into vehicle fuel tanks.

(4) "Submerged fill pipe" means any fill pipe the discharge of which is entirely submerged when the liquid level is six (6) inches above the bottom of the tank; or when applied to a tank which is loaded from the side, shall mean any fill pipe the discharge opening of which is entirely submerged when the liquid level is two (2) times the fill pipe diameter above the bottom of the tank.

(5) "Vapor balance system" means a system which conducts vapors displaced from storage tanks during filling operations to the storage compartment of the transport vehicle delivering the fuel.

(6) "Vent line restriction" means:

(a) An orifice of one-half (½) to three-quarters (¾) inch inside diameter;

(b) A pressure-vacuum relief valve set to open at *not less than* eight (8) oz. per square inch pressure and *not less than one-half (½)* [four (4)] oz. per square inch vacuum *unless a different vacuum relief setting is required by safety or fire authorities*; or

(c) A vent shut-off valve which is activated by connection of the vapor return hose.

(7) "Interlocking system" means devices which keep the storage tank sealed unless the vapor hose is connected or which prevent delivery of fuel until the vapor hose is connected.

Section 3. Standard for Volatile Organic Compounds. (1) The owner or operator of an affected facility shall install, maintain, and operate the following devices:

(a) Submerged fill pipe;

[(b) Gauge well drop tube which extends to within six (6) inches of the bottom of the tank;]

(b) [(c)] Vent line restriction on the affected facility vent line; and

(c) [(d)] Vapor balance system with an interlocking system and vapor tight connections on the liquid fill line and the vapor return line. The cross-sectional area of the vapor return hose must be at least fifty (50) percent of the liquid fill hose, and free of flow restrictions to achieve acceptable recovery. The size and design of the vapor return line and connections, including coaxial systems, are subject to the approval of the department.

(d) If the gasoline storage tank is equipped with a separate gauge well, a gauge well drop tube shall be installed which extends to within six (6) inches of the bottom of the tank.

(2) The owner or operator may elect to use an alternate control system if that system can be demonstrated to the department's satisfaction to achieve an equivalent control efficiency.

(3) The owner or operator shall not allow any transport vehicle to deliver fuel to an affected facility until the transport vehicle is properly connected to the vapor balance system or alternate control system.

Section 4. Exemptions. Any affected facility shall be exempt from the provisions of Section 3 if the annual throughput is less than or equal to 120,000 gal.

JACKIE SWIGART, Secretary

ADOPTED: August 14, 1980

RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.

PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution
(Proposed Amendment)

401 KAR 61:085. Existing service stations.

RELATES TO: KRS Chapter 224

PURSUANT TO: KRS 13.082, 224.033

NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement, and control of air pollution. This regulation provides for the control of volatile organic compound emissions from existing service stations.

Section 1. Applicability. The provisions of this regulation shall apply to each affected facility located in urban counties designated non-attainment for ozone according to 401 KAR 51:010 which commenced before the classification date defined below.

Section 2. Definitions. As used in this regulation, all terms not defined herein shall have the meaning given to them in 401 KAR 50:010.

(1) "Affected facility" means the gasoline storage tanks at a service station.

(2) "Classification date" means *June 6, 1979* [the effective date of this regulation].

(3) "Service station" means any public or private establishment except farms which dispenses gasoline into vehicle fuel tanks.

(4) "Submerged fill pipe" means any fill pipe the discharge of which is entirely submerged when the liquid level is six (6) inches above the bottom of the tank; or when applied to a tank which is loaded from the side, shall mean any fill pipe the discharge opening of which is entirely submerged when the liquid level is two (2) times the fill pipe diameter above the bottom of the tank.

(5) "Vapor balance system" means a system which conducts vapors displaced from storage tanks during filling operations to the storage compartment of the transport vehicle delivering the fuel.

(6) "Vent line restriction" means:

(a) An orifice of one-half (½) to three-quarters (¾) inch inside diameter;

(b) A pressure-vacuum relief valve set to open at *not less than* eight (8) oz. per square inch pressure and *not less than one-half (½)* [four (4)] oz. per square inch vacuum *unless a different vacuum relief setting is required by safety or fire authorities*; or

(c) A vent shut-off valve which is activated by connection of the vapor return hose.

(7) "Interlocking system" means devices which keep the storage tank sealed unless the vapor hose is connected or which prevent delivery of fuel until the vapor hose is connected.

Section 3. Standard for Volatile Organic Compounds. (1) The owner or operator of an affected facility shall install, maintain, and operate the following devices:

(a) Submerged fill pipe;

[(b) Gauge well drop tube which extends to within six (6) inches of the bottom of the tank;]

(b) [(c)] Vent line restriction on the affected facility vent line; and

(c) [(d)] Vapor balance system with an interlocking system and vapor tight connections on the liquid fill line and the vapor return line. The cross-sectional area of the vapor return hose must be at least fifty (50) percent of the liquid fill hose, and free of flow restrictions to achieve acceptable recovery. The size and design of the vapor return line and connections, including coaxial systems, are subject to the approval of the department.

(d) If the gasoline storage tank is equipped with a separate gauge well, a gauge well drop tube shall be installed which extends within six (6) inches of the bottom of the tank.

(2) The owner or operator may elect to use an alternate control system if that system can be demonstrated to the department's satisfaction to achieve an equivalent control efficiency.

(3) The owner or operator shall not allow any transport vehicle to deliver fuel to an affected facility until the transport vehicle is properly connected to the vapor balance system or alternate control system.

Section 4. Compliance Timetable. (1) The owner or operator of an affected facility with an annual throughput greater than or equal to 250,000 gal. shall be required to complete the following:

(a) Submit a final control plan for achieving compliance with this regulation no later than September 1, 1979.

(b) Award the control device contract no later than November 1, 1979.

(c) Initiate on-site construction or installation of emission control equipment no later than April 1, 1980.

(d) On-site construction or installation of emission control equipment shall be completed no later than November 1, 1980.

(e) Final compliance shall be achieved no later than February 1, 1981.

(2) The owner or operator of an affected facility with an annual throughput of less than 250,000 gal. shall be required to complete the following:

(a) Submit a final control plan for achieving compliance with this regulation no later than September 1, 1979.

(b) Award the control device contract no later than November 1, 1980.

(c) Initiate on-site construction or installation of emission control equipment no later than April 1, 1981.

(d) On-site construction or installation of emission control equipment shall be completed no later than November 1, 1981.

(e) Final compliance shall be achieved no later than February 1, 1982.

Section 5. Exemptions. Any affected facility shall be exempt from the provisions of Section 3 if the annual throughput is less than or equal to 120,000 gal.

JACKIE SWIGART, Secretary

ADOPTED: August 14, 1980

RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.

PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution
(Proposed Amendment)

401 KAR 61:145. Existing petroleum refineries.

RELATES TO: KRS Chapter 224

PURSUANT TO: KRS 13.082, 224.033

NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement, and control of air pollution. This regulation provides for the control of emissions from existing petroleum refineries.

Section 1. Applicability. The provisions of this regulation shall apply to each affected facility commenced before the classification date defined below.

Section 2. Definitions. As used in this regulation, all terms not defined herein shall have the meaning given them in 401 KAR 50:010 [and 401 KAR 61:005].

(1) "Affected facility" means sulfur recovery units, fluid catalytic cracking unit regenerators, fluid catalytic cracking unit incinerator-waste heat boilers and fuel gas combustion devices at a petroleum refinery in any county classified VA with respect to sulfur dioxide.

(2) "Petroleum refinery" means any facility engaged in producing gasoline, kerosene, distillate fuel oils, residual fuel oils, lubricants, or other products through distillation of petroleum or reforming of unfinished petroleum derivatives.

(3) "Petroleum" means the crude oil removed from the earth and the oils derived from tar sands, shale and coal.

(4) "Process gas" means any gas generated by a petroleum refinery process unit, except fuel gas and process upset gas as defined in this section.

(5) "Fuel gas" means any gas which is generated by a petroleum refinery process unit and which is combusted, including any gaseous mixture of natural gas and fuel gas which is combusted.

(6) "Process upset gas" means any gas generated by a petroleum refinery process unit as a result of startup, shutdown, upset or malfunction.

(7) "Refinery process unit" means any segment of the petroleum refinery in which a specific processing operation is conducted.

(8) "Fuel gas combustion device" means any equipment, such as process heaters, boilers and flares used to combust fuel gas, but does not include fluid coking unit and fluid catalytic cracking unit incinerator-waste heat boilers, facilities combusting coke oven gas in a by-product coke manufacturing plant, or facilities in which gases are combusted to produce sulfur or sulfuric acid.

(9) "Classification date" means *June 11, 1973 for any fluid catalytic cracking unit catalyst regenerator or fuel gas combustion device; October 4, 1976 for any sulfur recovery unit; and June 6, 1979 for fluid catalytic cracking unit incinerator-waste heat boilers* [the effective date of this regulation].

Section 3. Standard for Sulfur Dioxide. (1) No owner or operator subject to the provisions of this regulation shall burn in any fuel gas combustion device any fuel gas which contains hydrogen sulfide in excess of 230 mg/dscm (0.10 gr/dscf), except as provided in subsection (2) of this section. The combustion of process upset gas in a flare, or the combustion in a flare of process gas or fuel gas which is released to the flare as a result of relief valve leakage, is exempt from this section.

(2) The owner or operator may elect to treat the gases resulting from the combustion of fuel gas in a manner which limits the release of sulfur dioxide to the atmosphere if it is shown to the satisfaction of the department that this prevents sulfur dioxide emissions as effectively as compliance with the requirements of subsection (1) of this section.

(3) No owner or operator subject to the provisions of this regulation shall discharge or cause the discharge into the atmosphere from any Claus sulfur recovery plant any gases containing in excess of:

(a) 0.025 percent by volume of sulfur dioxide at zero (0) percent oxygen on a dry basis if emissions are controlled by an oxidation control system, or a reduction control system followed by incineration; or

(b) 0.030 percent by volume of reduced sulfur compounds and 0.0010 percent by volume of hydrogen sulfide calculated as sulfur dioxide at zero (0) percent oxygen on a dry basis if emissions are controlled by a reduction control system not followed by incineration.

Section 4. Monitoring and Reporting. (1) For any fluid catalytic cracking unit catalyst regenerator which utilizes an incinerator-waste heat boiler to combust the exhaust gases from the catalyst regenerator, the owner or operator shall record daily the conversion factors used to convert monitored data (ppm) into units of the standard (lb/hr), the data used to calculate the conversion factor and the hourly emission rate in pounds per hour of sulfur dioxide.

(2) For the purpose of reports under 401 KAR 61:005 periods of excess emissions that shall be reported for sulfur dioxide are defined as follows:

(a) Any three (3) hour period during which the average concentration of hydrogen sulfide in any fuel gas combusted in any fuel gas combustion device subject to Section 3(1) exceeds 230 mg/dscm (0.10 gr/dscf), if compliance is achieved by removing hydrogen sulfide from the fuel gas before it is burned; or any three (3) hour period during which the average concentration of sulfur dioxide in the gases discharged into the atmosphere from any fuel gas combustion device subject to Section 3(2) exceeds the level specified in Section 3(2) if compliance is achieved by removing sulfur dioxide from the combusted fuel gases.

(b) Any twelve (12) hour period during which the average concentration of sulfur dioxide in the gases discharged into the atmosphere from any Claus sulfur recovery plant subject to Section 3(3) exceeds 250 ppm at zero (0) percent oxygen on a dry basis if compliance with Section 3(3) is achieved through the use of an oxidation control system or a reduction control system followed by incineration; or any twelve (12) hour period during which the average concentration of hydrogen sulfide or reduced sulfur compounds in the gases discharged into the atmosphere of any Claus sulfur plant subject to Section 3(3) exceeds ten (10) ppm or 300 ppm, respectively, at zero (0) percent oxygen and on a dry basis if compliance is achieved through the use of a reduction control system not followed by incineration.

(c) Any six (6) hour period during which the average emissions (arithmetic average of six (6) contiguous one (1) hour periods) of sulfur dioxide as measured by a continuous monitoring system for a fluid catalyst cracking unit exceed 640.0 pounds per hour.

Section 5. Test Methods and Procedures (filed by reference in 401 KAR 50:015). (1) For the purpose of determining compliance with Section 3(1) and (2), Reference Method 11 shall be used to determine the concentration of hydrogen sulfide and Reference Method 6 shall be used to determine the concentration of sulfur dioxide.

(a) If Reference Method 11 is used, the gases sampled shall be introduced into the sampling train at approximately atmospheric pressure. Where refinery fuel gas lines are operating at pressures substantially above atmosphere, this may be accomplished with a flow control valve. If the line pressure is high enough to operate the sampling train without a vacuum pump, the pump may be eliminated from the sampling train. The sample shall be drawn from a point near the centroid of the fuel gas line. The minimum sampling time shall be ten (10) minutes and the minimum sampling volume 0.01 dscm (0.35 dscf) for each sample. The arithmetic average of two (2) samples of equal sampling time shall constitute one (1) run. Samples shall be taken at approximately one (1) hour intervals. For most fuel gases, sample times exceeding twenty (20) minutes may result in depletion of the collecting solution, although fuel gases containing low concentrations of hydrogen sulfide may necessitate sampling for longer periods of time.

(b) If Reference Method 6 is used, Reference Method 1 shall be used for velocity traverses and Reference Method 2 for determining velocity and volumetric flow rate. The sampling site for determining sulfur dioxide concentration by Reference Method 6 shall be the same as for determining volumetric flow rate by Reference Method 2. The sampling point in the duct for determining sulfur dioxide concentration by Reference Method 6 shall be at the centroid of the cross section if the cross-sectional area is less than five (5) square meters (fifty-four (54) square feet) or at a point no closer to the walls than one (1) meter (thirty-nine (39) inches) if the cross-sectional area is five (5) square meters or more and the centroid is more than one (1) meter from the wall. The sample shall be extracted at a rate proportional to the gas velocity at the sampling point. The minimum sampling time shall be ten (10) minutes and the minimum sampling volume 0.01 dscm (0.35 dscf) for each sample. The arithmetic average of two (2) samples of equal sampling time shall constitute one (1) run. Samples shall be taken at approximately one (1) hour intervals.

(2) For the purpose of determining compliance with Section 3(3), Reference Method 6 shall be used to determine the concentration of sulfur dioxide and Reference Method

15 shall be used to determine the concentration of sulfur dioxide and reduced sulfur compounds.

(a) If Reference Method 6 is used, the procedure outlined in subsection (1)(b) of this section shall be followed except that each run shall span a minimum of four (4) consecutive hours of continuous sampling. A number of separate samples may be taken for each run, provided the total sampling time of these samples adds up to a minimum of four (4) consecutive hours. Where more than one (1) sample is used, the average sulfur dioxide concentration for the run shall be calculated as the time weighted average of the sulfur dioxide concentration for each sample according to the formula in Appendix A of this regulation.

(b) If Reference Method 15 is used, each run shall consist of sixteen (16) samples taken over a minimum of three (3) hours. The sampling point shall be at the centroid of the cross section of the duct if the cross-sectional area is less than five (5) square meters (fifty-four (54) square feet) or at a point no closer to the walls than one (1) meter (thirty-nine (39) inches) if the cross-sectional area is five (5) square meters or more and the centroid is more than one (1) meter from the wall. To insure minimum residence time for the sample inside the sample lines, the sampling rate shall be at least three (3) liters/minute (0.1 cfm). The sulfur dioxide equivalent for each run shall be calculated as the arithmetic average of the sulfur dioxide equivalent of each sample during the run. Reference Method 4 shall be used to determine the moisture content of the gases. The sampling point for Reference Method 4 shall be adjacent to the sampling point for Reference Method 15. The sample shall be extracted at a rate proportional to the gas velocity at the sampling point. Each run shall span a minimum of four (4) consecutive hours of continuous sampling. A number of separate samples may be taken for each run provided the total sampling time of these samples adds up to a minimum of four (4) consecutive hours. Where more than one (1) sample is used, the average moisture content for the run shall be calculated as the time weighted average of the moisture content of each sample according to the formula in Appendix B of this regulation.

Section 6. Compliance Timetable. (1) The owner or operator of a sulfur recovery plant shall be required to complete the following:

(a) Submit a final control plan for achieving compliance with Section 3(3) no later than September 1, 1979.

(b) Award the control system contract no later than December 1, 1979.

(c) Initiate on-site construction or installation of emission control equipment by October 1, 1980.

(d) On-site construction or installation of emission control equipment shall be completed no later than May 1, 1981.

(e) Final compliance shall be achieved no later than July 1, 1981.

(2) The owner or operator shall be required to demonstrate compliance with all other provisions of this regulation no later than the effective date of this regulation.

APPENDIX A TO 401 KAR 61:145
Time weighted average of
SO_2 concentration

$$C_R = \sum_{i=1}^{N} C_{Si} \frac{t_{Si}}{T}$$

Where:
C_R = SO_2 concentration for the run.
N = Number of samples.
C_{Si} = SO_2 Concentration for sample i.
t_{Si} = Continuous sampling time of sample i.
T = Total continuous sampling time of all N samples.

APPENDIX B TO 401 KAR 61:145
Equation for the time weighted
average of the moisture content.

$$B_{wo} = \sum_{i=1}^{N} B_{Si} \frac{t_{si}}{T}$$

Where:
B_{wo} = Proportion by volume of water vapor in the gas stream for the run.
N = Number of samples.
B_{Si} = Proportion by volume of water vapor in the gas stream for the sample i.
t_{si} = Continuous sampling time for sample i.
T = Total continuous sampling time of all N samples.

JACKIE SWIGART, Secretary
ADOPTED: August 14, 1980
RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.
PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT OF TRANSPORTATION
Bureau of Vehicle Regulation
(Proposed Amendment)

601 KAR 2:010. General procedures.

RELATES TO: KRS Chapters *186 and* 281
PURSUANT TO: KRS 13.082 *186.050,* 281.600, 365.015
NECESSITY AND FUNCTION: This regulation sets forth general procedures of the Bureau of Vehicle Regulation that are not specifically covered by topics in other regulations. This regulation is to provide for a more orderly operation of the bureau. *The purpose of this amendment is to provide in Section 2 that persons paying to the bureau the apportioned registration licensing fees must do so by certified checks, cashier's checks, money orders or cash. This is being done because of the unacceptable number of cold checks being received for this particular activity, and the difficulty and expense of collection inasmuch as many of the licensees issue checks on out-of-state banks.*

Section 1. No Sale Or Transfer Until Operation Begins. An application for sale, lease or transfer of a certificate will not be considered by the bureau unless the holder of the certificate has actually started operation under the certificate except that the commissioner may consider such an application if, in his opinion, it would be to the best interest of the traveling or shipping public.

Section 2. Method of Payment; *Exception.* The bureau will accept personal checks, corporate checks, certified checks, cashier's checks, money orders or cash for payment of fees and/or taxes owed to the Commonwealth that are the responsibility of the bureau ~~of collect~~; *except, however, the payment of apportioned registration licensing fees shall be made only by certified checks, cashier's checks, money orders, or cash.* [However, the commissioner or his designate may require payment by certified check or cashier's check where there is a question of the validity of a personal check or corporate check.]

Section 3. Citations. All citations shall be governed by the rules and regulations pertaining to the procedure on complaints, except that the citation shall constitute notice required by the bureau.

Section 4. Trade Name. Where any person operating a motor carrier is the sole owner of such business and is doing business under a trade name, a declaration of ownership must be filed with the county court clerk of the county in which the main office of such business is located, and a copy of the declaration of ownership must be also filed with the bureau.

Section 5. Declaration of Partnership. Where two (2) or more persons are operating a motor carrier as a partnership, a declaration of partnership must be filed with the county court clerk of the county in which the main office of the said business is located, and a copy of the declaration of partnership must also be filed with the bureau.

Section 6. Custodian of Records. The Commissioner of the Bureau of Vehicle Regulation is the official custodian of the records of the bureau. However, the commissioner may designate the deputy commissioner, appropriate division director or other qualified and legally appropriate person to certify as to the authenticity of a particular record or to act on behalf of the commissioner in any other matter pertaining to records maintained by the bureau. Any person who desires to obtain a copy of any record of the department shall make a request therefor to the proper custodian, and a fee of fifty (50) cents per page shall be charged for each copy furnished.

Section 7. Financial Statements. Financial statements required to be filed with applications shall be completed on the form prescribed and furnished by the bureau and shall be prepared so as to reflect the financial condition as of the end of the last calendar quarter preceding the date of the filing of the application. Such financial statements shall make no provision for, nor assign any value to, certificates or permits whether interstate, or intrastate held by the applicant. All financial statements filed with the applications shall be notarized or attested by the applicant, or, if the applicant is a corporation, a responsible official of same. Financial statements filed with applications for the sale, transfer or assignment of the controlling stock of a corporation or such a portion of the stock of a corporation as will vest the controlling stock of the corporation in another shall be the financial statements of the corporation the stock of which is being transferred.

Section 8. Change of Name. Any authorized carrier may effect a change in the trade, assumed or corporate name under which it conducts its business by making written application therefor to the bureau and by furnishing evidence to the bureau of compliance with the applicable Kentucky laws regarding the use of trade or assumed names.

Section 9. Papers To Be Carried On Common Carrier Vehicles and Available For Inspection. Every vehicle being operated as a common carrier of property in intrastate or interstate commerce shall carry in the possession of the driver thereof, a manifest, bills of lading, freight bills, or other such similar papers, covering the intrastate or interstate freight carried by that vehicle. The manifest, bills of lading, freight bills, or other such shipping documents may be of any form within the carrier's discretion, but must clearly show the name of the carrier, the name of the shipper, the name of the consignee, and the address of each. Such manifest, bills of lading, freight bills or other such shipping documents shall be made available for inspection to any authorized officer upon demand.

Section 10. Report of List of Stockholders. Every corporation which is a holder of a certificate or permit, except a U-Drive-It permit, authorizing the transportation of persons or property in intrastate commerce in Kentucky shall have on file with the bureau a report setting forth the names and addresses of every stockholder in the corporation owning ten (10) percent or more of the voting stock of the corporation and the percentage of stock owned by each. Quarterly thereafter, every such corporation shall file a similar report in the event there has been any change in the list of stockholders owning ten (10) percent or more of the voting stock since the last report filed.

Section 11. Prohibited Operations. It shall be illegal for any carrier to transport either persons or property, for hire, to or from a location in Kentucky which is: (i) known to the carrier or its employees engaged in the pick up or delivery as a place where unlawful gambling or other illegal activity is conducted, or (ii) notoriously known as a place

where unlawful gambling or other illegal activity is conducted or carried on.

Section 12. Violation of this regulation by the carriers or its employees shall be grounds for denial of reciprocal privileges, revocation of authority or denial of an application for renewal of operating authority.

JAMES F. RUNKE, Acting Commissioner
ADOPTED: July 7, 1980
APPROVED: FRANK R. METTS, Secretary
RECEIVED BY LRC: July 25, 1980 at 4 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Director, Division of Motor Vehicle Tax, 203 State Office Building, Frankfort, Kentucky 40622.

DEPARTMENT OF TRANSPORTATION
Bureau of Vehicle Regulation
(Proposed Amendment)

601 KAR 13:010. Medical Review Board; basis for examination, evaluation, tests.

RELATES TO: KRS 186.570(1)(c)
PURSUANT TO: KRS 13.082, 186.400
NECESSITY AND FUNCTION: The Medical Review Board has existed by virtue of administrative regulations since June, 1964. Subjects who come to the bureau's attention because of physical or mental problems which may affect the driving ability are required to submit to physical examinations. The results of these exams are then reviewed by the physicians on the board. Based on their professional experience they recommend either total denial of a license or a limited one (e.g., daylight hours, left and right rearview mirrors, another exam in three (3) months, etc.), or they determine that the disability suffered should not affect the driving and capriciousness which could exist in the great discretion granted the bureau by the legislature in KRS 186.570. Whenever the recommendation of the board is for suspension or an extremely limited license, the subject is entitled to a hearing on the matter (since the Supreme Court's BELL v. BURSON decision) and this regulation sets out the procedure for same.

The purpose of this amendment is to:

1. Correct semantical problems in the current regulation;

2. Remove the Commissioner of the Bureau for Health Services of the Department for Human Resources or his representative from the board;

3. Allow non-physicians, with expertise in evaluating handicapped individuals, to become members of the board;

4. Remove the requirement of notifying individuals of a license suspension by certified mail;

5. Delete two (2) conditions that cause initiation of a case, one of which is impractical in terms of cost versus results and the other which is ineffective because the category of drivers is already dealt with by the habitual violator statute;

6. Establish two (2) new conditions for initiating a case; and

7. Delete Section 5 relating to closed meetings of the board because this subject is dealt with in KRS 61.805 to 61.991.

Section 1. There is hereby created a Medical Review Board to determine whether any applicant for or any holder of a valid Kentucky operator's license has physical or mental infirmities which affect or limit the driving ability or make it unsafe for said person to operate a motor vehicle upon the public highways. The board consists of the Commissioner of the Bureau of Vehicle Regulation of the Department of Transportation or his representative, [the Commissioner of the Bureau for Health Services of the Department for Human Resources or his representative, and] not less than three (3) physicians licensed to practice medicine in the Commonwealth of Kentucky, *and anyone else deemed necessary to properly review a case brought before the board.* The physicians on the board shall be appointed by the Commissioner of the Bureau *of Vehicle Regulation* [for Health Services]. The Commissioner of the Bureau of Vehicle Regulation or his representative shall prescribe the time and place for the board to meet. Any proceeding conducted by the board shall be construed to be a meeting within the meaning of this section when three (3) physician members are present and participating. Members of the board who participate in a meeting shall be reimbursed for necessary expenses incurred in attending such meeting.

Section 2. (1) Whenever the Commissioner of the Bureau of Vehicle Regulation *or his representative* has reason to believe, within the meaning of Section 4 of this regulation, a person is afflicted with physical or mental infirmities rendering it unsafe for him to operate a motor vehicle upon the public highways, he shall refuse to issue an operator's license or he shall suspend the existing driving privilege of said person unless he shall submit to an examination by a qualified physician within forty-five (45) days of notification of the commissioner's intentions.

(2) *If it is deemed necessary that an examination by a qualified physician is necessary,* [T] the required medical examination shall be conducted at the subject's own expense by any [state-] licensed physician of his choice [or at no expense to the subject by the County Health Officer of the county in which the subject resides]. The examining physician shall report within *forty-five (45)* [thirty (30)] days the results of his examination directly to the Medical Review Board on a form furnished him by the bureau.

(3) As soon as possible after receipt of the completed form, the Medical Review Board shall [meet to] evaluate it, to make recommendations thereon, such as total suspension of the driving privilege, further medical or psychiatric examinations, or *an investigative test which will assist the board in making its recommendation* [complete driver's test]. When the board recommends further examination or *investigative* [driver] testing, the Commissioner of the Bureau of Vehicle Regulation *or his representative* shall notify the subject how much time he has in which to comply to retain his driving privilege if he possesses a valid Kentucky operator's license.

Section 3. Whenever the Medical Review Board, pursuant to Section 2(3), recommends total suspension of a person's driving privilege or any limitations thereon, the Commissioner of the Bureau of Vehicle Regulation *or his representative* shall notify the person *at the last known address of said person* [by certified mail] that this action will be taken unless a written request for a hearing before the board is received within fifteen (15) days following delivery of the notice. The hearing shall be scheduled as early as *practicable* [practical] at a time and place designated by the

commissioner *or his representative* and notice of same shall be mailed to the person involved no later than ten (10) days prior to the hearing date. The commissioner or his representative shall preside at the hearing before the Medical Review Board and at least three (3) physician members shall be present. The presiding officer may administer oaths and may issue subpoenas for the attendance of witnesses and the production of relevant books and papers. The scope of the hearing will be limited to the presentation of the evidence upon which the Medical Review Board made their recommendation and any medical evidence the petitioner wishes to present in explanation or refutation of this evidence. Evidence may be presented in the form of depositions. All testimony at the hearing shall be recorded and together with any depositions or exhibits introduced at the hearing shall form the complete record. Within ten (10) *working* days after the hearing, the commissioner shall issue a decision and this shall be promptly forwarded to the petitioner.

Section 4. The Commissioner of the Bureau of Vehicle Regulation *or his representative* shall promptly notify the person involved to submit to the physical examination set out in Section 2 when one or more of the following conditions exist:

[(1) Driver has been involved in three (3) or more reportable motor vehicle accidents within a twenty-four (24) month period;]

[(2) Driver has received three (3) or more convictions for operating a motor vehicle while under the influence of intoxicants or drugs within the last five (5) years;]

(1) [(3)] Driver has indicated that he "blacked out", [or] lost consciousness *or suffered a seizure* prior to a reportable motor vehicle accident;

(2) [(4)] Driver has been named in an affidavit by at least two (2) citizens as being incapable of properly operating a motor vehicle due to physical or mental infirmities;

(3) [(5)] Driver has been reported by a physician as being incapable of driving safely due to physical or mental condition or due to medication prescribed for an extended time;

(4) [(6)] Driver has been reported by a law enforcement officer after being observed driving or behaving in an erratic or dangerous manner which indicates a possibility of physical or mental infirmity;

(5) [(7)] Applicant for operator's license or for renewal of same has obvious physical or mental impairment;

(6) [(8)] Driver's official record kept by the Bureau of Vehicle Regulation indicates a possibility of physical or mental impairment;

(7) Driver has reported that he/she has suffered an epileptic seizure or any type of syncopal episode;

(8) Driver has been reported by a commonwealth attorney, county attorney, county clerk, circuit clerk, sheriff, or judge as being incapable of driving due to a physical or mental impairment.

[Section 5. Meetings of the Medical Review Board shall be conducted in privacy because confidential medical records will be discussed and therefore exempt from KRS 61.805 to 61.991.]

JAMES F. RUNKE, Acting Commissioner
ADOPTED: July 23, 1980
APPROVED: FRANK R. METTS, Secretary
RECEIVED BY LRC: August 1, 1980 at 11:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Director, Drivers License, Bureau of Vehicle Regulation, Department of Transportation, State Office Building, Frankfort, Kentucky 40622.

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 those portions of the highway system affected and indicate their classification.

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 indicated 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:

US 25E
AAA—From the Virginia State Line, via Middlesboro, Pineville, and Barbourville to jct. *KY 770 at the w ramps of I-75* [US 25] n of Corbin.

KY 56
AAA—From the Illinois State Line to jct. KY 109; and from jct. US *41A at Poole* [41 at Sebree] to jct. KY 136 at Beech Grove; and from jct. KY 81 w of Owensboro Beltline to jct. US 431 in Owensboro.
AA—From jct. KY 109 near the Illinois State Line to jct. US 60 in Morganfield.
A—From jct. US 60 in Morganfield to jct. US *41A at Poole* [41 at Sebree]; and from jct. KY 136 at Beech Grove to jct. KY 81, w of Owensboro Beltline.

KY 147
AAA—From jct. US 41, n of Slaughters in Webster Co. to *jct. KY 370 at Onton.* [s side of Green River at the McLean Co. Line.]
[A—From n side of Green River to jct. KY 56 at Beech Grove in McLean Co.]
[Note: No crossing at Green River.]

KY 256
A—From jct. KY *56 in* [147, s. of] Beech Grove in McLean Co. to jct. KY 81 in Calhoun; and from a point 1003.3 feet w of ECL of Calhoun, along 2nd St. to ECL of Calhoun at east end of Myer Creek Bridge.

I-275
AAA—From the Indiana State Line to the Ohio State Line (Boone-Kenton-Campbell Cos.).

KY 676
AAA—From jct. US 127 near the SWCL of Frankfort to jct. *US 60, e of Frankfort* [KY 420] (Franklin Co.).

KY 754
AAA [A]—From jct. US 42 near the SCL of Bedford (Trimble Co.) to jct. KY 1488, n of Wise's Landing.

KY 770
AAA—From jct. KY 312, approximately 2.5 miles s of Keavy, to jct. US 25E at the w ramps of I-75 (Laurel Co.).

KY 1587
A—From low water mark on Green River near Wrightsburg to jct. Ky 256, 1.0 mile s of Beech Grove (McLean Co.).

[KY 2225
A—From jct. KY 84, 1.6 miles e of St. Mary to 0.279 mile n of the beginning (MarionCo.).]

KY 2722
A—From jct. *Sandefur Crossing* [Rob Roy] Road at n side of Western Kentucky Parkway extending w and parallel to the Parkway for *0.267 mile* [1,350 feet] (Ohio Co.).

[KY 2759
A—From jct. Harcourt-Star Mills Road at s side of Weatern Kentucky Parkway extending sw for 0.615 mile (Hardin Co.).]

* COMPLILER'S NOTE: Only those particular highways affected by the proposed amendment are shown here. 603 KAR 5:096 is printed in full in Volume 3, "Kentucky Administrative Regulations Service."

FRANK R. METTS, Secretary
ADOPTED: July 17, 1980
RECEIVED BY LRC: July 21, 1980 at 10:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Stephen Reeder, Deputy Secretary for Legal Affairs, Department of Transportation, Frankfort, Kentucky 40622.

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

702 KAR 3:060. *Procedure for payment of employees* [Teachers' salaries payment plan].

RELATES TO: KRS *156.070* [156.030], *161.210,* 160.291, *160.450*
PURSUANT TO: KRS 13.082, 156.070, 156.160, *161.210*
NECESSITY AND FUNCTION: *KRS 160.291 provides for all school employees working on a continuing, regular basis of less than twelve (12) months a year to be paid regularly, on dates determined by the employing board of education, with the gross salary received on each pay date to be equal to the employe's annual salary divided by the number of pay dates and with payments deemed to be for services rendered; KRS 160.450 provides for the fiscal year of all school districts to begin on July 1 and end on June 30; KRS 161.210 allows for requiring teachers to submit reports at the time and in the manner prescribed; and KRS 156.070 gives the State Board of Education the management and control of the public schools and gives it authority to prescribe such rules and regulations as it deems necessary for the efficient management, control, and operation of the schools under its jurisdiction. This regulation, in the interests of uniform and efficient fiscal management, establishes procedures* [To establish regulations] relative to payment of *certified and classified school employees* [teachers].

Section 1. A board of education *shall establish a calendar for payment of salaries to all school employes working on a continuing, regular basis of less than twelve (12) months a year and* may require a teacher to present reports of attendance and other necessary reports before the salary check is delivered. [A board of education may adopt a policy whereby salaries may be made payable for a period in excess of the number of months for which the school is operated, not exceeding twelve (12) months.]

Section 2. A board of education *may adopt a policy whereby employes' salaries may be made payable for a period in excess of the number of months for which the school is operated, not exceeding twelve (12) months, but a board doing such* shall adopt one (1) of the following plans [if a policy is approved for payment of teachers' salaries other than on the basis of months of service]:
(1) The board of education shall write all deferred salary checks on or before June 30 of the current fiscal year[. These] *and these* deferred checks shall then be delivered at the regular pay periods in July and August of the following fiscal year*; or* [.]
(2) The board of education shall set up a payroll account into which will be transferred on the order of the board of education on or before June 30, the gross amount for salaries earned by *employes* [teachers] but not paid. The amounts transferred into this payroll account shall be held for the payment of deferred *employes'* [teachers'] salaries and shall not be used for any other purpose. Payment of salaries from this fund are to be at the regular pay periods in July and August of the following fiscal year.

RAYMOND BARBER
Superintendent of Public Instruction
ADOPTED: July 15, 1980
RECEIVED BY LRC: July 21, 1980 at 1 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board of Education, 17th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

EDUCATION AND ARTS CABINET
Department of Education
Bureau of Instruction
(Proposed Amendment)

704 KAR 6:010. Approval of regular day schools; attendance.

RELATES TO: KRS 156.160[(8)], *158.060, 158.080,* 159.030[(1)(b)]
PURSUANT TO: KRS 13.082, *156.070,* 156.160[(8)]
NECESSITY AND FUNCTION: KRS 156.160*(7)*[(8)] *directs the State Board of Education to adopt regulatory criteria for approval of private and parochial schools of elementary or high school grades; KRS 158.080 sets forth course and term requirements for private and parochial schools; KRS 158.060 establishes six (6) hours of actual school work as a school day in the public schools;* and 159.030(1)(b) *requires the local school board to exempt from complusory attendance in regular public day schools those children enrolled in and attending approved private or parochial regular day schools. This regulation sets forth the criteria and procedures whereby a private or parochial school may be* [authorize the State Board of Education to] approved *for exemption* [private or parochial regular day schools for the purpose] of *its students from* compulsory attendance in a public school *and whereby such a school may receive an annual statement of voluntary compliance with accreditation standards.*

Section 1. *A* [No person, firm, corporation, association, or organization shall establish a] non-public elementary or secondary school at which attendance by a pupil will exempt the pupil from compulsory attendance in a public school *will be required to do* [unless an application has been filed with the State Department of Education thirty (30) days prior to the opening date of the school. Such an application shall include] the following:

(1) Copies of the certificates from the local health department and district fire marshal's office showing that the proposed school facilities are in compliance with all conditions *required by these agencies shall be filed with the State Department of Education thirty (30) days prior to the opening date of the school* [requested by such officials].

[(2)A copy of the approval of the building by the Division of Buildings and Grounds, Kentucky Department of Education.]

(2) [(3)] A statement *of assurances* indicating that the school will comply with the minimum school term of 175 days *in which students are in attendance and a minimum school day of six (6) hours* of classroom instruction; *that the school will be taught in the English language; and that the school shall offer instruction in the several branches of study required to be taught in the public schools, which shall include reading, writing, spelling, grammar, history, mathematics, and civics shall be filed with the State Department of Education thirty (30) days prior to the opening date of the school.* [that the program of studies offered will be acceptable to the Department of Education; that professional staff assigned to the school will meet Kentucky teacher certification requirements; and that the school shall operate a minimum school day of six (6) hours of classroom instruction.]

Section 2. *Each non-public elementary or secondary school whose students qualify for exemption under KRS 159.030(1)(b) shall no later than October 1 of each school year furnish to the superintendents of the school districts a listing of the names and addresses of the children who reside in the school district who are in regular attendance in the non-public school.* [Authorization by the Department of Education to open a non-public elementary or secondary school does not constitute approval or accreditation by the State Board of Education.]

Section 3. Non-public schools that voluntarily comply with the State Board of Education standards for accreditation may, upon annual request, receive a statement to that effect from the State Board.

RAYMOND BARBER
Superintendent of Public Instruction
ADOPTED: July 15, 1980
RECEIVED BY LRC: July 21, 1980 at 1 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board of Education, 17th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Labor
Occupational Safety and Health
(Proposed Amendment)

803 KAR 2:020. Adoption of 29 CFR Part 1910.

RELATES TO: KRS Chapter 338
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 338.051 and 338.061 authorize the Kentucky Occupational Safety and Health Standards Board to adopt and promulgate occupational safety and health rules and regulations, and standards. Express authority to adopt by reference established federal standards and national consensus standards is also given to the board. The following regulation contains those standards to be enforced by the Division of Occupational Safety and Health Compliance in the area of general industry. *The standards are arranged in numerical order in order to facilitate reference to 29 CFR 1910.*

Section 1. The Occupational Safety and Health Standards Board hereby adopts 29 CFR Part 1910, the Occupational Safety and Health Standards for General Industry, published by the Commerce Clearing House, Inc., Chicago, Illinois 60646, in the March 1979 Edition, Copyright Date 1979, These standards are hereby adopted by reference with the following additions, exceptions, and deletions.

(1) 29 CFR Part 1910.1 shall read as follows:

"The provisions of this regulation adopt and extend the applicability of established federal standards contained in 29 CFR Part 1910 to all employers, employees, and places of employment throughout the Commonwealth except those excluded in KRS 338.021."

(2) 29 CFR Part 1910.2 shall read as follows: As used in this part, unless the context clearly requires otherwise:

(a) "Act" means KRS Chapter 338.

(b) "Assistant Secretary of Labor" means the Commissioner of Labor, Commonwealth of Kentucky.

(c) "Employer" means any entity for whom a person is employed except those employers excluded in KRS 338.021.

(d) "Employee" means any person employed except those employees excluded in KRS 338.021.

(e) "Standard" means a standard which requires conditions or the adoption or use of one or more practices, means, methods, operations, or processes, reasonably necessary or appropriate to provide safe and healthful employment. "Standard" has the same meaning as and includes the words "regulation" and "rule."

(f) "National consensus standard" means any occupational safety and health standard or modification thereof which has been adopted and promulgated by a nationally recognized standards-producing organization.

(g) "Established federal standard" means any operative occupational safety and health standard established by any agency of the United States Government.

(h) An employer, required under these standards to report information to the U.S. Department of Labor, or any subsidiary thereof, shall instead report such information to the Kentucky Department of Labor, U.S. 127 South, Frankfort, Kentucky 40601.

(3) [(10)] Amend 29 CFR 1910 by adding the following addition and revision:

1910.20(b) "Qualified Professional" means any person trained in the field of industrial hygiene, toxicology, epidemiology, nursing, medicine or health physics.

1910.20(d) Availability of records. Delete the word designee and insert "A designated qualified professional."

(4) [(14)] Subparagraph 29 CFR 1910.23(a)(7) shall be amended to read as follows:

"Every temporary or permanent floor opening shall have standard railings, or shall be constantly attended by someone."

(5) [(8)] 29 CFR 1910.101(b) shall be amended by revocation of referenced pamphlet P-1-1965 and the adoption of P-1-1974, herein filed by reference.

(6) [(11)] 29 CFR 1910.106(a)(3) shall read as follows:

"The term automotive service station, or service station, shall mean that portion of property where flammable or combustible liquids used as motor fuel are stored and dispensed from fixed equipment and into the fuel tanks of motor vehicles and shall include any facilities available for the sale and servicing of tires, batteries, accessories and for minor automotive maintenance work and shall also include private stations not accessible or open to the public such as those used by commercial, industrial or governmental establishments. This section shall not apply to agriculture."

(7) [(3)] 29 CFR 1910.141(c)(2)(i) shall read as follows:

"(i) Each water closet shall occupy a separate compartment with walls or partitions between fixtures sufficiently high to assure privacy."

(8) [(4)] 29 CFR 1910.151 relating to medical services and first aid shall be changed to read as follows:

"(a) The employer shall ensure the ready availability of medical personnel for advice and consultation on matters of occupational health."

"(b) Employers with eight (8) or more employees within the establishment shall have persons adequately trained to render first aid and first-aid supplies approved by a consulting physician, along with a signed list of these supplies, shall be readily available. Outside salesmen, truck drivers, seasonal labor, and others who while performing their duties, are away from the premises more than fifty (50) percent of the time are not to be included in determining the number of employees."

"(c) All other employers shall, in the absence of an infirmary, clinic, or hospital in near proximity to the workplace which is used for the treatment of all injured employees, have a person or persons adequately trained to render first aid. First-aid supplies approved by the consulting physician shall be readily available."

"(d) Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use."

(9) [(16)] 29 CFR 1910.177 "Servicing Multi-Piece Rim Wheels" as printed in the Federal Register, Volume 45, Number 20, January 20, 1980, a copy of which is attached hereto, is adopted by reference.

(10) [(12)] Amend 29 CFR 1910.217 Mechanical Power Press Standards to read:

(a) [(5)] 29 CFR 1910.217(b)(7)(xii) relating to machines using part revolution clutches shall be amended by adding the following:

"This provision will not prevent the employer from utilizing a reversing means of the drive motor with the clutch-brake control in the 'inch' position."

(b) [(a)] "1910.217(b)(8)(iv) All a.c. control circuits and solenoid coils shall be powered by not more than a nominal 120-volt a.c. supply obtained from a transformer with an an isolated secondary."

(c) [(b)] 1910.217(d)(3), (d)(5), (d)(9)(i) The references to paragraph (b) shall be changed to paragraph (c).

(11) [(15)] Subparagraph 29 CFR 1910.252(a)(6)(iv), (d)(2) shall be corrected to read as follows:

"Wiring and electrical equipment in compressor or booster pump rooms or enclosures shall conform to the provisions of section 1910.309(a) for Class I, Division 2 locations."

(12) 29 CFR 1910.423 Commercial Diving Operations; Corrections, Federal Register, Volume 45, Number 121, June 20, 1980, is adopted by reference.

(13) [(6)] 29 CFR 1910.1005 4,4'-methylene bis (2-chloroaniline) and 29 CFR 1910.1003 through .1016 paragraphs (c)(6), Laboratory Activities, printed in the Federal Register, Volume 39, Number 125, June 27, 1974, are in effect.

(14) [(7)] Paragraph 1910.1005(c)(7) of the 29 CFR 1910 General Industry Standards shall read as follows:

"Premixed Solutions: Where 4,4'-methylene bis (2-chloroaniline) is present only in a single solution at a temperature not exceeding 120 degrees Celsius, the establishment of a regulated area is not required; however, (i) only authorized employees shall be permitted to handle such materials."

(15) [(13)] 29 CFR 1910.1025 "Occupational Exposure to Lead" shall be amended as follows:

(a) Add Appendices A, B, and C which appeared in the Federal Register Volume 44, Number 206, October 23, 1979, hereby adopted by reference, copy attached hereto.

(b) Corrections to the Appendices which have been adopted by the U.S. Department of Labor, printed in the Federal Register, Volume 44, Number 232, November 30, 1979, a copy of which is attached hereto, is adopted by reference.

(c) Paragraph (a)(2) shall read: "This section does not apply to the Construction Industry or to Agricultural operations covered by 29 CFR 1928."

(16) [(9)] 29 CFR 1910.1028 "Occupational Exposure to Benzene," *and footnote 1, Table Z-2 are deleted in their entirety.* [Paragraph (a)(2)(iii) and Paragraph (k)(2)(iii) were inadvertently transposed in the printing and shall read as follows: 1910.1028(a)(2)(iii) work operations where the only exposure to Benzene is from liquid mixtures containing 0.5 percent (0.1 percent after June 27, 1981) or less

Benzene by volume, or the vapors released from such liquids. 1910.1028(k)(2)(iii) liquid mixtures containing 5.0 percent or less Benzene by volume which were packaged before June 27, 1978.]

(17) Amendments to 29 CFR 1910.1043 "Occupational Exposure to Cotton Dust" relating to new start-up dates, printed in the Federal Register, Volume 45, Number 39, February 26, 1980, a copy of which is attached hereto, is adopted by reference.

EUGENE F. LAND, Commissioner
ADOPTED: July 24, 1980
APPROVED: H. FOSTER PETTIT, Secretary
RECEIVED BY LRC: August 13, 1980 at 9:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING: Executive Director, Kentucky Department of Labor, Occupational Safety and Health Program, U.S. 127 South, Frankfort, Kentucky 40601.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Labor
Kentucky Occupational Safety and Health Program
(Proposed Amendment)

803 KAR 2:021. Identification, classification and regulation of potential occupational carcinogens.

RELATES TO: KRS Chapter 338
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 338.051 and 338.061 authorize the Kentucky Occupational Safety and Health Standards Board to adopt and promulgate occupational safety and health rules, regulations and standards. Express authority to adopt by reference established federal standards and national consensus standards is also given to the board.

Section 1. (1) The Occupational Safety and Health Standards Board adopts 29 CFR 1990, the general policy for "Identification, Classification, and Regulation of Potential Occupational Carcinogens, [.]" [This part,] printed in the Federal Register, Volume 45, Number 15, *and 29 CFR 1990 Correction, printed in the Federal Register, Volume 45, Number 126, which* set[s] forth a general policy for the identification and regulation of physical and chemical substances that pose a potential occupational carcinogenic risk to humans.

(2) These standards are hereby adopted by reference.

EUGENE F. LAND, Commissioner
ADOPTED: July 24, 1980
APPROVED: H. FOSTER PETTIT, Secretary
RECEIVED BY LRC: August 13, 1980 at 9:30 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Executive Director, Kentucky Department of Labor, Occupational Safety and Health Program, U. S. 127 South, Frankfort, Kentucky 40601.

PUBLIC PROTECTION AND REGULATION CABINET
Kentucky State Racing Commission
(Proposed Amendment)

810 KAR 1:002. Racing commission.

RELATES TO: KRS 230.210 to 230.360
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: To regulate conditions under which thoroughbred racing shall be conducted in Kentucky. The function of this regulation is to outline the positions and duties of the commission.

Section 1. Statutory powers of the commission. (1) The commission shall be composed of five (5) members, responsible as a body for the regulation of thoroughbred racing in Kentucky, under the terms defined in KRS 230.210 to 230.360, and other statutes pertaining to thoroughbred racing.

(2) Individual members of the commission may be assigned specific areas of responsibility; and, with the consent of the commission, can act with full authority of the commission in such areas.

Section 2. Commission Secretary. The secretary of the commission shall be appointed by the Governor, for a term not to exceed four (4) years. He shall possess the powers and perform the duties imposed upon him by KRS 230.210 to 230.360, and shall perform such other duties as the commission may direct.

Section 3. Administrative Staff. The following positions and duties compose, with secretary, the administrative staff of the commission:

(1) Senior steward and chief administrator, in overall supervision of all commission matters pertaining to racing.

(2) State steward, responsible for all commission matters at the race meetings to which he is assigned, and for such other duties as may be directed.

(3) Associate steward, who may be assigned by the commission to serve under the state steward as they may direct.

(4) Executive director, responsible under the chief administrator for the administration of commission programs.

(5) Public relations director, responsible for the promotion of the thoroughbred industry in Kentucky.

Section 4. Commission License Administrator. The commission may employ a person or persons who shall be responsible for processing license applications of all persons, other than associations, required to be licensed by 810 KAR 1:003 and collecting fees therefor. All license applications received by the license administrator shall be subject to approval by the licensing committee and the commission. The licensing administrator and his assistants shall:

(1) Be present on association grounds prior to the opening of a race meeting to accept license applications and shall maintain an office on association grounds to accept license applications during such race meeting.

(2) File daily reports to the commission on license applications received with accountings of fees received and forwarded to the commission.

(3) Be responsible for the photographing of license applicants for whom same is required.

(4) Be bonded.

Section 5. Commission Supervisor of Pari-mutuel Betting. (1) The commission shall employ a supervisor with accounting experience who shall be responsible for ascertaining whether the proper amounts have been paid from pari-mutuel pools to the betting public, to the association, and to the Commonwealth, by checking, auditing, and filing with the commission verified reports accounting for daily pari-mutuel handle distribution and attendance for each preceding racing day and a final report at the conclusion of each race meeting in the Commonwealth.

(2) Such daily reports to the commission shall show: For each race: number of horses started, number of betting interests, total money wagered in each betting pool, and refunds, if any for each day. The sum of all betting pools, and total refunds also, total pari-mutuel handle for the comparable racing day for the preceding year, and cumulative total and daily average pari-mutuel handle for the race meeting.

(3) Such daily reports also shall show: Amount of state pari-mutuel tax due; taxable admissions, tax exempt admissions, total admissions; temperature, weather and track conditions, post time of first race; program purses, distance and conditions of each race; any minus pools resulting with explanation.

(4) The commission supervisor of pari-mutuel betting shall submit to the commission on or before thirty (30) days after the close of each race meeting a final verified report giving in summary form a recapitulation of the daily reports for each race meeting and such other information as the commission may require.

(5) The commission supervisor of pari-mutuel betting or his representative shall have access to all association books, records, and pari-mutuel equipment for checking accuracy of same.

Section 6. Commission Veterinarian*(s)*. The commission shall employ a graduate veterinarian*(s)* licensed in Kentucky and experienced in equine medicine and practice. He *(they)* shall advise the commission and the stewards on all equine veterinary matters. The commission veterinarian's prime responsiblity shall be the supevision and control of the detention area and for the collection of samples for the testing of horses for prohibited medication as outlined in 810 KAR 1:018. The commission may employ persons to assist the commission veterinarian*(s)* in maintaining the detention area and collecting specimens. The commission veterinarian*(s)* shall not treat or prescribe for any horse registered to race at any race track where he *(they)* is employed, except in case of emergency; nor shall he *(they)* buy or sell, for himself or another, any horse under his supervision; nor shall he *(they)* wager on a race under his supervision, *nor be licensed to participate in racing in any other capacity.*

(1) The commission veterinarian(s) shall be responsible for inspecting and reporting all horses entered for racing soundness; maintaining and posting in the racing secretary's office a veterinary list of horses ineligible to race because of sickness or unsoundness; control of communicable equine diseases; insect control; sanitary conditions in the stable area, and shall observe and report all cruel or inhumane treatment of horses to the stewards.

(2) The commission veterinarian(s) shall be attendant on the stewards and the racing secretary at scratch time each day, and shall examine such horses as such racing officials may request, and shall make reports to such racing officials as promptly as possible.

(3) The commission veterinarian(s) shall be responsible for inspecting every horse entered on the day of the race for which such horse is entered. Such inspection shall be for physical fitness, general conditions, and for any noticeable unsoundness or pecularities that may affect the racing condition of the horse or be considered for scratching a horse on a muddy or sloppy track. Such pre-race examinations shall be recorded on a health record for every starter at the race meeting.

(4) The commission veterinarian(s) shall be present in the paddock for saddling, shall accompany each field to the starting post, and observe all horses after the finish of each race. If, in the opinion of the commission veterinarian(s), a horse suffers an injury while in the paddock, during the post parade, or at the starting gate, which injury shall render such horse unfit to race, he shall recommend to the stewards that the horse be excused and placed on the veterinary list. All horses requested to be scratched for physical reasons after scratch time shall be inspected by the commission veterinarian(s), who shall report the condition of such horse to the stewards.

Section 7. Commission chemist. (1) The commission is authorized to acquire, operate and maintain or to provide by contract for the maintenance of a testing laboratory and related facilities, for the purpose of performing such tests as the commission may require. Such commission chemist shall be a graduate chemist experienced in chemical testing techniques for conducting tests on urine, saliva, sweat, blood and other specimens from thoroughbreds delivered to the commission chemist or his representative by the commission veterinarian.

(2) The commission chemist shall report to the state steward all substances he might find in his tests which are not normal in the body of the horse as outlined in 810 KAR 1:018. His duties will be limited to these reports and need not include the possible effects on the physiology of a horse.

Section 8. Chief Investigative Officer. The commission may employ an investigator experienced in police work who shall advise the commission as to any person on association grounds, or among license applicants, whose conduct or reputation is such that such person's presence on association grounds may reflect on the honesty and integrity of thoroughbred racing or interfere with the orderly conduct of thoroughbred racing. The chief investigative officer shall:

(1) Maintain a current file on persons against whom rulings have been issued in racing jurisdictions and reported through the National Association of State Racing Commissioners. Said file also shall contain reports received from the Thoroughbred Racing Protective Bureau as to investigations, arrest records, and other information; said file also shall contain reports as to ejections or exclusions from association grounds in Kentucky and other racing jurisdictions.

(2) Investigate and ascertain the truth of statements made on license applications.

(3) Investigate possible infractions of racing rules at the request of the commission or stewards.

(4) Participate and co-operate with members of the track security police, Thoroughbred Racing Protective Bureau, state and local police on all other investigations pertaining to racing in the Commonwealth.

Section 9. Commission Inspector. The commission may employ a person or persons who shall be responsible for ascertaining that all persons required to be licensed under 810 KAR 1:003 have same in their possession on associa-

tion grounds, and for conducting investigations on association grounds at the request of the stewards or the director of security.

Section 10. Horse Identifier. The commission may employ one (1) or more persons to be charged with the responsiblity of proper identification of all horses entered to be raced. A horse identifier may accompany the *commission* [association] veterinarian on the pre-race examination of all starters. Every starter shall be examined in the paddock by a horse identifier for sex, age, color, markings, and lip tattoo, for comparison with its registration certificate; photographs may be used as an aid in identification. If a horse identifier has any doubt as to the identity of a horse entered to be raced, the horse identifier shall so notify the paddock judge and the stewards.

Section 11. Investigative Powers. To insure compliance with these rules or to investigate possible infraction of these rules, the commission and its representatives shall have free access to all offices, files, records, enclosures, barns, and other facilities owned or possessed by associations. The commission and its representatives shall have the power to conduct a reasonable search of the person and property in the possession of licensed persons, such property being restricted to that on association grounds and including, without limiting thereby, tack rooms, living or sleeping quarters.

Section 12. Publication of Rule Changes. All rules adopted, revised, or repealed subsequent to the publication of a rule book shall be signed by the secretary and published by posting same with the effective date, in compliance with the statutes, of such change on the bulletin board on the racing secretary's office of each association, and by forwarding a copy of same to the National Association of State Racing Commissioners, and to the Daily Racing Form for publication therein.

EDNA-FRENCH LOOK JOHNSTONE, Secretary
State Racing Commission

ADOPTED: July 23, 1980
APPROVED: H. FOSTER PETTIT, Secretary
RECEIVED BY LRC: August 13, 1980 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Keene Daingerfield, Senior State Steward, Kentucky State Racing Commission, P.O. Box 1080, Lexington, Kentucky 40588.

PUBLIC PROTECTION AND REGULATION CABINET
Kentucky State Racing Commission
(Proposed Amendment)

810 KAR 1:006. Racing associations.

RELATES TO: KRS 230.210 to 230.360
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: To regulate conditions under which thoroughbred racing shall be conducted in Kentucky. The function of this regulation outlines the requirements for racing associations.

Section 1. Maintenance of grounds, facilities and uniform track. Each association shall at all times maintain its grounds and facilities so as to be neat and clean, painted and in good repair, with special consideration for the comfort and safety of patrons, employees, and other persons whose business requires their attendance; with special consideration for the health and safety of horses there stabled, exercising, or entered to race; and shall have available adequate and proper implements to maintain a uniform track, weather conditions permitting.

Section 2. Result boards, totalizators required. Each association shall provide and maintain mechanically operated totalizators and electronic boards showing odds, results, and other race information located in plain view of patrons.

Section 3. Starting gate. Each association shall provide and maintain a working starting gate on every day horses are permitted to exercise on its racing strip. Each association shall have in attendance one or more men qualified to keep said starting gates in good working order whenever said gates are in use, and each association shall provide for periodic inspections of said gates.

Section 4. Stabling. Each association shall be responsible for providing and maintaining fire-resistant barns and stalls in good repair, and in a clean, and sanitary condition; each barn and each stall shall be numbered in consecutive order for ready ascertainment of location and identification and adequate drainage therefor shall be maintained. The *racing* commission shall submit to the *racing secretary* [stewards] prior to the opening of each race meeting a list of locations of approved off-track stabling facilities from which horses may be permitted to race; such locations shall be considered for purposes of these rules "association grounds."

Section 5. Stands for officials. Each association shall provide and maintain stands commanding an uninterrupted view of the entire racing strip for racing officials, such stands and location thereof to be approved by the commission. Patrol judge stands shall be constructed so the floor thereof shall be at least six (6) feet higher than the track rail.

Section 6. Distance pole markings. Each association shall cause quarter poles to be painted red and white, eighth poles to be painted green and white, and sixteenth poles to be painted black and white.

Section 7. Lighting. Each association shall provide and maintain flood lights so as to insure adequate illumination in the stable area and parking area. Adequacy of track lighting for night racing shall be determined by the commission.

Section 8. Facilities for stable employees. Each association shall provide and maintain in good repair adequate living quarters and conveniently located sanitary facilities such as showers, toilets, and wash basins for stable employees. No personnel shall be permitted to sleep in any stall.

Section 9. Facilities for jockeys. Each association shall provide and maintain adequate facilities for jockeys scheduled to ride each day, such facilities to include accommodations for rest and recreation of jockeys on racing days, showers, toilets, wash basins, mirrors, arrangements for safekeeping of apparel and personal effects, snack bar,

and other accommodations as requested by the clerk of scales.

Section 10. Facilities for commission. Each association shall provide adequate office space for the commission on association grounds and shall make available to the commission, and mark accordingly, a season box of six (6) to eight (8) seats and appropriate parking places for use of the commission throughout each racing day. Each association shall honor for access to preferred parking facilities and all other areas on association grounds any ring, lapel button, or automobile emblem issued at any time by the commission, or by the National Association of State Racing Commissioners.

Section 11. Sanitary facilities for patrons. Each association shall, on every racing day, provide adequate and sanitary toilets and wash rooms, and furnish free drinking water for patrons and persons having business at the association.

Section 12. Manure removal. Each association shall provide and maintain adequate manure pits of such size and construction to handle refuse from stalls. The contents of said manure pits shall be removed from the stable areas as promptly as is possible.

Section 13. Photo-finish cameras. Each association shall provide and maintain at the finish line two (2) photo-finish cameras for photographing the finish of races; one (1) camera to be held in reserve. The photo-finish photographer shall promptly furnish to the stewards and placing judges prints of all finishes as may be requested and in such number as may be required for public posting. The association shall maintain a one (1) year file of all such photo-finishes.

Section 14. Patrol films or video tapes. Each association shall at all times during a race meeting provide and maintain personnel and equipment necessary to produce adequate motion pictures or video tapes and record with same each race from start to finish.

(1) Projection or viewing equipment shall be adequate to permit simultaneous showing of head-on and side-angle views of the running of each race.

(2) Such films and video tapes, shall be retained and secured by the association for not less than one (1) year and shall be available at all times to the commission and stewards. Each visual record of a race involving any questions, dispute, or controversy shall be filed with the commission upon order of the stewards.

(3) Such films, or video tapes, shall be made available for viewing at the track by licensees who owned, trained, or rode a horse in the race requested to be viewed, and to members of the press.

Section 15. Ambulances. Each association shall provide and maintain at least one (1) man-ambulance and at least one (1) horse-ambulance during times horses are permitted to exercise or race. Said ambulances shall be equipped, manned, ready for immediate duty, and shall be located at an entrance to the racing strip.

Section 16. First-aid room. Each association shall equip and maintain adequate first-aid facilities with not less than two (2) beds and attendance of a competent physician and registered nurse during race hours.

Section 17. Track kitchen. Each association shall provide adequate eating facilities within the stable area, maintained in a clean and sanitary manner at all times horses are stabled on association grounds.

Section 18. Communication system. Each association shall install and maintain in good working service communication systems between the stewards' stand and patrol judges, pari-mutuel department, starting gate, public address announcer, and clerk of scales.

Section 19. Fire prevention. Each association shall be responsible for maintaining an adequate program for fire prevention and fire suppression. Each association within fifteen (15) days before commencement of a race meeting shall be inspected by the state or local fire marshal whose certification that the association plant and stable area meet fire safety requirements is necessary for the commission to approve commencement of the race meeting. Each association shall maintain a fire-fighting unit of trained personnel equipped with high-expansion foam fire extinguishers and other equipment as may be recommended by local fire inspection authority. Each association shall prohibit:

(1) Smoking in stalls, under shed rows, and in feed rooms;

(2) Open fires, oil or gas lamps in stable area; and

(3) Locking of stalls occupied by horses.

Section 20. Telephone restricted. (1) No association shall permit communication by any electrical, mechanical, manual, or visual method from association grounds of any information pertaining to any race conducted by the association until at least thirty (30) minutes after the last race of the day is declared official; excepting from the effect of this rule such information as may be transmitted by duly accredited members of the news media for the benefit of the public at large.

(2) All telephones and telegraph wires on association grounds shall be closed from fifteen (15) minutes before post time of the first race and remain closed until thirty (30) minutes after the finish of the last race is declared official and no calls or wires shall be allowed to be made or received while such telephone and telegraph wires are closed.

(3) Excepted from the effect of this rule shall be the transmission of information pertaining to racing by duly accredited members of the news media, and the ordinary conduct of business as may be transmitted by members of the commission and its staff or association officials.

(4) No association employee shall furnish, other than to authorized persons, any information with respect to entries, scratches, jockey changes, or track conditions for any race.

Section 21. Association police. Each association shall provide and maintain competent police and watchman services, night and day, in and about association grounds, and shall furnish daily to the commission a report on any disturbances, drunkenness, or disorderly conduct committed by any person on association grounds.

Section 22. Security. Each association shall cause to be excluded from association grounds all persons designated by order of the commission or stewards to be excluded. Each association shall take such measures as to maintain security of horses on association grounds so as to protect from injury due to frightening of or tampering with said horses. Each association shall exclude from the paddock

area, race strip, and winner's entrance all persons who have no immediate connection with the horses entered except members of the commission, racing officials, and duly accredited members of the news media.

Section 23. Vendors and suppliers. Each association shall supervise the practice and procedures of all vendors of food, horse feed, medication, and tack, who have entry to the stable area. No association by virtue of this rule shall attempt to control or monopolize proper selling to owners, trainers, or stable employees, nor shall an association grant a concession to any vendor of feed, racing supplies, or racing services. Any vendor of horse feeds or medications shall file with the commission veterinarian a list of products which he proposes to sell, including any new preparation or medication. No association shall permit the sale of any alcoholic beverage, beer excepted, within the stable area.

Section 24. Ejection or exclusion from association grounds. (1) Associations may eject or exclude any persons, licensed or unlicensed, from association grounds or a part thereof solely of its own volition and without any reason or excuse given therefor, provided, however, such ejection or exclusion is not founded on race, creed, color, or national origin.

(2) Associations shall eject or exclude from association grounds all persons believed to be engaged in a bookmaking activity or solicitation of bets or touting, and a report thereof shall be submitted promptly to the commission, to the stewards, and to the local police. Associations shall eject or exclude from association grounds all persons who as a business or for any compensation, shall, directly or indirectly, accept any thing of value to be wagered or to be transmitted or delivered for wager to any pari-mutuel wagering enterprise, or participate in any such transmission.

(3) Associations shall eject or exclude from the stable areas on association grounds all persons except those whose presence in the stable area is authorized as:

(a) Persons licensed to conduct an activity, the conduct of which requires the presence of such licensee in the stable area;

(b) Duly accredited members of the news media;

(c) Guests of licensed owner or licensed trainer physically in the company of such owner or trainer;

(d) Persons physically in the company of and under the control and supervision of a racing official, or association security guard, or association public relations department representative.

(4) Reports of all ejections or exclusions from association grounds for any reason shall be made immediately to the commission and the stewards, such reports stating the name of all persons and circumstances involved.

Section 25. Ownership of associations. Each association shall file with the commission a revised list of persons whose identity is required by 810 KAR 1:003, Section 6(2), immediately upon transfer of any beneficial interest or control in the association as from time to time may occur.

Section 26. Plan of association grounds. Each association shall file with the commission existing maps and plans of association grounds, showing all structures, piping, fire hydrants, fixed equipment, racing strip, noting elevation as filled, drained, and gapped, and composition of track base and cushion. Each association shall file revised maps or plans of association grounds upon any material change as may occur from time to time.

Section 27. Attendance report. (1) In addition to filing with the commission a copy of the report required by KRS 138.480 to be filed with the Department of Revenue on admission taxes, each association shall file with the commission daily attendance reports showing a turnstile count of all persons admitted to association grounds where pari-mutuel wagering is conducted; such attendance report shall indicate the daily number of paid admissions, taxed complimentary admissions, and tax exempt admissions.

(2) On request from the commission, each association shall file with the commission a current badge list showing the names of all persons issued tax exempt admission credentials.

(3) Tax exempt admission credentials shall not be transferable and associations shall exclude or eject from association grounds any person attempting to use such tax exempt admission credentials not issued to him by the association.

Section 28. Financial report. In addition to filing with the commission copies of reports required by KRS 137.180 and 138.530 to be filed with the Department of Revenue on pari-mutuel and license taxes, each association shall furnish to the commission within sixty (60) days after the close of its fiscal year three (3) copies of its balance sheet and of its operating statement for such fiscal year with comparison to prior year, the same to be duly sworn to by the treasurer of the association and certified by a licensed certified public accountant. Such financial report shall be in such form as may be prescribed from time to time by the commission.

Section 29. Horseman's bookkeeper. (1) Each association shall maintain a separate bank account, to be known as the "horsemen's account," with at all times sufficient funds in such account to pay all money owing to horsemen in regard to purses, stakes, rewards, claims, and deposits. Withdrawals from this account shall at all times be subject to audit by the commission, and the horsemen's bookkeeper in charge of such account shall be bonded.

(2) All portions of purse money shall be made available to earners thereof within forty-eight (48) hours (Sundays excluded) after the result of the race in which such money was earned has been declared official; except, however, when the stewards shall order money withheld until final adjudication of a dispute determining which persons are entitled to such money in dispute.

(3) No portion of purse money shall be deducted by the association for itself or for another, unless so requested in writing by the person to whom such purse monies are payable, or his duly authorized representative. Irrespective of whether requested, the horsemen's bookkeeper shall mail to each owner a duplicate of each record of a deposit, withdrawal, or transfer of funds affecting such owner's racing account at the close of each race meeting.

Section 30. Outriders. Each association shall employ at least two (2) outriders to escort starters to the post and to assist in the returning of all horses to the unsaddling area. No outrider shall lead any horse that has not demonstrated unruliness, but shall assist in the control of any horse which might cause injury to a jockey or others. Each association shall wear traditional apparel. Outriders shall be required to be present on the racing strip, mounted, and

ready to assist in the control of any unruly horse or to recapture any loose horse, at all times horses are permitted on the racing strip for exercising or racing.

[Section 31. Association veterinarian. (1) Each association shall employ a graduate veterinarian, licensed in Kentucky, experienced in equine medicine and practice, who shall be responsible for inspecting and reporting all horses entered for racing soundness; maintaining and posting in the racing secretary's office a veterinary list of horses ineligible to race because of sickness or unsoundness; control of communicable equine diseases; insect control; sanitary conditions in the stable area; and observe and report all cruel or inhumane treatment of horses to the stewards.]

[(2) The association veterinarian shall be attendant on the stewards and the racing secretary at scratch time each day, and shall examine such horses as such racing officials may request, and shall make reports to such racing officials as promptly as possible.]

[(3) The association veterinarian shall be responsible for inspecting every horse entered on the day of the race for which such horse is entered. Such inspection shall be for physical fitness, general conditions, and for any noticeable unsoundness or peculiarities that may affect the racing condition of the horse or be considered for scratching a horse on a muddy or sloppy track. Such pre-race examinations shall be recorded on a health record for every starter at the race meeting.]

[(4) The association veterinarian shall be present in the paddock for saddling, shall accompany each field to the starting post, and observe all horses after the finish of each race. If, in the opinion of the association veterinarian, a horse suffers an injury while in the paddock, during the post parade, or at the starting gate, which injury shall render such horse unfit to race, he shall recommend to the stewards that the horse be excused and placed on the veterinary list. All horses requested to be scratched for physical reasons after scratch time shall be inspected by the association veterinarian who shall report the condition of such horse to the stewards.]

[(5) No association veterinarian during his employment by an association shall be permitted to engage in private veterinary practice involving thoroughbreds; nor be employed by or receive any compensation directly or indirectly from any licensed owner or trainer; nor sell or buy, for himself or another, any thoroughbred; nor place any wager in any manner on any race run at the association; nor sell any drug supplies; nor sell horse insurance; nor be licensed to participate in racing in any other capacity.]

Section *31.* [32.] Valets. Each association shall employ a sufficient number of persons licensed as valets to attend each individual rider on a day's racing program. Such valets shall be under the immediate supervision and control of the clerk of scales. No rider shall employ a valet or be attended by any person other than the valet assigned to him by the clerk of scales. No valet shall be assigned to the same rider for more than two (2) consecutive racing days. Valets shall be responsible for the care and cleaning of his assigned riders apparel and equipment; shall insure his rider has the proper equipment and colors for each race; shall present the proper equipment and attend the saddling of rider's mount; and shall attend the weighing out of his rider. No valet or other jockey room attendant may place a wager for himself or another, directly or indirectly, on races run while he is serving as a valet. Each association shall provide uniform attire for valets who shall wear same at all times while performing their duties within public view.

Section *32.* [33.] Minimum purse and stakes values. No association shall program or run any race the purse for which is less than $2,000 in cash without special permission of the commission. No association shall program or run any stakes race the added value of which is less than $10,000 in cash added by the association to stakes fees paid by owners. Such minimum cash amounts paid by the association shall be exclusive of nomination, eligibility, entrance, and starting fees, and exclusive of other cash awards, premiums, prizes, or objects of value.

Section *33.* [34.] Maximum number of races. No association shall program or run more than nine (9) races on any single racing day without special permission of the commission.

Section *34.* [35.] Two-year-old races. Beginning on March 1, of each year, each association shall program in the conditions book at least four (4) two (2) year old races each week.

EDNA-FRENCH LOOK JOHNSTONE, Secretary
State Racing Commission
ADOPTED: July 23, 1980
APPROVED: H. FOSTER PETTIT, Secretary
RECEIVED BY LRC: August 13, 1980 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Keene Daingerfield, Senior State Steward, Kentucky State Racing Commission, P.O. Box 1080, Lexington, Kentucky 40588.

PUBLIC PROTECTION AND REGULATION CABINET
Kentucky State Racing Commission
(Proposed Amendment)

810 KAR 1:012. Horses.

RELATES TO: KRS 230.210 to 230.360
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: To regulate conditions under which thoroughbred racing shall be conducted in Kentucky. The function of this regulation is to outline the requirements for horses entered to be raced.

Section 1. Registration required. No horse may be entered or raced in this state unless duly registered and named in the registry office of the Jockey Club in New York and unless the registration certificate or racing permit issued by the Jockey Club for such horse is on file with the racing secretary; except, however, the stewards may for good cause, in their discretion, waive this requirement if the horse is otherwise correctly identified to the stewards' satisfaction.

(1) In order to establish the true ownership of all thoroughbred horses, that race, each starter which does not remain the property of its breeder shall have a certificate of ownership, issued by the commission in behalf of the Jockey Club, a copy of which shall be attached to the horse's foal certificate, and in the event that ownership of a horse is transferred, either by private treaty or by claiming, the new owner shall obtain a new certificate of ownership issued by the commission in behalf of the Jockey Club, a copy of which shall be attached to the foal certificate. No horse shall be permitted to start in a race

unless there has been compliance with these requirements; except, however, the stewards may for good cause, in their discretion, waive this requirement if the horse is otherwise correctly identified to the stewards' satisfaction.

(2) The certificate of ownership shall bear the proper names of all persons owning an interest in the horse, and in each instance the accuracy of this information shall be attested to by the signature of one of the owners or his agent.

(3) Failure by the signator to accurately identify the ownership of a horse on the certificate of ownership may be punishable by revocation of the signator's license or by such other penalty as the stewards or the racing commission may deem appropriate.

Section 2. Ringers prohibited. (1) No horse may be entered or raced in this state designated by a name other than the name under which such horse is currently registered with the Jockey Club in New York. In the event a horse's name is changed by the Jockey Club, such horse's former name shall be shown parenthetically in the daily race program the first three (3) times such horse races after such name change.

(2) No person shall at any time cause or permit the correct identity of a horse to be concealed or altered, nor shall any person refuse to reveal the correct identity of a horse he owns, or which is in his care, to a racing official or member of the regular news media.

(3) No horse shall race in this state without a legible lip tatoo number applied by agents of the Thoroughbred Racing and Protective Bureau; except, however, the stewards may for good cause, in their discretion, waive this requirement if the horse is otherwise correctly identified to the stewards' satisfaction. The stewards shall require that a horse without a lip tatoo number be lip tattoed within a reasonably practical time.

(4) No horse may be entered or raced in this state if previously involved in a "ringer" case to the extent that: a person having control of such horse knowingly entered or raced such horse while designated by a name other than the name under which such horse was registered with the Jockey Club; or such person having control of such horse participated in or assisted in the entry or racing of some other horse under the name registered as belonging to such horse in question.

Section 3. Denerving. (1) Any horse on which a neurectomy has been performed shall have such fact designated on its registration certificate or racing permit. It shall be the joint responsibility of the practicing veterinarian who performed the operation and the trainer of such denerved horse to insure that such fact is designated on the registration certificate or racing permit.

(2) Any horse whose ulnar, radial, or median nerve has been either blocked or removed (known as high nerved), or whose volar or plantar nerve has been blocked or removed bilaterally, shall not be entered or raced in this state.

(3) Any horse whose volar or plantar nerve has been removed unilaterally or which has had a posterior digital neurectomy (known as low nerved), may be permitted to race provided such denerving has been reported by the trainer to the stewards, and such horse has been approved for racing by the *commission* [association] veterinarian prior to being entered for a race.

(4) In the event a horse races in violation of this rule and participates in the purse distribution, then no protest thereon will be considered unless submitted in writing to the stewards within forty-eight (48) hours after such race.

(5) In the event a horse races in violation of this rule and is claimed, then no protest thereon will be considered unless the successful claimant submits such protest in writing forty-eight (48) hours requesting the claim be voided. Should the claim be voided, the horse shall be returned to the owner who started such horse in such race, and the claim price shall be returned to the claimant.

(6) A list of all denerved horses shall be posted in the racing secretary's office. No person shall report a horse as having a neurectomy when in fact such horse has not.

Section 4. Bleeders. Any horse known to have bled from its nostrils during a race or workout may not be entered or raced without prior approval for racing by the *commission* [association] veterinarian. In the event a horse bleeds a second time, such horse shall be placed on the veterinarian's list and prohibited from racing for a minimum of six (6) months; in the event a horse bleeds a third time, such horse shall be thereafter prohibited from racing in this state.

Section 5. Health certificate required. No horse may be stabled on association grounds unless, within ten (10) days of arrival on association grounds, such horse has been examined by an accredited practicing veterinarian who certifies as to the identity of such horse, temperature at time of examination, and that to the best of his knowledge and belief such horse is free from any infectious or contagious disease or exposure thereto and observable ectoparasites, and further certifies as to such other matters as may be required from time to time by the Kentucky State Veterinarian in Frankfort. Notice of this requirement shall accompany stall applications and be included in the condition book.

Section 6. Workouts. No horse may be schooled in the paddock, or taken onto a track on association grounds for training or workout, other than during normal training hours posted by the association, without special permission of the stewards.

Section 7. Removal from association grounds. No horse may be removed from association grounds without prior approval of the stewards and unless released by the racing secretary. No dead or sick horse may be removed from association grounds without prior approval of the commission veterinarian.

Section 8. Age retrictions. No maiden five (5) years of age or older which has made five (5) life time starts on the flat may be entered or start.

Section 9. Fillies and mares bred. Any filly or mare that has been covered by a stallion shall be so reported to the racing secretary prior to being entered in a race. A list of all fillies and mares so reported, showing the names of stallions to which they have been bred, shall be posted in the racing secretary's office. No filly or mare that has been covered by a stallion may be entered in a claiming race unless a written release from the stallion owner is attached to such filly or mare's registration certificate indicating that the stallion service fee has been paid or satisfied.

Section 10. Serviceable for racing. No horse may be entered or raced that: (1) Is not in serviceable, sound racing condition. The stewards may at any time cause a horse on association grounds to be examined by a qualified person.

(2) Is posted on a veterinarian's list, or stewards' list, or starter's list, or is suspended, in any racing jurisdication.

(3) Has been administered any drug in violation of 810 KAR 1:018.
(4) Is blind or has seriously impaired vision in both eyes.
(5) Is not correctly identified to the satisfaction of the stewards.
(6) Is owned wholly or in part by, or is trained by, an ineligible person.

Section 11. Equipment. (1) Whips and blinkers must be used consistently on a horse. Permission to change use of any equipment used on a horse in its last previous start must be obtained from the stewards. A horse's tongue may be tied down during a race with a clean bandage or gauze. A horse's bridle may weigh no more than two (2) pounds; war bridles are prohibited. No horse may race in ordinary training shoes; bar shoes may be used for racing only with permission of the stewards.
(2) Use on a horse either in a race or workout of any goading device, or chain, or spurs, or electrical or mechanical device, or appliance other than the ordinary whip which could be used to alter the speed of such horse, is prohibited.
(3) No whip shall be used that weighs more than one (1) pound or is longer than thirty (30) inches with one (1) popper. No stingers or projections extending through the hole of a popper or any metal part on a whip shall be permitted. Indiscriminate or brutal use on a horse of an ordinary whip, as determined by the stewards in their sole discretion, is prohibited.

Section 12. Sex alteration. Any alteration in the sex of a horse must be reported by such horse's trainer to the racing secretary promptly, and the racing secretary shall note same on such horse's registration certificate.

Section 13. Post-mortem examination. Each horse which suffers a breakdown on the race track, in training, or in competition, and is destroyed, and/or each horse which expires while stabled on a race track under jurisdiction of the Racing Commission, shall undergo a post-mortem examination at the University of Kentucky at the discretion of the commission steward and/or the commission veterinarian.

EDNA-FRENCH LOOK JOHNSTONE, Secretary
State Racing Commission
ADOPTED: July 23, 1980
APPROVED: H. FOSTER PETTIT, Secretary
RECEIVED BY LRC: August 13, 1980 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Keene Daingerfield, Senior State Steward, Kentucky State Racing Commission, P.O. Box 1080, Lexington, Kentucky 40588.

PUBLIC PROTECTION AND REGULATION CABINET
Kentucky State Racing Commission
(Proposed Amendment)

810 KAR 1:018. Medication; testing procedures.

RELATES TO: KRS 230.210 to 230.360
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: To regulate conditions under which thoroughbred racing shall be conducted in Kentucky. The function of this regulation relates to the use of medication on the horses and requirements and controls thereof.

Section 1. It shall be the intent of these rules to protect the integrity of horse racing, to guard the health of the horse, and to safeguard the interests of the public and the racing participants through the prohibition or control of all drugs and medications or substances foreign to the horse.
(1) No horse participating in a race shall carry in its body any substance foreign to the horse except as hereinafter provided.
(2) No foreign substance shall be administered by injection, oral administration, rectal infusion or suppository, or by inhalation to a horse entered to race within twenty-four (24) hours prior to the scheduled post time for the race in which the horse is entered, except as hereinafter provided.
(3) No person other than a veterinarian shall have in his/her possession any equipment for hypodermic administration, any substance for hypodermic administration, or any foreign substance, which can be administered internally to a horse, by any route, except for an existing condition and as prescribed by a veterinarian.
(4) Notwithstanding the provisions of subsection (3) above any person may have in his possession within a race track enclosure any chemical or biological substance for use on his own person, provided that, if such chemical substance is prohibited from being dispensed by any federal law or law of Kentucky without a prescription, he is in possession of documentary evidence that a valid prescription for such chemical or biological substance has been issued to him.
(5) Notwithstanding the provisions of subsection (3) above, any person may have in his possession within any race track enclosure any hypodermic syringe or needle for the purpose of administering a chemical or biological substance to himself, provided that he has notified the state steward:
(a) Of his possession of such device;
(b) Of the size of such device;
(c) Of the chemical substance to be administered by such device; and
(d) Has obtained written permission for possession and use from the state steward.

Section 2. The terms and words used in these rules are defined as:
(1) "Hypodermic injection" means any injection into or under the skin or mucosa, including intradermal injection, subcutaneous injection, submucosal injection, intramuscular injection, intravenous injection, intra-arterial injection, intro-articular injection, intrabursal injection, intraocular (intraconjunctival) injection.
(2) "Foreign substances" means all substances except those which exist naturally in the untreated horse at normal physiological concentration.
(3) "Veterinarian" means a veterinary practitioner authorized to practice on the race track.
(4) "Horse" includes all horses registered for racing under the jurisdiction of the commission, and for the purposes of this regulation shall mean stallion, colt, gelding, ridgling, filly or mare.
(5) "Chemist" means any official racing chemist designated by the commission.
(6) "Test sample" means any body substance including but not limited to blood or urine taken from a horse under

the supervision of the commission veterinarian and in such manner as prescribed by the commission for the purpose of analysis.

(7) "Test level' means the concentration of a foreign substance found in the test sample.

(8) "Bleeder" means a horse which hemorrhages from within the respiratory tract during a race or within one (1) hour post-race, or during exercise or within one (1) hour of such exercise.

(9) "Bleeder list" means a tabulation of all bleeders to be maintained by the commission.

(10) "Furosemide (Lasix)" means 4-chloro-N-(2-furylmethyl)-5-sulfamoylanthranilic acid.

Section 3. No horse participating in a race shall carry in its body any foreign substance except as provided in Section 4. A finding by the chemist that a foreign substance is present in the test sample shall be prima facie evidence that such foreign substance was administered and carried in the body of the horse while participating in a race. The licensed trainer of a horse found to have been administered a medication, drug, or substance in violation of these rules shall bear the burden of proof showing freedom from negligence in the exercise of a high degree of care in safeguarding such horse from tampering; and, failing to prove such freedom from negligence (or reliance on the professional ability of a licensed veterinarian) shall be subject to disciplinary action.

Section 4. A foreign substance of accepted therapeutic value may be administered as prescribed by a veterinarian when test levels and guidelines for its use have been established by the Veterinary-Chemist Advisory Committee of the National Association of State Racing Commissioners and approved by the Kentucky State Racing Commission.

(1) Only one (1) approved non-steriodal anti-inflammatory drug (NSAID) may be present in a horse's body while it is participating in a race. The presence of more than one (1) NSAID at any test level is forbidden.

(2) The test level of phenylbutozone under this rule shall not be in excess of four (4) micrograms (mcg) per milliliter (ml) of blood plasma.

Section 5. The administration of furosemide (Lasix) shall be permitted for the prophylactic treatment of a confirmed bleeder under the following conditions and guidelines and with the approval of the commission veterinarian.

(1) In order to obtain approval for the administration of furosemide (Lasix) the bleeder horse must be placed on the bleeder list. Only the following horses shall be placed on the bleeder list.

(a) A horse which during the race or within the first hour immediately following a race is observed by the commission veterinarian or stewards to be shedding blood from one (1) or both nostrils or is found to have bled internally. The commission veterinarian may require an endoscopic examination of the horse in order to confirm inclusion on the bleeder list;

(b) A horse which bled during exercise on the race track or within the first hour following such exercise is subject to the same conditions as in paragraph (a) above.

(2) The endoscopic examination provided for in paragraph (a) above shall be conducted by a veterinarian licensed by the commission and employed by the owner or his agent, and shall be conducted in the presence of or with the approval of the commission veterinarian. Such endoscopic examination must be conducted within one (1) hour of the finish of the race or exercise in which the horse has participated and bled, and must reveal hemorrhage in the lumen of the respiratory tract.

(3) The confirmation of a bleeder horse must be certified in writing by the commission veterinarian and entered by him on the bleeder list. A copy of such certification shall be issued to the owner of the horse or his agent upon request. Every confirmed bleeder regardless of age shall be placed on the bleeder list. An up-to-date bleeder list shall be maintained by the commission veterinarian and copy furnished to the commission steward. Horses on the bleeder list will be expected to run on furosemide (Lasix) until removed from the list. A horse may be removed from the bleeder list only by the commission veterinarian, who shall certify this action in writing to the commission steward.

(4) Horses qualified for medication and so indicated on the official bleeder list must be treated at least four (4) hours prior to post time.

(a) Bleeder medication shall be administered intravenously only, by a veterinarian licensed by the Racing Commission and employed by the owner of the horse or by his agent.

(b) A bleeder horse shipped into Kentucky from another jurisdiction may be automatically placed on the bleeder list provided that the jurisdiction from which it was shipped qualified it as a bleeder using criteria satisfactory to Kentucky. A current certificate setting forth its qualifications as a bleeder must be transmitted to the commission steward at the track in Kentucky to which it is shipped.

[Section 1. Use of medication. Full use of modern therapeutic measures and medication calculated to improve or protect the health of a horse may be administered to a horse in training, under the direction of a licensed veterinarian. In the interest of protecting the racing public, health of the horse, safety of the participants in a race, nurturing formful racing, and improvement of the breed of thoroughbreds:]

[(1) No horse while participating in a race shall carry in its body any medication, or drug, or substance, or metabolic derivative thereof, which is a narcotic, or which could serve as a local anesthetic, or tranquilizer, or which could stimulate or depress the circulatory, respiratory, or central nervous system of a horse, thereby effecting its speed.]

[(2) Also prohibited are any drugs which might mask or screen the presence of the aforementioned prohibited drugs, or prevent or delay testing procedures.]

[(3) Proof of detection by the commission chemist of a medication, or drug, or substance, or metabolic derivative thereof, prohibited by subsection (1) of this section, in a saliva, urine, or blood specimen duly taken under the supervision of the commission veterinarian from a horse promptly after running in a race, shall be prima facie evidence that such horse was administered and carried such prohibited medication, drug, or substance, in its body while running in such race in violation of this rule.]

[Section 2. When administration prohibited. No person other than a licensed veterinarian shall administer, or cause to be administered, or participate, or attempt to participate, in any way in the administration to a horse registered for racing of any medication, drug, or substance on the day of a race for which such horse is entered and prior to such race.]

[Section 3. Responsibility for prohibited administration. (1) Any person found to have administered a medication, drug, or substance which caused or could have caused a violation of Section 1 or 2, or caused, or participated, or attempted to participate in any way in such administration, shall be subject to disciplinary action.]

[(2) The licensed trainer of a horse found to have been administered a medication, drug, or substance in violation of Sections 1 or 2 shall bear the burden of proof showing freedom from negligence in the exercise of a high degree of care in safeguarding such horse from tampering; and failing to prove such freedom from negligence (or reliance on the professional ability of a licensed veterinarian) shall be subject to disciplinary action.]

[(3) The assistant trainer, groom, stable watchman, or any other person having the immediate care and custody of a horse found to have been administered a medication, drug, or substance in violation of Sections 1 or 2, if found negligent in guarding or protecting such horse from tampering shall be subject to disciplinary action.]

Section *6.* [4.] Record of administration. Daily reports of any treatment of any horse registered for racing with any medication, drug, or substance shall be submitted by the licensed veterinarian administering or prescribing such treatment to the commission veterinarian. Detection of any unreported medication, drug, or substance by the commission chemist in a pre-race or post-race test may be grounds for disciplinary action:

(1) Such daily reports shall accurately reflect the identity of the horse treated, diagnosis, time of treatment, type and dosage of medication, drug, or substance, and method of administration.

(2) Such daily reports shall remain confidential except that the commission veterinarian may compile general data therefrom to assist the commission in formulating policies or rules, and the stewards may review same in investigating a possible violation of these rules.

Section *7.* [5.] Commission veterinarian list. As a guide to owners, trainers, and veterinarians, the commission veterinarian may from time to time publish a list of medications, shown by brand and generic names, specifically prohibited for racing. Such list shall not be considered exclusive and medications shown thereon shall be considered only as among those, along with others not so listed, prohibited by general classification under Section 1.

Section *8.* [6.] Detention area. Each licensed association shall provide and maintain on association grounds a fenced enclosure sufficient in size and facilities to accomodate stabling of horses temporarily detained for the taking of sample specimens for chemical testing, and such detention area shall be under the supervision and control of the commission veterinarian.

Section *9.* [7.] Horses to be tested. The stewards may at any time order the taking of a blood, urine, or *other* [saliva] specimen from any horse entered to be tested. Any owner or trainer may at any time request that a specimen be taken from a horse he owns or trains by the commission veterinarian and tested by the commission chemist, provided the costs of such testing are borne by the owner or trainer requesting such test. In the absence of any such order or request, the commission veterinarian shall take specimens from, and the commission chemist shall test, [same] all horses which: finish first in any race; finish first or second in any quinella or exacta race; finish first or second or third in any stakes; and any horse whose performance in a race, in the opinion of the stewards, may have been altered by a prohibited substance.

Section *10.* [8.] Procedure for taking specimens. (1) All horses from which specimens are to be drawn are to be taken to the detention area at the prescribed time and remain there until released by the commission veterinarian. No person other than the owner, trainer, groom, or hotwalker, of a horse to be tested, and no lead pony, shall be admitted to the detention area without permission of the commission veterinarian.

(2) Stable equipment other than necessary for washing and cooling out a horse are prohibited in the detention area; buckets and water will be furnished by the commission veterinarian. If a body brace is to be used, it shall be supplied by the responsible trainer and administered only with the permission and in the presence of the commission veterinarian. A licensed veterinarian may attend a horse in the detention area only in the presence of the commission veterinarian.

(3) During the taking of specimens from a horse, the owner, or responsible trainer (who, in the case of a claimed horse shall be the person in whose name such horse raced), or a stable representative designated by such owner or trainer, shall be present and witness the taking of such specimen and so signify in writing.

(4) All containers previously used for specimens shall be thoroughly cleaned in the commission chemist laboratory and shall be sealed with the laboratory stamp which shall not be broken except in the presence of the witness as provided by subsection (3) of this section. [Only distilled water, with or without acetic acid, shall be used to moisten gauze used in collection of saliva.] Instruments and utensils used in the taking of samples shall be sterilized after each use.

(5) Samples taken from a horse by the commission veterinarian or his assistant shall be placed in a container and sealed together with a double identification tag. One (1) portion of such tag bearing a printed identification number shall remain with the sealed container; the other portion of such tag bearing the same printed identification number shall be detached in the presence of the witness as provided by subsection (3) of this section, the commission veterinarian shall thereon identify the horse from which such specimen was taken, as well as the race and day, verified by such witness, and such detached portions of identification tags shall be placed in a sealed envelope by the commission veterinarian for delivery only to the stewards. The commission veterinarian shall take every precaution to ensure that the commission chemist and no member of the laboratory staff shall know the identity of the horse from which a specimen was taken prior to the completion of all testing thereon.

(a) If after a horse remains a reasonable time in the detention area and a specimen may not be taken from such horse, the commission veterinarian may permit such horse to be returned to its barn and usual surroundings for the taking of a specimen under the supervision of the commission veterinarian.

[(b)With the consent of the trainer or attendant the commission veterinarian may administer to the horse a diuretic to facilitate urination. Quantity, identity and time of administration shall be noted on both portions of the specimen identification tag by the commission veterinarian.]

(b) [(c)] The commission veterinarian shall be responsi-

ble for safeguarding all specimens while in his possession and shall cause such specimens to be delivered only to the commission chemist as soon as possible after sealing, but in such order or in such manner as not to reveal the identity of any horse from which each sample was taken.

Section *11.* [9.] Procedure for testing. (1) The commission chemist shall be responsible for safeguarding and testing each specimen delivered to his laboratory by the commission veterinarian. Each specimen shall be divided into portions so that one (1) portion shall be used for initial testing for unknown substances, and another portion used for confirmation tests. If a sufficient quantity of the specimen is available, a third portion shall be preserved for further testing as the commission may direct.

(2) The commission chemist shall conduct individual tests on each specimen capable of screening same for prohibited substances, and such other tests as to detect and identify any suspected prohibited substance or metabolic derivative thereof with specificity. Pooling of specimens shall be permitted only with the knowledge and approval of the commission veterinarian.

(3) Upon the finding of a test negative for prohibited substances, the remaining portions of such specimen may be discarded. Upon the finding of tests suspicious or positive for prohibited substances, such tests shall be reconfirmed, and the remaining portions, if available, of such specimen preserved and protected until such time as the stewards rule it may be discarded.

(4) The commission chemist shall submit to the state steward a written report as to each specimen tested, indicating thereon by specimen tag identification number, whether such a specimen was tested negative or positive for prohibited substances. [Such report shall be submitted within twenty-four (24) hours after the conclusion of the last race of the preceding day, dark days excluded.] The commission chemist shall report test findings to no person other than the state steward or his designated representative.

(a) In the event the commission chemist should find a specimen suspicious for a prohibited medication, he may request additional time for test analysis and confirmation.

(b) The racing association shall not make distribution of any purses until given clearance of chemical tests by the stewards.

(5) The commission chemist will make a further report to the state steward on any substance his tests showed, which are not normal in a horse. These reports shall be confidential and are not evidence for disciplinary action. They can be used as a warning to the trainer or veterinarian, by the stewards, by the commission veterinarian to improve his surveillance and by the Equine Research Program at the University of Kentucky. The residue of specimen material from such test will be preserved by the commission chemist until released by the racing commission.

(6) In reporting to the stewards a finding of a test positive for a prohibited substance, the commission chemist shall present documentary or demonstrative evidence acceptable in the scientific community and admissible in court in support of such professional opinion as to such positive finding.

EDNA-FRENCH LOOK JOHNSTONE, Secretary
State Racing Commission
ADOPTED: July 23, 1980
APPROVED: H. FOSTER PETTIT, Secretary

RECEIVED BY LRC: August 13, 1980 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Keene Daingerfield, Senior State Steward, Kentucky State Racing Commission, P.O. Box 1080, Lexington, Kentucky 40588.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Housing, Buildings and Construction
(Proposed Amendment)

815 KAR 15:010. Definitions.

RELATES TO: KRS 236.030
PURSUANT TO: KRS 13.082
NECESSITY AND FUNCTION: KRS 236.030 requires the commissioner, upon advisement of the Board of Boiler *and Pressure Vessel* Rules, to fix reasonable standards for the safe construction, installation, inspection and repair of boilers, *pressure vessels* and pressure piping. This regulation sets forth the definitions used in the boiler safety regulations.

Section 1. Definitions, as used in the Boiler *and Pressure Vessel* Safety Rules. (1) "Act" shall mean the Kentucky Boiler *and Pressure Vessel* Safety Act, KRS Chapter 236.

(2) "Department" shall mean the Department of Housing, Buildings and Construction hereinafter called the Department of Housing.

(3) "Commissioner" shall mean the Commissioner of the Department of Housing, Buildings and Construction.

(4) "Board of Boiler *and Pressure Vessel* Rules" shall mean the board created by the Act and empowered to make, alter, amend, and interpret rules and regulations for the safe construction, installation, inspection, and repair of boilers *and pressure vessels* and associated pressure piping within this Commonwealth.

(5) "Boiler Inspection Section" shall mean the agency, within the Division of Fire Prevention (Office of State Fire Marshal), Department of Housing, which supervises the implementation of KRS Chapter 236.

(6) "Chief *boiler* inspector" shall mean the person employed by the Commonwealth of Kentucky who shall supervise the work of the boiler inspectors and office staff under the general supervision of the State Fire Marshal and perform such other duties as may be prescribed.

(7) "Boiler inspector" shall mean any person employed by the Commonwealth of Kentucky for the purpose of inspecting boilers *and pressure vessels* in according with provisions of the Act. Qualifying requirements are set forth in KRS 236.070 and 236.090. These requirements shall determine the applicants' ability to pass the National Board of Boiler and Pressure Vessel Inspectors examination. Successful completion of this written examination and granting of a National Board Commission is a requisite for permanent appointment as boiler inspector employed by the Commonwealth of Kentucky. [(See also 815 KAR 15:020 Section 1, Subsection (6).)]

(8) *(a)* "Special boiler inspector" shall mean any person employed by an insurance company authorized to insure boilers *and pressure vessels* in this Commonwealth and who holds a commission as provided for in KRS 236.080.

(b) "Inspector" shall mean either or both of the above.

(9) "Owner or user" shall mean any person, firm, or corporation owning or operating any boiler *or pressure vessel* within this Commonwealth.

(10) "Internal inspection" shall mean an inspection made when a boiler *or pressure vessel* is shut down *and hand holes and/or manways open for inspection of internal portions of the boiler or pressure vessel insofar as construction permits.*

(11) "External inspection" shall mean an inspection made when a boiler *or pressure vessel* is in operation *and under pressure.*

(12) *"Certificate of inspection"* [Inspection certificate] shall mean the certificate issued by the department to the owner or user following an inspection of a boiler *or pressure vessel* as provided for in KRS 236.210, otherwise known and referred to as an operating certificate.

(13) "Commission" shall mean the written credential issued by the department to an inspector or special inspector under the provisions of KRS 236.070 or 236.080.

(14) "ASME Boiler and Pressure Vessel Code" shall mean the *1980* edition of *the Power Boiler* Code Section I; *the Nuclear Vessel Code, Section III; Heating Boiler Code, Section IV; Pressure Vessel Code, Section VIII, Division I; plus referencing Codes Section II, Material Specifications; Section IX, Welding and Brazing; and Section V, Non Destructive Examination;* [II, III, IV, IX, XI] *including all code cases and addenda* of the American Society of Mechanical Engineers United Engineering Center. *Said copy shall be on file at the department's offices, U.S. 127 Bldg., Frankfort, Kentucky.* [The code shall also include the "Code Cases" available up to November 30, 1974 and the summer 1974 "Addenda." ASME Boiler and Pressure Vessel Code, "Code Cases" and "Addenda" contain the standard rules for design, construction and inspection of boilers. It includes stress factors and design specifications for component parts including necessary piping systems. It is on file with the Legislative Research Commission and is incorporated by reference this November 30th, 1974.]

(15) "National Board (NB)" shall mean the National Board of Boiler and Pressure Vessel Inspectors whose headquarters are at *1055 Crupper Avenue, Columbus, Ohio 43229* [1155 North High Street, Columbus, Ohio 42301] and who have also issued a National Board Inspection Code.

(16) "Code boiler *or pressure vessel* (or standard boiler *or pressure vessel)*" shall mean a boiler *or pressure vessel* which bears the ASME Code Symbol stamp, and/*or* the National Board stamp. (See also subsection (37) of this section.)

(17) "Noncode boiler *or pressure vessel* (or nonstandard boiler *or pressure vessel*)" shall mean a boiler or pressure vessel that does not bear the ASME, or the National Board stamp. (See also subsection (37) of this section.)

(18) "Secondhand boiler *or pressure vessel*" shall mean a boiler *or pressure vessel* of which both the location and ownership have been changed after primary use.

(19) "Existing installations" shall mean and include any boiler *or pressure vessels* constructed, installed, placed in operation, or contracted for before June 1, 1962 *and July 15, 1980,* respectively.

(20) "Reinstalled boiler *or pressure vessel*" shall mean a boiler *or pressure vessel* removed from its original setting and re-erected at the same location or erected at a new location without change of ownership.

(21) "Condemned boiler *or pressure vessel*" shall mean a boiler *or pressure vessel* that has been inspected and declared unsafe or disqualified by legal requirements by an inspector, qualified to take such action, who has applied a stamping or marking designating its rejection.

(22) "Major repair" shall mean such repairs as would affect the strength of a boiler *or pressure vessel by cutting and welding on any pressure part.*

(23) "Approved" shall mean approved by the Board of Boiler Rules and the commissioner of *the department, or the chief boiler inspector* [Housing].

(24) "Boiler" shall mean a closed vessel *in which water is heated, steam is generated, steam is superheated, or any combination thereof, under pressure or vacuum for use external to itself by the direct application of heat. The term "boiler" includes fired units for heating or vaporizing liquids other than water where these units are separate from processing systems and complete within themselves.* [intended for use in heating liquids by the direct or indirect application of heat to generate steam or other vapor to be used externally to itself and shall include power boilers, high temperature water boilers, hot water heating boilers, hot water supply boilers, steam jacketed steam kettles and autoclaves.]

(25) "Power boiler" shall mean a steam or vapor boiler operating at a pressure of more than fifteen (15) pounds per square inch gauge.

(26) *"Process steam generator" means a vessel or system of vessels comprised of one or more drums and one or more heat exchange surfaces as used in waste heat or heat recovery type steam boilers.* ["Low pressure heating boiler" shall mean a boiler operated at pressures not exceeding fifteen (15) pounds per square inch gauge for steam or at pressures not exceeding 160 pounds per square inch and temperatures not exceeding 250 degrees Fahrenheit for water.]

(27) "High temperature water boiler" shall mean a boiler heating water at a temperature above 250 degrees Fahrenheit or a working pressure or safety relief valve setting above 160 PSI.

(28) "Miniature boiler" shall mean *a power boiler or high temperature water boiler* [any boiler] which does not exceed any of the following:

(a) Sixteen (16) inches inside diameter of shell *(not applicable to electric boilers).*

(b) Twenty (20) square feet heating surface.

(c) Five (5) cubic feet gross *exclusive of casing and insulation.*

(d) One hundred pounds PSI maximum allowable working pressure.

(29) "Hot water supply boiler" shall mean *a boiler completely filled with water that furnishes hot water to be used externally to itself at pressures not exceeding 160 psig or at temperatures not exceeding 250 degrees Fahrenheit at or near the boiler outlet.* [a fired vessel furnishing hot water to be used externally to itself (such as domestic hot water supply) at pressures not exceeding 160 PSI and temperatures not exceeding 250 degrees Fahrenheit. (See limitations set forth as subsection (39), of this section.)]

(30) "Hot water storage tank" shall mean a pressure vessel, unfired but directly connected to and subject to the same pressures as a companion hot water supply boiler, the combination being used to heat and store hot water for use externally to itself.

(31) "Fired jacketed steam kettles" shall mean vessels in which steam pressure is generated and shall be classed as a boiler.

(32) "Expansion tank" shall mean a pressure vessel, unfired but directly connected to a hot water heating boiler to

absorb or cushion expansion therein and subject to comparable pressure with the boiler itself.

(33) "Nuclear vessel" shall mean a pressure vessel designed and constructed in accordance with Section III of ASME Boiler and Pressure Vessel Code.

(34) "Nuclear energy system" shall mean that portion of a power plant that serves the purpose of producing and controlling output of thermal energy from nuclear fuel.

(35) "Pressure piping" shall mean any piping, (steam, vapor or water) carrying pressures emanating from a power or heating boiler *or pressure vessel* and of substantially the same pressures and temperatures as encountered in the boiler *or pressure vessel.* It includes code piping as covered under ASME Boiler and Pressure Vessel Code, Sections I and IV, *Unfired Pressure Vessel Code, Section III, Division I and the Power Piping Code ANSI B-31.1.* [plus those specifications set forth in USAS B-31.1 (1973) Pressure Piping Code published by and available, for a fee, from the American Society of Mechanical Engineers, United Engineering Center, 345 East 47th Street, New York, New York 10017. The Code for Pressure Piping sets forth engineering requirements for the safe design and construction of piping systems. It includes material specifications, design standards, stress requirements and testing procedures. A copy is on file with the Legislative Research Commission and is incorporated by reference this November 30, 1974.]

(36) "Underwriters laboratory label" shall mean the label of the Underwriters Laboratories, Inc., or other electrical testing laboratories, approved by the Board of Boiler Rules which must be affixed to all electric fired boilers. *Other electrical testing laboratories labeling may be affixed to an electrical boiler provided they are approved by the department.* [The label is to be applied on the completed unit or assembly by the manufacturer plus the American Society of Mechanical Engineers and National Board symbol stamping when required by these rules.]

(37) "State special" shall mean a boiler of any type or size defined under this section or under these regulations and which carries neither the ASME Boiler and Pressure Vessel Code symbol nor National Board stamping may be acceptable to the boiler inspection section provided the manufacturer, installer, or owner can prove conclusively to the satisfaction of the chief boiler inspector that the standard to which the boiler *or pressure vessel* is built is at least equivalent to the applicable ASME Boiler and Pressure Vessel Code. Acceptable methods of proof will be as set forth in 815 KAR 15:020, Section 1(2).

(38) "State" or "Commonwealth" as used herein shall be synonymous.

(39) *"Hot water heating boiler" means a boiler in which no steam is generated, from which hot water is circulated for heating purposes and then returned to the boiler, and which operates at a pressure not exceeding 160 psig and/or a temperature of 250 degrees Fahrenheit at or near the boiler outlet.* ["Hot water supply boilers" shall mean those hot water supply boilers not exempted by the Act which are directly fired with oil, gas or electricity having neither a heat input of less than 200,000 BTU per hour, nor a water temperature of 200 degrees Fahrenheit or more, nor having a nominal water containing capacity of 120 gallons or more. No hot water supply boiler shall be exempt from the ASME Boiler and Pressure Vessel Code, Section IV paragraph HG 400.2, regardless of BTU, water temperature or water containing capacity.]

(40) "Boiler safety regulations" or "boiler safety rules" shall mean 815 KAR 15:010 to 815 KAR 15:060.

(41) "Lined potable water heater" means a water heater with a corrosion resistant lining, used to supply potable hot water.

(42) "Water heater" means a closed vessel in which water is heated by the combustion of fuels, electricity or any other source and withdrawn for use external to the system at pressures not exceeding 160 psig and shall include all controls and devices necessary to prevent water temperatures from exceeding 210 degrees Fahrenheit.

(43) "Electric boiler" means a power boiler, heating boiler, high or low-temperature water boiler in which the source of heat is electricity.

(44) "Unfired steam boiler" means a vessel or system of vessels intended for operation at a pressure in excess of fifteen (15) psig for the purpose of producing and controlling an output of thermal energy.

(45) "Waste heat boiler" (See unfired steam boiler).

(46) "Heat recovery boiler" (See process steam generator).

(47) "Nuclear power plant" means a nuclear power plant consisting of one or more nuclear power systems and containment systems.

(48) "Nuclear power systems" means a system which serves the purpose of producing and controlling an output of thermal energy from nuclear fuel and those associated systems essential to the functions of the power system. The components of the system include such items as pressure vessels, piping system, pumps, valves and storage tanks.

(49) "Pressure vessel" means a vessel in which pressure is obtained from an external source or by the direct application of heat from a direct or indirect source.

(50) "ANSI" means the American National Standards Institute.

JOHN R. GROVES, JR., Commissioner
ADOPTED: August 15, 1980
APPROVED: H. FOSTER PETTIT, Secretary
RECEIVED BY LRC: August 15, 1980 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Judith G. Walden, Office of the Counsel, Department of Housing, Buildings and Construction, 127 Building, U.S. 127 South, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Drug Formulary Council
(Proposed Amendment)

902 KAR 1:080. Acetaminophen.

RELATES TO: KRS 217.814 to *217.894,* [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 pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Acetaminophen Tablet Pharmaceutical Products. The following Acetaminophen tablet phar-

maceutical products are determined to be therapeutically equivalent, in each respective dosage: Acetaminophen 325 mg. Tablet Form:

(1) Acetaminophen: Beecham Laboratories, Bell Pharmacal Company, Geneva Generics, Lederle Laboratories, *McKesson Laboratories,* Murray Drug Corporation, Mylan Pharmaceuticals, Pace-Bond Drug Company, Pharmecon, Inc., Philips-Roxane Laboratories, Rexall Drug Company, Richie Pharmacal Company, Rugby Laboratories, Steri-Med, Inc., Theda Corporation, United Research Laboratories, Vangard Laboratories, Zenith Laboratories;

(2) APAP: H. L. Moore Drug Exchange, Paramount Surgical Supply Corporation, Richie Pharmacal Company;

(3) Apenol: Purepac Pharmaceutical, Rondex Laboratories;

(4) Atrinol: Cooper Drug Company;

(5) Genebs: Generix Drug Corporation;

(6) Janupap: Tutag Pharmaceuticals;

(7) Nebs: Eaton Laboratories;

(8) Par "5": Parmed Pharmaceuticals;

(9) Phenaphen: A. H. Robins Company (Acetaminophen Formula);

(10) SK-APAP: Smith, Kline and French Labs.;

(11) Tapar: Parke, Davis and Company;

(12) Tempra: Mead Johnson and Company;

(13) Tylenol: McNeil Laboratories;

(14) Valadol: E. R. Squibb and Sons, Inc.

Section 2. Acetaminophen Drops Pharmaceutical Products. The following Acetaminophen drops pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage: Acetaminophen 60 mg/0.6 ml Drops:

(1) Tempra: Mead Johnson and Company;

(2) Tylenol: McNeil Laboratories.

Section 3. Acetaminophen Liquid Pharmaceutical Products. The following Acetaminophen pharmaceutical products: liquid suspension 120 mg./5 ml and elixir 120 mg/5 ml are considered to be therapeutically equivalent, with the respective dosage form. Acetaminophen Liquid Suspension and Elixir 120mg/5 ml (Cautionary Note: While all these products have been evaluated as being therapeutically equivalent on the basis of their active drug components, "appropriate dispensing precautions" should be exercised for those individuals who are either diabetic or on contraindicated drugs.):

(1) Acetaminophen: Abbot Laboratories, Barre Drug Company, Beecham [Massengill Pharmaceuticals] *Laboratories,* Bell Pharmacal, Geneva Generics, H. L. Moore Drug Exchange, Lederle Laboratories, Murray Drug Corporation, Parmed Pharmaceuticals, Purepac Pharmaceuticals, Theda Corporation, Vangard Laboratories;

(2) APAP Elixir: Henry Schein, Inc., Richie Pharmacal Company, Rugby Laboratories, Three P Products Corporation;

(3) Cen-Apap: The Central Pharmacal Company;

(4) Nebs: Eaton Laboratories;

(5) SK-APAP: Smith, Kline and French Laboratories;

(6) Tapar: Parke, Davis and Company;

(7) Tempra Syrup: Mead Johnson and Company;

(8) Tylenol: McNeil Laboratories;

(9) Valadol Liquid: E. R. Squibb and Sons, Inc.

Section 4. Acetaminophen Capsule Pharmaceutical Products. The following acetaminophen capsule pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage: Acetaminophen 500 mg Capsule Form: Richie Pharmacal Company; Zenith Laboratories.

E. C. SEELEY, M.D., Chairperson
ADOPTED: June 26, 1980
APPROVED: W. GRADY STUMBO, Secretary
RECEIVED BY LRC: July 23, 1980 at 1 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Andy Naff, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40621.

DEPARTMENT FOR HUMAN RESOURCES
Drug Formulary Council
(Proposed Amendment)

902 KAR 1:081. Acetaminophen with codeine.

RELATES TO: KRS 217.814 to *217.894,* [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 their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Acetaminophen with Codeine Tablet 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 Laboratories, Rugby Laboratories;

(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, Generix Drug Corporation, Geneva Generics, ICN Pharmaceuticals, Halsey Drug Company, Interstate Drug Exchange, *Murray Drug Corporation,* Philips-Roxane Laboratories, Purepac Pharmaceuticals, Richie Pharmacal Company, Rugby Laboratories, *Zenith Laboratories;*

(b) Codap: Tutag Pharmaceuticals;

(c) Empracet with Codeine: Burroughs-Wellcome;

(d) PAPA-DEINE: Vangard Laboratories;

(e) Tylenol with Codeine: McNeil Laboratories.

(3) 300 mg. Acetaminophen with 60 mg. Codeine Tablet Form:

(a) Acetaminophen with Codeine: ICN Pharmaceuticals, Philips-Roxane Laboratories;

(b) Empracet with Codeine: Burroughs-Wellcome;

(c) PAPA-DEINE: Vangard Laboratories;

(d) Tylenol with Codeine: McNeil Laboratories.

Section 2. Acetaminophen with Codeine Elixir Pharmaceutical Products. The following acetaminophen with codeine elixir pharmaceutical products are determined to be therapeutically equivalent in each respective dosage: Acetaminophen 120 mg/5 ml with codeine 12 mg/5 ml:

(1) Acetaminophen with codeine: *Barre Drug Company,* Henry Schein, Inc., Murray Drug Corporation[, National Pharmaceutical];

(2) PAPA-DEINE: Vangard Laboratories.

E. C. SEELEY, M.D., Chairperson
ADOPTED: June 26, 1980
APPROVED: W. GRADY STUMBO, Secretary
RECEIVED BY LRC: July 23, 1980 at 1 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Andy Naff, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40621.

DEPARTMENT FOR HUMAN RESOURCES
Drug Formulary Council
(Proposed Amendment)

902 KAR 1:330. Niacin.

RELATES TO: KRS 217.814 to *217.894,* [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 Niacin pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

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

(1) Niacin 50mg. Tablet Form:

(a) Niacin: Eli Lilly and Company, *McKesson Laboratories,* Murray Drug Corporation, Richie Pharmacal, Theda Corporation, Vangard Laboratories;

(b) SK Niacin: Smith, Kline and French.

(2) Niacin 100mg. Tablet Form:

(a) Niacin: Eli Lilly and Company, *McKesson Laboratories,* Murray Drug Corporation, Richie Pharmacal, Theda Corporation, Vangard Laboratories;

(b) SK Niacin: Smith, Kline and French.

E. C. SEELEY, M.D., Chairperson
ADOPTED: June 26, 1980
APPROVED: W. GRADY STUMBO, Secretary
RECEIVED BY LRC: July 23, 1980 at 1 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Andy Naff, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40621.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Social Insurance
(Proposed Amendment)

904 KAR 2:008. Program for emergency assistance.

RELATES TO: KRS 205.215
PURSUANT TO: KRS 13.082, 194.050
NECESSITY AND FUNCTION: The Department for Human Resources is authorized by KRS 205.215 to provide short term assistance to families with children in crisis situations as provided for in Title IV-A of the Social Security Act. This regulation sets forth the criteria for eligibility and type and amounts of assistance granted under the Emergency Assistance Program, hereinafter referred to as EAP, as administered in accordance with 45 CFR § 233.120.

Section 1. Eligibility Conditions for Receipt of Emergency Assistance. (1) The Emergency Assistance Program provides assistance to families with dependent children who are destitute or facing destitution if such destitution did not arise because:

(a) Such child who is eighteen (18) years or older or the specified relative of such child refused to accept employment, or training for employment, or terminated such without good cause;

(b) The family voluntarily created the situation for the purpose of receiving emergency assistance;

(c) The situation is related solely to lack of employment due to normal vacation or layoff periods if there is a job to which to return, and return can be anticipated at the end of the normal vacation or layoff period; or the destitute situation is related solely to lack of work due to weather conditions, if return can be anticipated within thirty (30) days.

(2) Assistance may be provided only after a signed application has been made on behalf of an eligible group as specified in Section 3. Such application may be made by the specified relative, child or an interested party acting on behalf of a child. In the event the application is made by other than the specified relative, and the specified relative states prior to processing of the application that he/she does not wish assistance to be provided at that time in order to conserve family eligibility, the application shall be denied due to lack of proper authority by the applicant.

Section 2. Definitions. Terms used in the EAP program are defined as follows:

(1) [Destitution shall be considered to exist when a child is deprived of adequate shelter including utilities, necessary clothing, sufficient food, child care, or in the case of a migrant or transient family, transportation, and the liquid assets, plus continuing monthly income of the family, are less than limitations prescribed by the department. Effective September 1, 1979,] *D*[d]estitution shall be considered to exist when a child is deprived of adequate shelter including utilities, necessary clothing, sufficient food, child care, or in the case of a migrant or transient family, transportation, and neither the continuing income nor the liquid resources of the family exceeds the limitations prescribed by the department.

(2) A natural disaster is a fire, flood, storm or earthquake or other occurrences designated as such by the department.

(3) Good cause must always be established in regard to an applicant for emergency assistance if lack of employment has caused the destitution and the responsible relative or child (if age eighteen (18) or over) refused to accept

employment or training for employment or terminated employment within the prior six (6) months. An applicant for EAP who has terminated or refused employment without good cause shall be ineligible for thirty (30) days from the date of refusal. If the employment is no longer available following the thirty (30) day period, the application shall be approved if all other eligibility criteria are met; however, if the employment is still available at the end of the thirty (30) day period, the applicant shall remain ineligible as long as the employment remains available except that ineligibility shall not continue for a period longer than six (6) months from the date of termination or initial refusal of the employment. Good cause shall not exist if destitution is due solely to direct participation in a labor dispute. ("Direct participation" exists if the individual is: on strike, whether or not such strike is legal; or not working as a result of honoring or refusing to cross picket lines set up by those who are on strike; or not working due to lack of work resulting from a strike situation if employed in a managerial or supervisory position by the firm/organization whose workers are on strike.) Good cause for refusal to accept or continue in an employment situation or training for employment exists only when:

(a) A definite bona fide offer of employment was not made at a minimum wage customary for such work in that community;

(b) The child or responsible relative is unable to engage in such employment or training for mental or physical health reasons;

(c) The child or responsible relative has no way to get to and from the work site or the site is so far removed from the home that commuting time would exceed three (3) hours daily; or

(d) Working conditions at such job or training would be a risk to the health or safety of the child or responsible relative.

(4) Gross income is income from all sources before any deductions. Self-employed persons' and farmers' gross income is to be considered as gross profit less business expenses. Any special allowance made in an AFDC case is to be disregarded in computing gross income. In determining destitution of an applicant for AFDC, the AFDC payment is not to be considered as income until actually received by the client and the EAP application is to be processed independently of the AFDC application.

(5) Liquid assets include, but are not limited to, cash on hand, checking accounts, savings accounts, stocks, bonds, certificates of deposit, and similar assets readily convertible to cash. Excluded for purposes of this program are prepaid burial contracts or burial policies, the cash surrender value of life insurance policies, equity in real or personal property, or home insurance settlements received or to be received.

(6) Net income is gross income less mandatory deductions and work related expenses, which include transportation and child care; any special allowance made in an AFDC case is to be disregarded in determining net income.

(7) Specified relative is any relative acting as the person responsible for the child and who is within the degree of relationship shown in Section 406(a)(1) of the Social Security Act.

Section 3. Eligible Groups. Any family which includes a child under twenty-one (21) or an unborn child may qualify for EAP if all other eligibility conditions are met. In addition, a child who, within six (6) months, did reside with a specified relative as defined in Section 406(a)(1) of the Social Security Act may qualify. Specifically excluded is any family who voluntarily creates the destitution for the purpose of receiving emergency assistance or whose need resulted because of refusal without good cause of the child or responsible relative to accept employment or training for employment or termination of such without good cause as specified above.

Section 4. Limitations for Receipt of Emergency Assistance. (1) Any family which is potentially eligible for any federal assistance program (such as disaster relief, emergency assistance, etc., but not including income transfer programs such as Supplemental Security Income, Social Security benefits, etc.) must apply for those benefits and provide verification of application.

(2) Emergency assistance is limited to one (1) period of thirty (30) consecutive days in any twelve (12) consecutive months.

(3) [The limitation shown in paragraph (a) of this subsection shall be applicable until replaced by the limitation in paragraph (b) of this subsection.]

[(a) All liquid assets and gross monthly income will be totaled and compared to the financial eligibility scale for the family size. If the amount exceeds that specified, the family is ineligible. If the amount is less than that specified, financial eligibility exists.]

[Financial Eligibility Scale

Family Size	Income Limitation
1	$150
2	183
3	250
4	317
5	367
6	417
7 or more	467]

[(b) Effective September 1, 1979 the following limitation shall substitute for that shown in paragraph (a), above.] All gross monthly income and total liquid resources will be compared to the following scales on gross monthly income and liquid resources. If either amount exceeds that specified, the family is ineligible. If each amount is equal to or less than that specified, financial eligibility exists.

Gross Income Scale

Family Size	Income Limitation
1	$*183* [150]
2	*217* [183]
3	*258* [250]
4	317
5	367
6	417
7 or more	467

Liquid Resources Scale

Family Size	Resources Limitation
1	$500
2 or more	750

(4) When an application is made by or on behalf of a child who voluntarily establishes a living arrangement independent from his family group, the parent's income and liquid assets must be considered in determining financial eligibility. If a child has not lived with his/her parents during the prior six (6) months, but meets the criteria for inclusion as shown in Section 3, only that amount of income

available to the child is to be considered. A child absent from the home for the purpose of attending a school or training course is considered to be a member of the family group remaining in the home, and when application is made under proper authority the income, resources and needs of all family members must be taken into consideration.

Section 5. Needs Which Can Be Met. The emergency assistance program provides for the following needs: food, clothing, shelter, utilities and/or heating fuel, home repairs, home furnishings, transportation, and child care; the stranded or destitute transient or migrant family is assisted to reach its destination through provisions of the following as needed: voucher for groceries or prepared meals, overnight lodging, public transportation, car repairs, gas, oil, and information and referral services. Community resource may be utilized to supplement payments provided by the program.

Section 6. Method and Amount of Payment. Emergency assistance payments are made indirectly to vendors by means of locally authorized voucher or by check drawn in favor of the recipient or recipient and vendor, not to exceed the amounts payable in accordance with Section 7.

Section 7. Payment limitations in the Emergency Assistance Program: (1) [The payment limitation shown in paragraph (a) of this subsection shall be applicable until replaced by the limitation in paragraph (b):]

[(a) To determine whether there is an unmet need, all liquid assets and net monthly income are first totaled and compared to needs covered by the Emergency Assistance Program (as shown in Section 5). If there is an unmet need, a payment may be authorized. The totaled liquid assets and net monthly income will then be compared to the protected amount on the payment limitation scale for the family size. Any amount in excess of the protected amount will be applied as a deductible to the total amount of the family's needs to alleviate or avoid destitution. A home insurance settlement is to be applied to the need which it is intended to cover. The total amount paid the eligible family group is not to exceed the amount specified in the payment maximum for the family size, except for the separate maximum amounts set forth in subsections (2), (3), (4)(d) and (6) below, for those items.]

[Payment Limitation Scale

Protected Amount	Family Size	Payment Maximum
$ 75	1	$ 75
135	2	135
185	3	185
235	4	235
275	5	275
310	6	310
345	7 or more	345]

[(b) Effective September 1, 1979, the following limitation shall replace that shown in paragraph (a).] To determine whether there is an unmet need, the net monthly income is compared to total current needs covered by the emergency assistance program (as shown in Section 5). If there is an unmet need, a payment may be authorized. The net monthly income will then be compared to the protected amount on the payment limitation scale for the family size. Any amount in excess of the protected amount will be applied as a deductible to the total amount of the family's needs to alleviate or avoid destitution. A home insurance settlement is to be applied as a deductible to the need which it is intended to cover. The total amount paid the eligible family group is not to exceed the amount specified in the payment maximum for the family size, except for the amounts set forth in subsections (2), (3), (4)(d) and (6) below, for these items.

Payment Limitation Scale

Protected Amount	Family Size	Payment Maximum
$*133* [75]	1	$*133* [75]
162 [135]	2	*162* [135]
188 [185]	3	*188* [185]
235	4	235
275	5	275
310	6	310
345	7 or more	345

(2) Payment for limited repairs necessary to make a home owned by the family habitable may in no instance exceed $1,500, and the need for such repairs must be the result of a natural disaster.

(3) Payment for the repair or replacement of minimum home furnishings determined necessary by the department may in no instance exceed $1,500, and such need for repair or replacement must be the result of a natural disaster.

(4) A stranded or destitute family (transient or migrant) may be assisted to reach its destination through provision of:

(a) Voucher for groceries or prepared meals;

(b) Overnight lodging;

(c) Public transportation; or

(d) Car repairs, if needed, not to exceed $300, and/or voucher for gas/oil.

(5) Food may be provided up to the value of one (1) month's equivalent food stamp allotment for the eligible family members. *In no instance shall payments be authorized for food if the family meets food stamp eligibility requirements and the food need is the result of lack of funding by the United States Department of Agriculture to issue food stamps.*

(6) Clothing may be provided to eligible family members to ensure a minimum supply of basic apparel in quantitities determined necessary by the department, and such need for clothing must be the result of a natural disaster. The total maximum payment amounts for clothing needs may not exceed the payment maximums shown in subsection (1) above, and these amounts shall be in addition to any other needs (such as food and shelter) met pursuant to that payment limitation scale.

(7) Shelter needs may be met as necessary to obtain or retain a home or to secure temporary lodging for the destitute family. The department shall make payments for shelter costs in excess of one (1) month's rent or mortgage payment only when such is determined necessary.

(8) Payment for utilities and heating fuels may be authorized as necessary to obtain or retain service. Payment for installation and the base service cost of a telephone may be reimbursed when medically necessary as verified by a physician or a nurse practitioner.

(9) Child care may be provided on a temporary basis if required due to the imprisonment or hospitalization of the

specified relative. Payment for such must be reasonable and may not exceed eight (8) weeks of care.

Section 8. Payment shall not be authorized if more than thirty (30) days have elapsed from the date the agency mailed the voucher to the vendor until the date the completed voucher is either mailed or delivered to the agency.

WILLIAM L. HUFFMAN, Commissioner
ADOPTED: July 28, 1980
APPROVED: W. GRADY STUMBO, Secretary
RECEIVED BY LRC: July 30, 1980 at 11 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary for Human Resources, DHR Building, 275 East Main Street, Frankfort, Kentucky 40621.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Social Insurance
(Proposed Amendment)

904 KAR 2:010. AFDC; standards for need and amount.

RELATES TO: KRS 205.200(2), 205.210(1)
PURSUANT TO: KRS 13.082, 205.200(2)
NECESSITY AND FUNCTION: The Department for Human Resources is required to administer the public assistance programs. KRS 205.200(2) and 205.210(1) require that the secretary establish the standards of need and amount of assistance for the Aid to Families with Dependent Children Program, hereinafter referred to as AFDC, in accordance with federal regulations and Title IV-A of the Social Security Act. This regulation sets forth the standards by which the need for and the amount of an AFDC assistance payment is established.

Section 1. Resource Limitations: An applicant for or recipient of AFDC is permitted to retain:
(1) A homestead, household equipment, motor vehicles and farm equipment without limitation on value;
(2) Equity in non-homestead, income producing property, not to exceed $5,000;
(3) Equity in non-income producing non-homestead property not to exceed $1,000;
(4) Other assets are limited to:
(a) Savings, stocks or bonds: $500 for child living with relative other than parent; $1,000 for one (1) child and one (1) parent; $1,500 for two (2) or more children and one (1) or two (2) parents or one (1) child and two (2) parents.
(b) Cash surrender value of life insurance not to exceed $1,000 for each parent or $500 for each child.
(5) Non-continuing income which, whenever added to other resources, does not exceed resource maximums.

Section 2. Countable Income: To determine if a specified relative may be included in the AFDC grant when a stepparent is also in the home, a test budget is completed. Gross income of the stepparent and any of his/her minor children in the home is adjusted by deducting work expenses, child care and fixed and measurable medical expenses. The adjusted income is compared to the income allowed for that family size (the stepparent and his/her children) in accordance with the medical assistance income scale contained in 904 KAR 1:004. Any excess is then applied to the needs of the specified relative. If the specified relative's needs are met, the specified relative may not be included in the AFDC grant and none of the stepparent's income is included in the budget unless it is actually made available to the children included in the grant. If the specified relative's needs are not met, the specified relative may be included in the AFDC grant and the excess income of the stepparent is counted in the grant determination. In determining initial eligibility for AFDC and the amount of the assistance payment, all continuing income of persons for whom application is made or assistance received is deducted from the assistance standard except those amounts or from those sources for which a disregard is required by 45 CFR 233.20 as follows:
(1) Standard work expense deductions in accordance with the following scale or verified actual work expenses if verification is provided by the client. This scale covers all work expenses except child care.

Work Expense Standard Deduction Scale
(Excluded Work-Related Child Care)

Gross Monthly Earned Income	Standard Monthly Deduction
$ 2.00- 49.99	$ 6.00
50.00- 99.99	19.00
100.00-149.99	31.00
150.00-199.99	44.00
200.00-249.99	56.00
250.00-299.99	69.00
300.00-349.99	81.00
350.00-399.99	94.00
400.00-449.99	106.00
450.00-499.99	119.00
500.00-549.99	131.00
550.00-599.99	144.00
600.00-649.99	156.00
650.00-699.99	169.00
700.00-749.99	181.00
750.00-and over	194.00

(2) Earnings of a child under age fourteen (14).
(3) Work Incentive Program (WIN) and Comprehensive Employment and Training Act Program (CETA) incentive payments.
(4) Reimbursement for training-related expenses made by a manpower agency to applicants in institutional and work experience training.
(5) Value of food coupons.
(6) Emergency assistance program payments pursuant to 904 KAR 2:008.
(7) Non-emergency medical transportation payments.
(8) Principal of loans obtained to meet needs not included in the assistance plan, e.g., home repair, farm expansion.
(9) Educational grants, loans, scholarships, including payments for actual educational costs made under the GI Bill, obtained and used under conditions that preclude their use for current living costs and all education grants and loans administered by the United States Commissioner of Education.
(10) The amount of statutory benefits, paid to or for a minor child and with the condition that the child be in regular school attendance, which is used for tuition, registration fees, and other school-related expenses. *Except*

that RSDI benefits based on school attendance are totally disregarded.

(11) Highway relocation assistance.

(12) Urban renewal assistance.

(13) Federal disaster assistance and state disaster grants.

(14) Home produce for household consumption.

(15) Proceeds from the sale of homestead property provided the family intends to reinvest in another homestead within six (6) months.

(16) Income/resources of a step-parent are considered only in relation to the eligibility of the parent as specified relative.

(17) Earnings received by a person employed by CETA under the Youth Incentive Entitlement Pilot Projects (YIEPP), the Youth Community Conversation and Improvement Project (YCCIP), and the Youth Employment and Training Program (YETP).

(18) Earnings received from participation in Job Corps.

(19) Experimental housing allowance program payment made under annual contributions contracts entered into prior to January 1, 1975, under Section 23 of the U.S. Housing Act of 1937, as amended; and HUD Section 8 payments for existing housing under Title 24 part 882.

(20) Receipts distributed to members of certain Indian tribes which are referred to in Section 5 of Public Law 94-114 that became effective October 17, 1975.

(21) Compensation provided to volunteers under Vista/Action or other programs established under Title VI of the Older American's Act of 1965, as amended.

(22) Earned income credit provided under the Revenue Act of 1978.

(23) First thirty dollars ($30) and one-third (⅓) of the remainder of the total combined earned income of all the members of the assistance group if the family's needs were met in whole or in part by an AFDC payment for any one (1) of the four (4) months preceding month of application.

Section 3. Additional disregards: After initial eligibility is established, the following income is also disregarded:

(1) First thirty dollars ($30) and one-third (⅓) of the remainder of the total combined earned income of all the members of the assistance group.

(2) Earnings of a child in full-time school attendance or in half-time school attendance, if working full-time.

Section 4. Members of Assistance Group: (1) The assistance group is composed of one (1) or more children and may include as specified relative any person specified in 904 KAR 2:005, Section 3. The incapacitated natural or adoptive parent of the child(ren) who is living in the home and legally married to the specified relative may be included as second parent if the technical eligibility factors are met.

(2) The decision regarding application for or continued inclusion of an individual child rests with the parent or other specified relative.

Section 5. Assistance Standard. The AFDC assistance standard including amounts for food, clothing, shelter, utilities and non-medical transportation from which countable income is deducted in determining eligibility for and the amount of the AFDC assistance payment is as follows:

Number of Eligible Persons	Monthly Standard
1 Child	$*133* [75]
2 Persons	$*162* [135]
3 Persons	$*188* [185]
4 Persons	$235
5 Persons	$275
6 Persons	$310
7 or more Persons	$345

(1) The actual cost of child care shall be added to the standard if the relative with whom the child lives requests a child care payment and is in a training program for which no wage or allowance is received.

(2) A special requirement shall be added to the standard of assistance for child care or to include special needs related to participation in the Community Work Experience Program (CWEP) under the following conditions:

(a) The specified relative, included in the grant is pursuing a course of training and the children require purchased care during the absence of the relative.

(b) The payee, other than the parent, is not included in the budget but must pay child care in order to retain employment.

(c) A specified relative or child is participating in CWEP.

Section 6. Payment Rates for Foster Care. Payment rates are based on the Department for Human Resources per diem payment rates. The department's rates are based on the age and needs of the child.

(1) A child in foster family care who is eligible for aid to families with dependent children foster care payments receives payment in one (1) of the following monthly amounts according to the child's age and needs assessment (as determined by the Bureau for Social Services):

Age	Regular	Special	Extraordinary
0-5	$144	$167	$228
6-12	160	183	228
13-over	175	198	228

(2) A child in a private child caring institution who is eligible for aid to families with dependent children foster care payments receives payment in one (1) of the following monthly amounts according to the child's age and needs assessment as (determined by the Bureau for Social Services):

Age	Regular	Special
0-5	$151	$212
6-12	175	212
13-over	192	212

WILLIAM L. HUFFMAN, Commissioner

ADOPTED: July 28, 1980

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: July 30, 1980 at 11 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary for Human Resources, DHR Building, 275 East Main Street, Frankfort, Kentucky 40621.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Social Insurance
(Proposed Amendment)

904 KAR 2:015. Supplemental programs for the aged, blind and disabled.

RELATES TO: KRS 205.245
PURSUANT TO: KRS 13.082, 194.050
NECESSITY AND FUNCTION: The Department for Human Resources is responsible under Title XVI of the Social Security Act as amended by Public Law 92-603 to administer a state funded program of supplementation to all December, 1973 recipients of aid to the aged, blind and disabled, hereinafter referred to as AABD, disadvantaged by the implementation of the Supplemental Security Income Program, hereinafter referred to as SSI. KRS 205.245 provides not only for the mandatory supplementation program but also for supplementation to other needy aged, blind and disabled persons. This regulation sets forth the provisions of the supplementation program.

Section 1. Mandatory State Supplementation: Mandatory state supplementation payments must be equal to the difference between the AABD payment for the month of December, 1973, plus any other income available to the recipient as of that month and the total of the SSI payment and other income. Also included are those former aged, blind or disabled recipients ineligible for SSI due to income but whose special needs entitled them to an AABD payment as of December, 1973. Mandatory payments must continue until such time as the needs of the recipient as recognized in December, 1973, have decreased or income has increased to the December level.

(1) The mandatory payment is increased only when income as recognized in December, 1973, decreases, the SSI payment is reduced but the recipient's circumstances are unchanged, or the standard of need utilized by the bureau in determining optional supplementation payments for a class of recipients is increased.

(2) In cases of man and wife, living together, income changes after September, 1974, will result in increased mandatory payment only if total income of the couple is less than December, 1973, total income.

Section 2. Optional State Supplementation: Optional state supplementation is available to those persons meeting technical requirements and resource limitations of the aged, blind or disabled medically needy program as contained in 904 KAR 1:003 and 904 KAR 1:004 who require special living arrangements and who have insufficient income to meet their need for care. Special living arrangements include residence in a personal care home as defined in 902 KAR 20:030 or family care home as defined in 902 KAR 20:040 or situations in which a caretaker must be hired to provide care other than room and board. A supplemental payment is not made to or on behalf of an otherwise eligible individual when the caretaker service is provided by the spouse, parent (of an adult disabled child or a minor child), or adult child (of an aged or disabled parent) who is living with the otherwise eligible individual. When this circumstance exists and a person living outside the home is hired to provide caretaker services, the supplemental payment may be made. Application for SSI, if potential eligibility exists, is mandatory.

Section 3. Income Considerations: In determining the amount of optional supplementation payment, total net income of the applicant or recipient, or applicant or recipient and spouse, including payments made to a third party in behalf of an applicant or recipient, is deducted from the standard of need with the following exceptions:

(1) Income is conserved for an ineligible, non-SSI spouse and/or minor dependent children in the amount of the medical assistance program basic maintenance scale for family size adjusted by deduction of sixty-five dollars ($65) from monthly earnings of spouse.

(2) If one (1) member of a couple is institutionalized and the SSI spouse maintains a home, income in the amount of the SSI standard for one (1) is conserved for the spouse.

Section 4. Standard of Need: (1) The standard, based on living arrangement, from which income as computed in Section 3 is deducted to determine the amount of optional payment is as follows:

(a) Personal care home: [$320, effective 7/1/77; $335, effective 1/1/78; not less than $350, effective 7/1/78; not less than $360, effective 1/1/79;] not less than $379, effective 7/1/79; *not less than $409, effective 7/1/80;*

(b) Family care home: [$258, effective 7/1/77; not less than $273, effective 7/1/78;] not less than $292, effective 7/1/79; *not less than $322, effective 7/1/80;*

(c) Caretaker:

1. Single individual: [$216, effective 7/1/77; not less than $227, effective 7/1/78;] not less than $246, effective 7/1/79; *not less than $276, effective 7/1/80;*

2. Married couple, one (1) requiring care: [$300, effective 7/1/77; not less than $322, effective 7/1/78;] not less than $350, effective 7/1/79; *not less than $395, effective 7/1/80;*

3. Married couple, both requiring care: [$328, effective 7/1/77; not less than $350, effective 7/1/78;] not less than $388, effective 7/1/79; *not less than $433, effective 7/1/80.*

(2) In couple cases, both requiring a caretaker, and both eligible, one-half (½) of the deficit is payable to each. If one (1) is ineligible (neither aged, blind nor disabled) one-half (½) of the deficit is payable to the eligible member.

Section 5. Institutional Status: No aged, blind or disabled person shall be eligible for state supplementation while residing in a personal care home or family care home unless such home is licensed under the Health Licensure Act, KRS 216.425.

WILLIAM L. HUFFMAN, Commissioner
ADOPTED: July 28, 1980
APPROVED: W. GRADY STUMBO, Secretary
RECEIVED BY LRC: July 30, 1980 at 11 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary for Human Resources, DHR Building, 275 East Main Street, Frankfort, Kentucky 40621.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Social Insurance
(Proposed Amendment)

904 KAR 2:081. Crisis oriented program for emergencies (COPE).

RELATES TO: KRS 205.810
PURSUANT TO: KRS 13.082, 194.050
NECESSITY AND FUNCTION: The Department for Human Resources is authorized by KRS 205.810 to provide

short term assistance to single or married adults in crisis situations (i.e., facing destitution) or in financial need. This regulation sets forth the criteria for eligibility and type and amounts of assistance available under the Crisis Oriented Program for Emergencies, hereinafter referred to as COPE.

Section 1. Application: Each individual or couple requesting assistance will be required to complete an application and provide such information as may be deemed necessary to determine eligibility, in accordance with the procedural requirements prescribed by the department.

Section 2. Definitions: Terms used in the COPE program are defined as follows:

(1) "Destitution," or "facing destitution," is that situation in which an individual or couple is deprived or being threatened by deprivation of the basic necessities of shelter, utilities, food, or clothing when clothing is needed due to a loss in a natural disaster.

(a) "Lack of shelter" is the inability to pay rent or mortgage and/or lack of both sleeping and cooking facilities due to financial need (and destitution is established).

(b) "Lack of utilities" is the inability to pay or secure utilities or lack of heat during cold weather due to financial need (and destitution is established). It is also the inability to secure or maintain phone service that has been determined medically necessary.

(c) "Lack of food" is the inability to purchase or obtain sufficient food due to financial need and/or ineligibility for food stamps.

(d) "Lack of clothing" must be the result of a natural disaster. It is the inability to obtain or purchase appropriate garments in order to protect the individual's or couple's health and welfare. A natural disaster is defined as a fire, flood, storm, tornado, or earthquake.

(2) "Financial need" is defined as a situation in which an individual's or couple's income and resources are below the standards prescribed by the department.

(3) "A single individual" is any person age eighteen (18) or over and not married, or if married, not residing with his/her spouse.

(4) "A couple" is any man and woman legally married (or holding out to the community as married) at least one (1) of whom is age eighteen (18) or over.

(5) "Other family" is any of the following: mother, father, daughter, son, brother, or sister (including relatives of the half blood) whose spouse also resides in the same household.

(6) "Needs" are defined as those items identified in Section 2(1)(a), (b), (c) and (d).

Section 3. Eligible Groups: Any single individual or couple (as defined above), who are destitute or in financial need, whose children (if there are any and they are residing with the applicant), are not under twenty-one (21) years of age, may qualify for COPE unless excluded in accordance with Section 4, below.

Section 4. Exclusion of Specified Groups: The following are excluded from eligibility:

(1) An individual or couple who creates the situation of destitution or financial need by refusal to accept or continue employment, or training for employment without "good cause" in accordance with 45 CFR 233.100(a)(3)(ii) is ineligible for thirty (30) days from the date of refusal. Good cause shall not exist if destitution is due solely to direct participation in a labor dispute. ("Direct participation" exists if the individual is: on strike, whether or not such strike is legal; or not working as a result of honoring or refusing to cross picket lines set up by those who are on strike; or not working due to lack of work resulting from a strike situation if employed in a managerial or supervisory position by the firm/organization whose workers are on strike.)

(a) If employment is no longer available following the thirty (30) day period, the application shall be approved if all other eligibility criteria are met. If employment still remains available at the end of the thirty (30) day period, the applicant is ineligible for as long as the employment remains available for a period of time not to exceed six (6) months.

(b) Any individual/couple fired from a job shall not be automatically precluded from participation in the program.

(2) Any single individual under age twenty-one (21) who has been claimed as a tax dependent within the past year, unless it can be substantiated that he/she will not be claimed as a tax dependent in the current year.

(3) Any individual living with both parents.

(4) Any individual or couple living with other family as defined in Section 2(5). (For example, if a man and his wife were living with his brother and the brother's wife, both couples would be ineligible.)

Section 5. Work Registration: A condition for eligibility shall be work registration unless exempt as specified below:

(1) Any individual over age sixty-five (65).

(2) Students who are enrolled at least half-time (as defined by the institution or program in which they are enrolled) in any accredited school or recognized training program. The exemption continues during regularly scheduled school vacations if attendance will be resumed immediately following such break.

(3) Disabled/incapacitated persons who are physically or mentally unable to engage in gainful employment. Recipients of the following benefits will be considered exempt under this criteria: Supplemental Security Income (SSI); or Retirement Services Disability Insurance (RSDI); or MA only as a blind or disabled individual. In addition those persons who are obviously disabled/incapacitated are exempt, e.g., accident victims in casts and/or bandages, those using wheel chairs or crutches, etc. Other persons claiming exemption due to disability/incapacity are exempt if written documentation from medical sources is provided to or made available to the department.

(4) Persons employed at least thirty (30) hours a week.

(5) Self employed persons, if the self-employment requires activity of at least thirty (30) hours per week on an annual basis. Verification of income received establishes the exemption if it appears consistent with employment of at least thirty (30) hours per week on an annual basis.

(6) Narcotic addicts or alcoholics if regularly participating in a nonresidential treatment or rehabilitation program.

Section 6. Recoupment of Payments: Any recipient who subsequently receives retroactive benefits for the same period that a COPE payment has been made shall be responsible for reimbursing the department the full benefit amount up to the amount of the COPE payment.

Section 7. Duration of Assistance: Assistance shall be

limited to one (1) period of thirty (30) consecutive days in any twelve (12) consecutive months. The secretary may waive this limitation as deemed necessary.

Section 8. Income and Resources Limitations: Income and resources of the individual or couple shall be considered in accordance with the following:

(1) All continuing earned and unearned income and non-continuing income anticipated to be received during the month of approval, shall be considered available to the applicant. Any federal, state, or local benefit which is specifically designated for a special need shall not be considered in computing gross income.

(2) An individual or couple shall be determined ineligible for assistance if monthly gross income determined in accordance with Section 8(1) exceeds $*283* [265] for the individual or $*375* [350] for the couple.

(3) Liquid assets of the individual or couple shall be considered in determining eligibility. Liquid assets include, but are not limited to, cash on hand, checking account(s), savings account(s), stocks, bonds, and certificates of deposit. Total liquid assets in excess of $500 for the individual or $750 for the couple shall result in a determination of ineligibility.

Section 9. Treatment of Income: If net income exceeds needs (see Section 2(1)(a), (b), (c) and (d)), the applicant is determined ineligible for needs payments. For any otherwise eligible individual or couple the first $*100* [130] or $*125* [160], as applicable, of net income shall be protected (disregarded) in determining benefit amounts payable under the program. Income in excess of the protected amounts shall be applied to the needs of the applicant or recipient. In no instance shall excess income reduce the payment maximum for needs.

Section 10. Cash Payment Maximum: An otherwise eligible individual or couple shall be entitled to receive such cash payment as may be necessary to bring the total net monthly income up to the respective protected income amounts specified in Section 9 ($*100* [130] for an individual or $*125* [160] for a couple).

Section 11. Needs Payment Maximums: The department shall pay reasonable amounts for food, clothing, and shelter/utilities not to exceed $*190* [160] or $*245* [210] for an individual or couple respectively, in accordance with the following:

(1) Food may be provided up to the value of one (1) month's equivalent maximum food stamp coupon allotment for the appropriate household size. *In no instance shall payment be authorized for food if the couple/individual meets food stamp eligibility requirements and the food need is the result of lack of funding by the United States Department of Agriculture to issue food stamps.*

(2) Clothing, the need for which was the direct result of a natural disaster, may be provided to an eligible individual or couple to ensure a minimum supply of basic apparel in amounts determined necessary by the department.

(3) Shelter needs may be met as necessary to obtain or retain a home or to secure temporary lodging for the destitute individual or couple. The department shall pay more than one (1) month's rent or mortgage payment only if such is determined necessary by the department.

(4) Utility needs including deposits may be met as necessary to obtain or maintain electricity, natural gas, and water. Payments for kerosene and/or bottle gas and coal may be authorized if the living situation requires it.

(5) Payments for phone service deemed medically necessary may include deposit and/or installation charges. Payments for the base rate may not exceed the rate utilized for food stamp households.

Section 12. Right to a Fair Hearing: Any applicant for or recipient of COPE has the right to request and receive a fair hearing in accordance with 904 KAR 2:055.

Section 13. Agency Determination: Any individual or couple not meeting all eligibility criteria or who do not provide sufficient information necessary to make an eligibility determination shall be found ineligible for benefits under the program. Any individual or couple found to meet all eligibility requirements shall be provided assistance in a timely manner.

Section 14. Effective Dates: The COPE program shall continue throughout each fiscal year after implementation until such time as funds allotted for the program by the legislature have been expended. In the event the Governor, or the Secretary of the Department for Human Resources, makes additional funds available for the continuation or reactivation of the COPE program, the program shall continue or be reactivated under the same terms and conditions as previously set forth.

Section 15. Payment shall not be authorized if more than thirty (30) days have elapsed from the date the agency mailed the voucher to the vendor until the date the completed voucher is either mailed or delivered to the agency.

WILLIAM L. HUFFMAN, Commissioner
ADOPTED: July 28, 1980
APPROVED: W. GRADY STUMBO, Secretary
RECEIVED BY LRC: July 30, 1980 at 11 a.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Secretary for Human Resources, DHR Building, 275 East Main Street, Frankfort, Kentucky 40621.

Proposed Regulations

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution

401 KAR 50:036. Permit and exemption fees.

RELATES TO: KRS Chapter 224
PURSUANT TO: KRS 13.082, 224.033
NECESSITY AND FUNCTION: KRS 224.033 permits the Department for Natural Resources and Environmental Protection to prescribe regulations establishing a schedule of fees for the costs of processing applications for permits authorized by KRS Chapter 224 and for exemptions or partial exemptions. This regulation defines the assessment of fees applicable to stationary air contaminant sources for issuance of permits to construct, permits to operate and exemptions. This regulation also establishes permit requirements in addition to those requirements of 401 KAR 50:035 as are necessary to implement the fee schedule established herein.

Section 1. Applicability. The provisions of this regulation shall apply to the owner or operator of each source required to have a permit by 401 KAR 50:035 except for publicly owned sources.

Section 2. Definitions. As used in this regulation, all terms not defined herein shall have the same meaning given them in 401 KAR 50:010.

(1) "Air pollution control equipment" means any mechanism, device, or contrivance used to control or prevent air pollution.

(2) "Capital cost" means the estimated monetary resources which will have to be expended to make a proposed air contaminant source operational including the cost of installation, real estate, buildings, pollution abatement equipment, and any other equipment necessary for the operation of an air contaminant source.

(3) "Category I source" means any stationary source or modification to which 401 KAR 51:015 applies.

(4) "Category II source" means any source that is not a Category I source but has an uncontrolled emission potential of 100 tons per year or more of any one (1) pollutant.

(5) "Category III source" means any source that is not a Category I or Category II source.

(6) "Publicly owned facility" means any facility owned by the state, or any political subdivision thereof, municipality, or other public entity.

(7) "Uncontrolled emission potential" means the capability at maximum capacity to emit a pollutant in the absence of air pollution control equipment. Air pollution control equipment includes control equipment which is not, aside from air pollution control laws and regulations, vital to production of the normal product of the source or to its normal operation. Annual potential shall be based on the maximum annual rated capacity of the source, unless the source is subject to enforceable permit conditions which limit the annual hours of operation. Enforceable permit conditions on the type or amount of materials combusted or processed may be used in determining the potential emission rate of a source.

Section 3. Issuance of Permits. The provisions of this regulation are in addition to the provisions of 401 KAR 50:035.

(1) Operating permits issued by the department prior to the effective date of this regulation to Category I and II sources and sources subject to Title 401, Chapter 57, shall expire as follows:

(a) Operating permits issued on or before December 31, 1971 shall expire on the anniversary of issuance during the year commencing two (2) months after the effective date of this regulation.

(b) Operating permits issued on or before December 31, 1974 but after December 31, 1971 shall expire on the anniversary of issuance during the year commencing one (1) year and two (2) months after the effective date of this regulation.

(c) Operating permits issued before the effective date of this regulation but after December 31, 1974 shall expire on the anniversary of issuance during the year commencing two (2) years and two (2) months from the effective date of this regulation.

(d) Operating permits issued to Category I and II sources and sources subject to Title 401, Chapter 57, and issued on or after the effective date of this regulation shall expire three (3) years from the permit issue date.

(2) All sources required by 401 KAR 50:035 to have compliance schedules or all sources operating under an agreed order containing a compliance schedule shall be required to have an operating permit conditioned to the terms of the compliance schedule or agreed order.

(3) The owner or operator subject to this regulation shall submit an application for a new permit at least sixty (60) days prior to the expiration date of his current permit.

Section 4. Filing Fees. (1) Any owner or operator who submits an application for a permit to construct shall include with the application a certified check or money order in the amount of the filing fee, assessed in accordance with the provisions set forth in subsection (2) of this section, payable to the Kentucky State Treasurer.

(2) Filing fee for permit to construct shall be determined by the following schedule:

Capital Cost of Proposed Construction (Millions of Dollars)	Fee
500 or more	$2,500
100 up to 500	$1,500
50 up to 100	$1,000
10 up to 50	$ 750
1 up to 10	$ 250
Less than 1	$ 50

(3) Any owner or operator who submits an application for a permit to operate or an application for an exemption shall include with the application a certified check or money order in the amount of $250.

(4) Filing fees are not refundable if a permit or exemption is denied or an application is withdrawn.

(5) Filing fees shall be applied toward the permit or exemption fee assessed in Sections 5, 6, and 8.

Section 5. Construction Permit Fees.

(1) (a) Every owner or operator who is issued a permit to construct shall be assessed a construction permit fee by the department in accordance with the provisions set forth in subsection (2) of this section.

(b) Upon making the determination that the permit can be issued, the department shall so notify the applicant and send a bill for the permit fee. The permit fee shall be paid within thirty (30) days of the billing date and shall be a certified check or money order for the indicated amount payable to the Kentucky State Treasurer. The permit shall be issued by the department upon receipt of the total amount of the permit fee. Failure by the applicant to pay the assessed permit fee on or before the due date shall result in the forfeiture of the filing fee and denial of the permit.

(2) Fees shall be determined by summing the applicable base fee in paragraph (a) of this subsection with all other applicable component fees listed in paragraph (b) of this subsection.

(a) Base fees. The base fee for each of the following category of sources shall be:

1. Category III source: $425.
2. Category II source or sources subject to Title 401, Chapter 57: $1,000.
3. Category I source: $1,800.

(b) Component fees. The component fees for each addition necessary to complete the evaluation of the permit shall be:

1. Air quality analysis: $160 each.
2. Lowest achievable emission rate (LAER) or best available control technology (BACT) determination: $200 each.
3. Public hearing: $1,425.
4. Preconstruction monitoring: $700.

Section 6. Operating Permit Fees. (1) Every owner or operator issued a permit to operate shall be assessed an operating permit fee by the department in accordance with the provisions set forth in this section. Upon making the determination that the permit will be issued, the department shall so notify the applicant and send a bill for the permit fee payable by certified check or money order to the Kentucky State Treasurer within thirty (30) days of the billing date. Failure by the applicant to pay the assessed permit fee on or before the due date shall result in the forfeiture of the filing fee and denial of the permit. The permit shall be issued by the department upon receipt of the permit fee.

(2) Operating permits and amendments to operating permits shall be issued to Category III sources as follows:

(a) Operating permits; upon the completion of initial construction;

(b) Amendments to operating permits; upon completion of reconstruction, a modification, or any alternation of an existing source; and

(c) To those sources which do not have a valid operating permit.

(3) Operating permits shall be issued to Category I and II sources and sources subject to Title 401, Chapter 57, at three (3) year intervals.

(4) Operating permit fees shall be determined by summing the base fee in paragraph (a) of this subsection with all other applicable component fees listed in paragraph (b) of this subsection.

(a) Base fees. The base fee for each of the following category of sources shall be:

1. Category III source; initial operating permit or permit following exemption expiration: $550.
2. Category III source; operating permit following a construction permit for initial construction or an amendment to an operating permit following reconstruction, modification, or alternation: $375.
3. Category I and II sources and sources subject to Title 401, Chapter 57; initial operating permit required by this section or permit following exemption expiration: $1,250.
4. Category I and II sources and sources subject to Title 401, Chapter 57; operating permit renewal or operating permit following a construction permit for initial construction or an amendment to an operating permit following reconstruction, modification, or alteration: $850.

(b) Component fees. The component fee for each addition necessary to complete the evaluation of the permit shall be:

1. Stack test or equivalent: $1,400 each.
2. Instack or ambient monitoring reporting: $1,500 each monitor.
3. Air quality analysis: $160 each.

(5) The provisions of this section shall apply with respect to fees for temporary operating permits except that:

(a) The fee as determined by subsection (4)(a) of this section shall be multiplied by the ratio of the length of time covered by the temporary operating permit to three (3) years.

(b) Operating permit fees are due in full within thirty (30) days of the billing date by the department.

Section 7. Duplicate Permit Fee. Upon application for the issuance of a duplicate permit, the duplicate permit shall be issued by the department upon receipt of a fifty dollar ($50) fee by certified check or money order payable to the Kentucky State Treasurer.

Section 8. Exemption Fees. (1) Any owner or operator granted an exemption by the department shall be assessed an exemption fee. Upon determining that the exemption can be granted, the department shall so notify the applicant and send a bill for the exemption fee. The exemption fee shall be paid within thirty (30) days of the billing date, and shall be paid by certified check or money order, payable to the Kentucky State Treasurer. Failure by the applicant to pay the exemption fee on or before the due date shall result in the forfeiture of the filing fee and denial of the exemption. The exemption shall be granted by the department upon receipt of the total amount of the exemption fee and any applicable penalties.

(2) Exemption fees shall be determined by summing the following: A base fee determined by multiplying the applicable base fee in Section 6(4)(a) by the ratio of the length of time covered by the exemption to three (3) years and all applicable component fees from Section 6(4)(b).

JACKIE SWIGART, Secretary

ADOPTED: August 14, 1980

RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.

PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT FOR NATURAL RESOURCES
AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution

401 KAR 51:016. Prevention of significant deterioration.

RELATES TO: KRS Chapter 224
PURSUANT TO: KRS 13.082, 224.033
NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement, and control of air pollution. The U.S. Environmental Protection Agency delegated the Department for Natural Resources and Environmental Protection the authority to administer the provisions of 40 CFR 52.21 relating to the prevention of significant deterioration of air quality.

Section 1. The Department for Natural Resources and Environmental Protection hereby adopts by reference 40 CFR 52.21, published in 43 FR 26403, June 19, 1978 as amended in 44 FR 27571, May 10, 1979 and 45 FR 52676, August 7, 1980.

Section 2. Copies of the above Code of Federal Regulations or Federal Registers may be obtained from the Government Printing Office, Washington, D.C. 20402.

Section 3. 401 KAR 51:015 is hereby repealed.

JACKIE SWIGART, Secretary
ADOPTED: August 14, 1980
RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.
PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT FOR NATURAL RESOURCES
AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution

401 KAR 51:051. New source review for non-attainment purposes.

RELATES TO: KRS Chapter 224
PURSUANT TO: KRS 13.082, 224.033
NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement and control of air pollution. This regulation establishes requirements for the construction, modification and reconstruction of stationary sources within areas where the ambient air quality standards have not been attained.

Section 1. The Department for Natural Resources and Environmental Protection hereby adopts by reference Appendix S of 40 CFR 51 published in 44 FR 3282, January 16, 1979 and amended in 45 FR 52741, August 7, 1980.

Section 2. The Department for Natural Resources and Environmental Protection hereby adopts by reference 40 CFR 52.24 published in 44 FR 38473, July 2, 1979 and amended in 45 FR 52746, August 7, 1980.

Section 3. Copies of the above Code of Federal Regulations or Federal Registers may be obtained from the Government Printing Office, Washington, D.C. 20402.

Section 4. 401 KAR 51:050 is hereby repealed.

JACKIE SWIGART, Secretary
ADOPTED: August 14, 1980
RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.
PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT FOR NATURAL RESOURCES
AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution

401 KAR 59:016. New electric utility steam generating units.

RELATES TO: KRS Chapter 224
PURSUANT TO: KRS 13.082, 224.033
NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement, and control of air pollution. This regulation provides for the control of emissions from new electric utility steam generating units.

Section 1. Applicability. (1) The provisions of this regulation shall apply to each affected facility commenced on or after the applicable classification date defined below.
(2) Any change to an existing fossil fuel-fired steam generating unit to accommodate the use of combustible materials other than fossil fuels shall not bring that unit under the applicability of this regulation.
(3) Any change to an existing steam generating unit orginially designed to fire gaseous or liquid fossil fuels to accommodate the use of any other fuel (fossil or non-fossil), shall not bring that unit under the applicability of this regulation.

Section 2. Definitions. As used in this regulation, all terms not defined herein shall have the meaning given them in 401 KAR 50:010.
(1) "Affected facility" means each electric utility steam generating unit that is capable of combusting more than 250 MM BTU/hr heat input of fossil fuel. For an electric utility combined cycle gas turbine the affected facility is

that part of the system that is the steam generating unit. The gas turbine is subject to 401 KAR 59:018.

(2) "Classification date" means September 19, 1978.

(3) "Steam generating unit" means any furnace, boiler, or other device used for combusting fuel for the purpose of producing steam (including fossil-fuel-fired steam generators associated with combined cycle gas turbines; nuclear steam generators are not included).

(4) "Electric utility steam generating unit" means any steam electric generating unit that is constructed for the purpose of supplying more than one-third (⅓) of its potential electric output capacity and more than twenty-five (25) megawatts (MW) electrical output to any utility power distribution system for sale. Any steam supplied to a steam distribution system for the purpose of providing steam to a steam electric generator that would produce electrical energy for sale is also considered in determining the electrical energy output capacity of the affected facility.

(5) "Fossil fuel" means natural gas, petroleum, coal, and any form of solid, liquid or gaseous fuel derived from such material for the purpose of creating useful heat.

(6) "Subbituminous coal" means coal that is classified as subbituminous A, B, or C according to ASTM D 388-66, filed by reference in 401 KAR 50:015.

(7) "Lignite" means coal that is classified as lignite A or B according to ASTM D 388-66.

(8) "Coal refuse" means waste products of coal mining, physical coal cleaning, and coal preparation operations (e.g., culm, gob, etc.) containing coal, matrix material, clay and other organic and inorganic material.

(9) "Potential combustion concentration" means the theoretical emissions (lb/MM BTU heat input) that would result from combustion of a fuel in an uncleaned state (without emission control systems) and;

(a) For particulate matter is:

1. 7.0 lb/MM BUT heat input for solid fuel; and
2. 0.17 lb/MM BTU heat input for liquid fuels.

(b) For sulfur dioxide is determined as in Section 8(2).

(c) For nitrogen oxides is:

1. 0.67 lb/MM BTU heat input for gaseous fuels;
2. 0.72 lb/MM BTU heat input for liquid fuels; and
3. 2.30 lb/MM BTU heat input for solid fuels.

(10) "Combined cycle gas turbine" means a stationary turbine combustion system where heat from the turbine exhaust gases is recovered by a steam generating unit.

(11) "Interconnected" means that two (2) or more electric generating units are electrically tied together by a network of power transmission lines, and other power transmission equipment.

(12) "Electric utility company" means the largest interconnected organization, business or governmental entity that generates electric power for sale (e.g., a holding company with operating subsidiary companies).

(13) "Principal company" means the electric utility company or companies which own the affected facility.

(14) "Neighboring company" means any one (1) of those electric utility companies with one (1) or more electric power interconnections to the principal company and which have geographically adjoining service areas.

(15) "Net system capacity" means the sum of the net electric generating capability (not necessarily equal to rated capacity) of all electric generating equipment owned by an electric utility company (including steam generating units, internal combustion engines, gas turbines, nuclear units, hydroelectric units and all other electric generating equipement) plus firm contractual purchases that are interconnected to the affected facility that has the malfunctioning flue gas desulfurization (FGD) system. The electric generating capability of equipment under multiple ownership is prorated based on ownership unless the proportional entitlement to electric output is otherwise established by contractual arrangement.

(16) "System load" means the entire electric demand of an electric utility company's service area interconnected with the affected facility that has the malfunctioning flue gas desulfurization (FGD) system plus firm contractual sales to other electric utility companies. Sales to other electric utility companies (e.g., emergency power) not on a firm contractual basis may also be included in the system load when no available system capacity exists in the electric utility company to which the power is supplied for sale.

(17) "System emergency reserves" means an amount of electric generating capacity equivalent to the rated capacity of the single largest electric generating unit in the electric utility company (inlcuding steam generating units, internal combustion engines, gas turbines, nuclear units, hydroelectric units, and all other electric generating equipment) which is interconnected with the affected facility that has the malfunctioning flue gas desulfurization (FGD) system. The electric generating capability of equipment under multiple ownership is prorated based on ownership unless the proportional entitlement to electric output is otherwise established by contractual arrangement.

(18) "Available system capacity" means the capacity determined by subtracting the system load and the system emergency reserves from the net system capacity.

(19) "Spinning reserve" means the sum of the unutilized net generating capability of all units of the electric utility company that are synchronized to the power distribution system and that are capable of immediately accepting additional load. The electric generating capability of equipment under multiple ownership is prorated based on ownership unless the proportional entitlement to electric output is otherwise established by contractual arrangement.

(20) "Available purchase power" means the lesser of the following:

(a) The sum of available system capacity in all neighboring companies;

(b) The sum of the rated capacities of the power interconnection devices between the principal company and all neighboring companies, minus the sum of the electric power load on these interconnections; or

(c) The rated capacity of the power transmission lines between the power interconnection devices and the electric generating units (the unit in the principal company that has the malfunctioning flue gas desulfurization (FGD) system and the unit in the neighboring company supplying replacement electrical power) minus the electric power load on these transmission lines.

(21) "Spare flue gas desulfurization (FGD) system module" means a separate system of sulfur dioxide emission control equipment capable of treating an amount of flue gas equal to the total amount of flue gas generated by an affected facility when operated at maximum capacity divided by the total number of nonspare flue gas desulfurization (FGD) modules in the system.

(22) "Emergency condition" means that period of time when:

(a) The electric generation output of an affected facility with a malfunctioning flue gas desulfurization (FGD) system cannot be reduced or electrical output must be increased because:

1. All available system capacity in the principal company interconnected with the affected facility is being operated; and
2. All available purchase power interconnected with the affected facility is being obtained.

(b) The electric generation demand is being shifted as quickly as possible from an affected facility with a malfunctioning flue gas desulfurization (FGD) system to one (1) or more electrical generating units held in reserve by the principal company or by a neighboring company; or

(c) An affected facility with a malfunctioning flue gas desulfurization (FGD) system becomes the only available unit to maintain a part or all of the principal company's system emergency reserves and the unit is operated in spinning reserve at the lowest practical electric generation load consistent with not causing significant physical damage to the unit. If the unit is operated at a higher load to meet load demand, an emergency condition would not exist unless the conditions under paragraph (a) of this subsection apply.

(23) "Electric utility combined cycle gas turbine" means any combined cycle gas turbine used for electric generation that is constructed for the purpose of supplying more than one-third (⅓) of its potential electric output capacity and more than twenty-five (25) megawatts (MW) electrical output to any utility power distribution system for sale. Any steam distribution system that is constructed for the purpose of providing steam to a steam electric generator that would produce electrical power for sale is also considered in determining the electrical energy output capacity of the affected facility.

(24) "Potential electrical output capacity" means thirty-three (33) percent of the maximum design heat input capacity of the steam generating unit (e.g., a steam generating unit with a 100 MW or 340 MM BTU/hr fossil-fuel heat input capacity would have a thirty-three (33) MW potential electrical output capacity). For electric utility combined cycle gas turbines the potential electrical output capacity is determined on the basis of the fossil-fuel firing capacity of the steam generator exclusive of the heat input and electrical power contribution by the gas turbine.

(25) "Anthracite" means coal that is classified as anthracite according to ASTM D 388-66.

(26) "Solid-derived fuel" means any solid, liquid or gaseous fuel derived from solid fuel for the purpose of creating useful heat and includes, but is not limited to, solvent refined coal, liquified coal and gasified coal.

(27) "Twenty-four (24) hour period" means the period of time between 12:01 a.m. and 12:00 midnight.

(28) "Resource recovery unit" means a facility that combusts more than seventy-five (75) percent non-fossil fuel on a quarterly (calendar) heat input basis.

(29) "Boiler operating day" means a twenty-four (24) hour period during which fossil fuel is combusted in a steam generting unit for the entire twenty-four (24) hours.

(30) "MW" means megawatts.

(31) "FGD" means flue gas desulfurization.

Section 3. Standard for Particulate Matter. (1) On and after the date on which the performance test required to be conducted by 401 KAR 50:045 is completed, no owner or operator subject to the provisions of this regulation shall cause to be discharged into the atmosphere from any affected facility any gases which contain particulate matter in excess of:

(a) 0.03 lb/MM BTU heat input derived from the combustion of solid, liquid or gaseous fuel;

(b) One (1) percent of the potential combustion concentration (ninety-nine (99) percent reduction) when combusting solid fuel; and

(c) Thirty (30) percent of potential combustion concentration (seventy (70) percent reduction) when combusting liquid fuel.

(2) On and after the date the particulate matter performance test required to be conducted by 401 KAR 50:045 is completed, no owner or opertor subject to the provisions of this regulation shall cause to be discharged into the atmosphere from any affected facility any gases which exhibit greater than twenty (20) percent opacity (six (6) minute average), except for one (1) six (6) minute period per hour of not more than twenty-seven (27) percent opacity.

Section 4. Standard for Sulfur Dioxide. (1) On and after the date on which the initial performance test required to be conducted by 401 KAR 50:045 is completed, no owner or operator subject to the provisions of this regulation shall cause to be discharged into the atmosphere from any affected facility which combusts solid fuel or solid-derived fuel, except as provided in subsections (3), (4), (5) or (7) of this section, any gases which contain sulfur dioxide in excess of:

(a) 1.20 lb/MM BTU heat input and ten (10) percent of the potential combustion concentration (ninety (90) percent reduction); or

(b) Thirty (30) percent of the potential combustion concentration (seventy (70) percent reduction), when emissions are less than 0.60 lb/MM BTU heat input.

(2) On and after the date on which the initial performance test required to be conducted by 401 KAR 50:045 is completed, no owner or operator subject to the provisions of this regulation shall cause to be discharged into the atmosphere from any affected facility which combusts liquid or gaseous fuels (except for liquid or gaseous fuels derived from solid fuels and as provided under subsection (7) of this section), any gases which contain sulfur dioxide in excess of:

(a) 0.80 lb/MM BTU heat input and ten (10) percent of the potential combustion concentration (ninety (90) percent reduction); or

(b) 100 percent of the potential combustion concentration (zero percent reduction) when emissions are less than 0.20 lb/MM BTU heat input.

(3) On and after the date on which the initial performance test required to be conducted by 401 KAR 50:045 is completed, no owner or operator subject to the provisions of this regulation shall cause to be discharged into the atmosphere from any affected facility which combusts solid solvent refined coal (SRC-I) any gases which contain sulfur dioxide in excess of 1.20 lb/MM BTU heat input and fifteen (15) percent of the potential combustion concentration (eighty-five (85) percent reduction) except as provided by subsection (5) of this section. Compliance with the emission limitation is determined on a thirty (30) day rolling average basis and compliance with the percent reduction requirement is determined on a twenty-four (24) hour basis.

(4) Sulfur dioxide emissions are limited to 1.20 lb/MM BTU heat input from any affected facility which combusts 100 percent anthracite or is classified as a resource recovery facility.

(5) The emission reduction requirements under this section do not apply to any affected facility that is operated under an SO_2 commercial demonstration permit issued by the U.S. EPA.

(6) Compliance with the emission limitation and percent reduction requirements under this section are both determined on a thirty (30) day rolling average basis except as provided under subsection (3) of this section.

(7) When different fuels are combusted simultaneously, the applicable standard is determined by proration using

the appropriate formula given in Appendix A of this regulation.

Section 5. Standard for Nitrogen Oxides. (1) On and after the date on which the initial performance test required to be conducted by 401 KAR 50:045 is completed, no owner or operator subject to the provisions of this regulation shall cause to be discharged into the atmosphere from any affected facility, except as provided under subsection (3) of this section, any gases which contain nitrogen oxides in excess of the following emission limits, based on a thirty (30) day rolling average.

(a) For coal-derived gaseous fuels: 0.5 lb/MM BTU heat input; for all other gaseous fuels: 0.2 lb/MM BTU heat input.

(b) For coal-derived liquid fuels: 0.5 lb/MM BTU heat input; for shale oil: 0.5 lb/MM BTU heat input; for all other liquid fuels: 0.3 lb/MM BTU heat input.

(c) For coal-derived solid fuels and for subbituminous coal: 0.5 lb/MM BTU heat input; for lignite not subject to the 0.8 lb/MM BTU heat input emission limit, for bituminous coal, for anthracite coal and for all other solid fuels: 0.6 lb/MM BTU heat input. Any fuel containing more than twenty-five (25) percent by weight coal refuse is exempt from NO_x standards and from NO_x monitoring requirements.

(d) For any fuel containing more than twenty-five (25) percent by weight lignite, if the lignite is mined in North Dakota, South Dakota or Montana, and is combusted in a slag tap furnace: 0.8 lb/MM BTU heat input.

(2) The NO_x reduction requirements are as follows:

(a) For gaseous fuels: twenty-five (25) percent reduction of potential combustion concentration.

(b) For liquid fuels: thirty (30) percent reduction of potential combustion concentration.

(c) For solid fuels: sixty-five (65) percent reduction of potential combustion concentration.

(3) The emission limitations under subsection (1) of this section do not apply to any affected facility which is combusting coal-derived liquid fuel and is operating under a commercial demonstration permit issued by the U.S. EPA.

(4) When two (2) or more fuels are combusted simultaneously, the applicable standard is determined by proration using the formula in Appendix B of this regulation.

Section 6. Compliance Provisions. (1) Compliance with the particulate matter emission limitation under Section 3(1)(a) constitutes compliance with the percent reduction requirements for particulate matter under Section 3(1)(b) and (c).

(2) Compliance with the nitrogen oxides emission limitation under Section 5(1) constitutes compliance with the percent reduction requirements under Section 5(2).

(3) The particulate matter emission standards under Section 3 and the nitrogen oxides emission standards under Section 5 apply at all times except during periods of startup, shutdown, or malfunction. The sulfur dioxide emission standards under Section 4 apply at all times except during periods of startup, shutdown, or when both emergency conditions exist and the procedures under subsection (4) of this section are implemented.

(4) During emergency conditions in the principal company, an affected facility with a malfunctioning FGD system may be operated if sulfur dioxide emissions are minimized by:

(a) Operating all operable FGD system modules, and bringing back into operation any malfunctioned module as soon as repairs are completed;

(b) Bypassing flue gases around only those FGD system modules that have been taken out of operation because they were incapable of any sulfur dioxide emission reductions or which would have suffered significant physical damage if they had remained in operation; and

(c) Designing, constructing, and operating a spare FGD system module for an affected facility larger than 365 MW (1,250 MM BTU/hr) heat input (approximately 125 MW electrical output capacity). The department may require the owner or operator within sixty (60) days of notification to demonstrate spare module capability. To demonstrate this capability, the owner or operator must demonstrate compliance with the appropriate requirements of Section 4(1), (2) and (4), for any period of operation lasting from twenty-four (24) hours to thirty (30) days when:

1. Any one (1) FGD module is not operated;
2. The affected facility is operating at the maximum heat input rate;
3. The fuel fired during the twenty-four (24) hour to thirty (30) day period is representative of the type and average sulfur content of fuel used over the typical thirty (30) day period; and
4. The owner or operator has given the department at least thirty (30) days notice of the date and period of time over which the demonstration will be performed.

(5) After the initial performance test required by 401 KAR 50:045, compliance with the sulfur dioxide emission limitations and percentage reduction requirements under Section 4 and the nitrogen oxides emission limitations under Section 5 is based on the average emission rate for thirty (30) successive boiler operating days. A separate performance test is completed at the end of each boiler operating day after the initial performance test, and a new thirty (30) day average emission rate for both sulfur dioxide and nitrogen oxides and a new percent reduction for sulfur dioxide are calculated to show compliance with the standards.

(6) For the initial performance test required by 401 KAR 50:045 compliance with the sulfur dioxide emission limitations and percent reduction requirements under Section 4 and the nitrogen oxides emission limitation under Section 5 is based on the average emission rates for sulfur dioxide, nitrogen oxides, and percent reduction for sulfur dioxide for the first thirty (30) successive boiler operating days. The initial performance test is the only test in which at least thirty (30) days prior notice is required unless otherwise specified by the department. The initial performance test is to be scheduled so that the first boiler operating day of the thirty (30) successive boiler operating days is completed within sixty (60) days after achieving the maximum production rate at which the affected facility will be operated, but not later than 180 days after initial startup of the facility.

(7) Compliance is determined by calculating the arithmetic average of all hourly emission rates for SO_2 and NO_x for the thirty (30) successive boiler operating days, except for data obtained during startup, shutdown, malfunction (NO_x only), or emergency conditions (SO_2 only). Compliance with the percentage reduction requirement for SO_2 is determined based on the average inlet and average outlet SO_2 emission rates for the thirty (30) successive boiler operating days.

(8) If an owner or operator has not obtained the minimum quantity of emission data as required under Section 7, compliance of the affected facility with the emission

requirements under Sections 4 and 5 for the day on which the thirty (30) day period ends may be determined by the department by following the applicable procedures in Sections 6.0 and 7.0 of Reference Method 19, filed by reference in 401 KAR 50:015.

Section 7. Emission Monitoring. (1) The owner or operator of an affected facility shall install, calibrate, maintain, and operate a continuous monitoring system, and record the output of the system for measuring the opacity of emissions discharged to the atmosphere, except where gaseous fuel is the only fuel combusted. If opacity interference due to water droplets exists in the stack (for example, from the use of a FGD system), the opacity is monitored upstream of the interference (at the inlet to the FGD system). If opacity interference is experienced at all locations (both at the inlet and outlet of the suflur dioxide control system), alternate parameters indicative of the particulate matter control system's performance shall be monitored, subject to the approval of the department.

(2) The owner or operator of an affected facility shall install, calibrate, maintain, and operate a continuous monitoring system, and record the output of the system for measuring sulfur dioxide emissions, except where natural gas is the only fuel combusted as follows:

(a) Sulfur dioxide emissions are monitored at both the inlet and outlet of the sulfur dioxide control device.

(b) For a facility which qualifies under the provisions of Section 4(4), sulfur dioxide emissions are only monitored as discharged to the atmosphere.

(c) An "as fired" fuel monitoring system (upstream of coal pulverizers) meeting the requirements of Reference Method 19 may be used to determine potential sulfur dioxide emissions in place of a continuous sulfur dioxide emission monitor at the inlet to the sulfur dioxide control device as required under paragraph (a) of this subsection.

(3) The owner or operator of an affected facility shall install, calibrate, maintain, and operate a continuous monitoring system, and record the output of the system for measuring nitrogen oxides emissions discharged to the atmosphere.

(4) The owner or operator of an affected facility shall install, calibrate, maintain, and operate a continuous monitoring system, and record the output of the system for measuring the oxygen or carbon dioxide content of the flue gases at each location where sulfur dioxide or nitrogen oxides emissions are monitored.

(5) The continuous monitoring systems under subsections (2) to (4) of this section shall be operated and data shall be recorded during all periods of operation of the affected facility including periods of startup, shutdown, malfunction or emergency conditions, except for continuous monitoring system breakdowns, repairs, calibration checks, and zero and span adjustments.

(6) When emission data are not obtained because of continuous monitoring system breakdowns, repairs, calibration checks and zero span adjustments, emission data will be obtained by using other monitoring systems as approved by the department or the reference methods as described in subsection (8) of this section to provide emission data for a minimum of eighteen (18) hours in at least twenty-two (22) out of thirty (30) successive boiler operating days.

(7) The one (1) hour averages required by 401 KAR 59:005, Section 4 are expressed in lbs/MM BTU heat input and are used to calculate the average emission rates under Section 6. The one (1) hour averages are calculated using the data points required by 401 KAR 59:005, Section 4. At least two (2) data points must be used to calculate the one (1) hour averages.

(8) Reference methods filed by reference in 401 KAR 50:015 used to supplement continuous monitoring system data to meet the minimum data requirements in subsection (6) of this section will be used as specified below or otherwise approved by the department.

(a) Reference Methods 3, 6, and 7 shall be used as applicable. The sampling location is the same as that used for the continuous monitoring system.

(b) For Method 6 the minimum sampling time is twenty (20) minutes and the minimum sampling volume is 0.02 dscm (0.71 dscf) for each sample. Samples are taken at approximately sixty (60) minute intervals. Each sample represents a one (1) hour average.

(c) For Method 7, samples are taken at approximately thirty (30) minute intervals. The arithmetic average of these two (2) consecutive samples represent a one (1) hour average.

(d) For Method 3, the oxygen or carbon dioxide sample is to be taken for each hour when continuous SO_2 and NO_x data are taken or when Methods 6 and 7 are required. Each sample shall be taken for a minimum of thirty (30) minutes in each hour using the intergrated bag method specified in Method 3. Each sample represents a one (1) hour average.

(e) For each one (1) hour average, the emissions expressed in lb/MM BTU heat input are determined and used as needed to achieve the minimum data requirements of subsection (6) of this section.

(9) The following procedures are used to conduct monitoring system performance evaluations and calibration checks required by 401 KAR 59:005, Section 4.

(a) Reference Method 6 or 7, as applicable, is used for conducting performance evaluations of sulfur dioxide and nitrogen oxides continuous monitoring systems.

(b) Sulfur dioxide or nitrogen oxides, as applicable, is used for preparing calibration gas mixtures under Performance Specification 2 of Appendix B to 40 CFR 60.

(c) For affected facilities burning only fossil fuel, the span value for a continuous monitoring system for measuring opacity is between sixty (60) and eighty (80) percent and for a continuous monitoring system measuring nitrogen oxides is determined using the formula given in Appendix C of this regulation.

(d) All span values computed under subsection (2)(c) of this section for burning combinations of fossil fuels are rounded to the nearest 500 ppm.

(e) For affected facilities burning fossil fuel, alone or in combination with non-fossil fuel, the span value of the sulfur dioxide continuous monitoring system at the inlet to the sulfur dioxide control device is 125 percent of the maximum estimated hourly potential emissions of the fuel fired, and the outlet of the sulfur dioxide control device is fifty (50) percent of maximum estimated hourly potential emissions of the fuel fired.

Section 8. Compliance Determination Procedures and Methods. (1) The following procedures and reference methods are used to determine compliance with the standards for particulate matter under Section 3.

(a) Method 3 is used for gas analysis when applying Method 5 or Method 17.

(b) Method 5 is used for determining particulate matter emissions and associated moisture content. Method 17 may be used for stack gas temperatures less than 160°C (320°F).

(c) For Methods 5 or 17. Method 1 is used to select the sampling site and the number of traverse sampling points. The sampling time for each run is at least 120 minutes and the minimum sampling volume is 1.7 dscm (sixty (60) dscf) except that smaller sampling times or volumes, when

necessitated by process variables or other factors, may be approved by the department.

(d) For Method 5, the probe and filter holder heating system in the sampling train is set to provide a gas temperature no greater than 160°C (320°F).

(e) For determination of particulate emissions, the oxygen or carbon dioxide sample is obtained simultaneously with each run of Methods 5 or 17 by traversing the duct at the same sampling location. Method 1 is used for selection of the number of traverse points except that no more than twelve (12) sample points are required.

(f) For each run using Methods 5 or 17, the emission rate expressed in ng/J heat input is determined using the oxygen or carbon dioxide measurements and particulate matter measurements obtained under this section, the dry basis F_c factor and the dry basis emission rate calculation procedure contained in Method 19.

(g) Prior to the department's issuance of a particulate matter reference method that does not experience sulfuric acid mist interference problems, particulate matter emissions may be sampled prior to a wet FGD system.

(2) The following procedures and methods are used to determine compliance with the sulfur dioxide standards under Section 4.

(a) Determine the percent of potential combustion concentration (percent PCC) emitted to the atmosphere as follows:

1. Fuel pretreatment ($\%R_f$): Determine the percent reduction achieved by any fuel pretreatment using the procedures in Method 19. Calculate the average percent reduction for fuel pretreatment on a quarterly basis using fuel analysis data. The determination of $\%R_f$ to calculate the percent of potential combustion concentration emitted to the atmosphere is optional. For purposes of determining compliance with any percent reduction requirements under Section 4, any reduction in potential SO_2 emissions resulting from the following processes may be credited: fuel pretreatment (physical coal cleaning, hydrodesulfurization of fuel oil, etc), coal pulverization, and bottom and flyash interactions.

2. Sulfur dioxide control system ($\%R_g$). Determine the percent sulfur dioxide reduction achieved by any sulfur dioxide control system using emission rates measured before and after the control system following the procedures in Method 19; or, a combination of an "as fired" fuel monitor and emission rates measured after the control system following the procedures in Method 19. When the "as fired" fuel monitor is used, the percent reduction is calculated using the average emission rate from the sulfur dioxide control device and the average SO_2 input rate from the "as fired" fuel analysis for thirty (30) successive boiler operating days.

3. Overall percent reduction ($\%R_o$): Determine the overall percent reduction using the results obtained in subparagraph 1. and 2. of this paragraph following the procedures in Method 19. Results are calculated for each thirty (30) day period using the quarterly average percent sulfur reduction determined for fuel pretreatment from the previous quarter and the sulfur dioxide reduction achieved by a sulfur dioxide control system for each thirty (30) day period in the current quarter.

4. Percent emitted (% PCC): Calculate the percent of potential combustion concentration emitted to the atmosphere using the following equation: Percent PCC = 100 - Percent R_o.

(b) Determine the sulfur dioxide emission rates following the procedures in Method 19.

(3) The procedures and methods outlined in Method 19 are used in conjunction with the thirty (30) day nitrogen oxides emission data collected under Section 7 to determine compliance with the applicable nitrogen oxides standard under Section 5.

(4) Electric utility combined cycle gas turbines shall be performance tested for particulate matter, sulfur dioxide, and nitrogen oxides using the procedures of Method 19. The sulfur dioxide and nitrogen oxides emission rates from the gas turbine used in Method 19 calculations are determined when the gas turbine is performance tested under 401 KAR 59:018. The potential uncontrolled particulate matter emission rate from a gas turbine is defined as 0.04 lb/MM BTU heat input.

Section 9. Reporting Requirements. (1) For sulfur dioxide, nitrogen oxides, and particulate matter emissions, the performance test data from the initial performance test and from the performance evaluation of the continuous monitors, including the transmissometer, are submitted to the department.

(2) For sulfur dioxide and nitrogen oxides the following information shall be reported to the department for each twenty-four (24) hour period.

(a) Calendar date.

(b) The average sulfur dioxide and nitrogen oxide emission rates, (lb/MM BTU) for each thirty (30) successive boiler operating days, ending with the last thirty (30) day period in the quarter; reasons for non-compliance with the emission standards; and description of corrective actions taken.

(c) Percent reduction of the potential combustion concentration of sulfur dioxide for each thirty (30) successive boiler operating days, ending with the last thirty (30) day period in the quarter; reasons for non-compliance with the standard; and description of corrective actions taken.

(d) Identification of the boiler operating days for which pollutant or dilutent data have not been obtained by an approved method for at least eighteen (18) hours of operation of the facility; justification for not obtaining sufficient data; and description of corrective actions taken.

(e) Identification of the times when emissions data have been excluded from the calculation of average emission rates because of startup, shutdown, malfunction (NO_x only), emergency conditions (SO_2 only), or other reasons, and justification for excluding data for reasons other than startup, shutdown, malfunction, or emergency conditions.

(f) Identification of "F" factor used for calculations, method of determination, and type of fuel combusted.

(g) Identification of times when hourly averages have been obtained based on manual sampling methods.

(h) Identification of the times when the pollutant concentration exceeded full span of the continuous monitoring system.

(i) Description of any modifications to the continuous monitoring system which could affect the ability of the continuous monitoring system to comply with Performance Specifications 2 or 3.

(3) If the minimum quantity of emission data as required by Section 7 is not obtained for any thirty (30) successive boiler operating days, the following information obtained under the requirements of Section 6(8) is reported to the department for that thirty (30) day period:

(a) The number of hourly averages available for outlet emission rates and inlet emission rates as applicable.

(b) The standard deviation of hourly averages for outlet emission rates and inlet emission rates as applicable.

(c) The lower confidence limit for the mean outlet emis-

sion rate and the upper confidence limit for the mean inlet emission rate as applicable.

(d) The applicable potential combustion concentration.

(e) The ratio of the upper confidence limit for the mean outlet emission rate and the allowable emission rate as applicable.

(4) If any standards under Section 4 are exceeded during emergency conditions because of control system malfunction, the owner or operator of the affected facility shall submit a signed statement:

(a) Indicating that emergency conditions existed and requirements under Section 6(4) were met during each period, and

(b) Listing the following information:

1. Time periods the emergency condition existed;
2. Electrical output and demand on the owner or operator's electric utility system and the affected facility;
3. Amount of power purchased from interconnected neighboring utility companies during the emergency period;
4. Percent reduction in emissions achieved;
5. Atmospheric emission rate (lb/MM BTU) of the pollutant discharged; and
6. Actions taken to correct control system malfunction.

(5) If fuel pretreatment credit toward the sulfur dioxide emission standard under Section 4 is claimed, the owner or operator of the affected facility shall submit a signed statement:

(a) Indicating what percentage cleaning credit was taken for the calendar quarter, and whether the credit was determined in accordance with the provisions of Section 8 and Method 19; and

(b) Listing the quantity, heat content, and date each pretreated fuel shipment was received during the previous quarter, the name and location of the fuel pretreatment facility, and the total quantity and total heat content of all fuels received at the affected facility during the previous quarter.

(6) For any periods for which opacity, sulfur dioxide or nitrogen oxides emissions data are not available, the owner or operator of the affected facility shall submit a signed statement indicating if any changes were made in operation of the emission control system during the period of data unavailability. Operations of the control system and affected facility during periods of data unavailability are to be compared with operation of the control system and affected facility before and following the period of data unavailability.

(7) The owner or operator of the affected facility shall submit a signed statement indicating whether:

(a) The required continuous monitoring system calibration, span, and drift checks or other periodic audits have or have not been performed as specified.

(b) The data used to show compliance were or were not obtained in accordance with approved methods and procedures of this part and are representative of plant performance.

(c) The minimum data requirements have or have not been met; or, the minimum data requirements have not been met for errors that were unavoidable.

(d) Compliance with the standards has or has not been achieved during the reporting period.

(8) For the purposes of the reports required under 401 KAR 59:005, Section 4, periods of excess emissions are defined as all six (6) minute periods during which the average opacity exceeds the applicable opacity standards under Section 3(2). Opacity levels in excess of the applicable opacity standard and the date of such excesses are to be submitted to the department each calendar quarter.

(9) The owner or operator of an affected facility shall submit the written reports required under this section and 401 KAR 59:005 to the department for every calendar quarter. All quarterly reports shall be postmarked by the thirtieth (30th) day following the end of each calendar quarter.

APPENDIX A TO 401 KAR 59:016

DETERMINATION OF ALLOWABLE SULFUR DIOXIDE EMISSIONS

If emissions of sulfur dioxide to the atmosphere are greater than 0.60 lb/MM BTU heat input:

$$E_{SO_2} = (.80x + 1.2y)/100$$

and

$$P_{SO_2} = 10 \text{ percent}$$

If emissions of sulfur dioxide to the atmosphere are less than or equal to 0.60 lb/MM BTU heat input:

$$E_{SO_2} = (.80x + 1.2y)/100$$

and

$$P_{SO_2} = (90x + 70y)/100$$

Where:

E_{SO_2} is the prorated sulfur dioxide emission limit lb/MM BTU heat input;

P_{SO_2} is the percentage of potential sulfur dioxide emission allowed (percent reduction required = $100\text{-}P_{SO_2}$);

x is the percentage of total heat input derived from the combustion of liquid or gaseous fuels (excluding solid-derived fuels);

y is the percentage of total heat input derived from the combustion of solid fuel (including solid-derived fuels).

APPENDIX B TO 401 KAR 59:016

DETERMINATION OF ALLOWABLE NITROGEN OXIDES EMISSIONS

$$E_{NO_2} = (.20w + .30x + .50y + .60z)/100$$

Where:

E_{NO_2} is the applicable standard for nitrogen oxides when multiple fuels are combusted simultaneously (lb/MM BTU heat input);

w is the percentage of total heat input derived from the combustion of fuels subject to .20 lb/MM BTU heat input standard;

x is the percentage of total heat input derived from the

combustion of fuels subject to the .30 lb/MM BTU heat input standard;

y is the percentage of total heat input derived from the combustion of fuels subject to the .50 lb/MM BTU input standard; and

z is the percentage of total heat input derived from the combustion of fuels subject to the .60 lb/MM BTU heat input standard.

APPENDIX C TO 401 KAR 59:016

DETERMINATION OF SPAN VALUE FOR NITROGEN OXIDES
(in parts per million)

Fossil Fuel	Span Value for Nitrogen Oxides
Gas	500
Liquid	500
Solid	1,000
Combination	500 (x + y) + 1,000(z)

Where:
x = the fraction of total heat input derived from gaseous fossil fuel;
y = the fraction of total heat input derived from liquid fossil fuel; and
z = the fraction of total heat input derived from solid fossil fuel.

JACKIE SWIGART, Secretary
ADOPTED: August 14, 1980
RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.
PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Protection
Division of Air Pollution

401 KAR 59:018. New stationary gas turbines.

RELATES TO: KRS Chapter 224
PURSUANT TO: KRS 13.082, 224.033
NECESSITY AND FUNCTION: KRS 224.033 requires the Department for Natural Resources and Environmental Protection to prescribe regulations for the prevention, abatement, and control of air pollution. This regulation provides for the control of emissions from new stationary gas turbines.

Section 1. Applicability. The provisions of this regulation are applicable to the following affected facilities: all stationary gas turbines with a heat input at peak load equal to or greater than 10.7 gigajoules per hour, (ten (10) million BTU/hr) based on the lower heating value of the fuel fired, which commenced on or after the classification date defined below.

Section 2. Definitions. As used in this regulation, all terms not defined herein shall have the meaning given them in 401 KAR 50:010.
(1) "Stationary gas turbine" means any simple cycle gas turbine, regenerative cycle gas turbine or any gas turbine portion of a combined cycle steam/electric generating system that is not self propelled. It may, however, be mounted on a vehicle for portability.
(2) "Simple cycle gas turbine" means any stationary gas turbine which does not recover heat from the gas turbine exhaust gases to preheat the inlet combustion air to the gas turbine, or which does not recover heat from the gas turbine exhaust gases to heat water or generate steam.
(3) "Regenerative cycle gas turbine" means any stationary gas turbine which recovers heat from the gas turbine exhaust gases to preheat the inlet combustion air to the gas turbine.
(4) "Combined cycle gas turbine" means any stationary gas turbine which recovers heat from the gas turbine exhaust gases to heat water or generate steam.
(5) "Emergency gas turbine" means any stationary gas turbine which operates as a mechanical or electrical power source only when the primary power source for a facility has been rendered inoperable by an emergency situation.
(6) "Ice fog" means an atmospheric suspension of highly reflective ice crystals.
(7) "ISO standard day conditions" means 288 degrees Kelvin, sixty (60) percent relative humidity and 101.3 kilopascals pressure.
(8) "Efficiency" means the gas turbine manufacturer's rated heat rate at peak load in terms of heat input per unit of power output based on the lower heating value of the fuel.
(9) "Peak load" means 100 percent of the manufacturer's design capacity of the gas turbine at ISO standard day conditions.
(10) "Base load" means the load level at which a gas turbine is normally operated.
(11) "Fire-fighting turbine" means any stationary gas turbine that is used solely to pump water for extinguishing fires.
(12) "Turbines employed in oil/gas production or oil/gas transportation" means any stationary gas turbine used to provide power to extract crude oil/natural gas from the earth or to move crude oil/natural gas, or products refined from these substances through pipelines.
(13) "Metropolitan statistical area" (MSA) means any area defined as such by the U.S. Department of Commerce.
(14) "Offshore platform gas turbines" means any stationary gas turbine located on a platform in an ocean.
(15) "Garrison facility" means any permanent military installation.
(16) "Gas turbine model" means a group of gas turbines having the same nominal air flow, combustor inlet pressure, combustor inlet temperature, firing temperature, turbine inlet temperature and turbine inlet pressure.

Section 3. Standard for Nitrogen Oxides. (1) On and after the date on which the performance test required to be conducted by 401 KAR 50:045 is completed, every owner or operator subject to the provisions of this regulation shall comply with one (1) of the following as specified in

subsections (2) to (4) of this section, except as provided in subsections (5) to (9) of this section.

(a) No owner or operator subject to the provisions of this regulation shall cause to be discharged into the atmosphere from any stationary gas turbine, any gases which contain nitrogen oxides in excess of the standard set forth in the formula in Appendix A of this regulation.

(b) No owner or operator subject to the provisions of this regulation shall cause to be discharged into the atmosphere from any stationary gas turbine, any gases which contain nitrogen oxides in excess of the standard set forth in Appendix B of this regulation.

(c) F shall be defined according to the nitrogen content of the fuel as set forth in the table in Appendix C of this regulation, or manufacturers may develop custom fuel-bound nitrogen allowances for each gas turbine model they manufacture. These fuel-bound nitrogen allowances shall be substantiated with data and must be approved for use by the department before the initial performance test required by 401 KAR 50:045.

(2) Stationary gas turbines with a heat input at peak load greater than 107.2 gigajoules per hour (100 million BTU/hr) based on the lower heating value of the fuel fired except as provided in subsection (4) of this section shall comply with the provisions of subsection (1)(a) of this section.

(3) Stationary gas turbines with a heat input at peak load equal to or greater than 10.7 gigajoules per hour (ten (10) million BTU/hr) but less than or equal to 107.2 gigajoules per hour (100 million BTU/hr) based on the lower heating value of the fuel fired, shall comply with the provisions of subsection (1)(b) of this section.

(4) Stationary gas turbines employed in oil/gas production or oil/gas transportation and not located in MSAs, and offshore platform turbines shall comply with the provisions of subsection (1)(b) of this section.

(5) Stationary gas turbines with a heat input at peak load equal to or greater than 10.7 gigajoules per hour (ten (10) million BTU/hr) but less than or equal to 107.2 gigajoules per hour (100 million BTU/hr) based on the lower heating value of the fuel fired and that have commenced construction prior to October 3, 1982 are exempt from subsection (1) of this section.

(6) Stationary gas turbines using water or steam injection for control of NO_x emissions are exempt from subsection (1) of this section when ice fog is deemed a traffic hazard by the owner or operator of the gas turbine.

(7) Emergency gas turbines, military gas turbines for use in other than a garrison facility, military gas turbines installed for use as military training facilities, and fire fighting gas turbines are exempt from subsection (1) of this section.

(8) Stationary gas turbines engaged by manufacturers in research and development of equipment for both gas turbine emission control techniques and gas turbine efficiency improvements are exempt from subsection (1) of this section on a case-by-case basis as determined by the department.

(9) Exemptions from the requirements of subsection (1) of this section will be granted on a case-by-case basis as determined by the department in specific geographical areas where mandatory water restrictions are required by governmental agencies because of drought conditions. These exemptions will be allowed only while the mandatory water restrictions are in effect.

Section 4. Standard for Sulfur Dioxide. On and after the date on which the performance test required to be conducted by 401 KAR 50:045 is completed, every owner or operator subject to the provisions of this regulation shall comply with one (1) of the following conditions:

(1) No owner or operator subject to the provisions of this regulation shall cause to be discharged into the atmosphere from any stationary gas turbine any gases which contain sulfur dioxide in excess of 0.015 percent by volume at fifteen (15) percent oxygen and on a dry basis; or

(2) No owner or operator subject to the provisions of this regulation shall burn in any stationary gas turbine any fuel which contains sulfur in excess of 0.8 percent by weight.

Section 5. Monitoring of Operations. (1) The owner or operator of any stationary gas turbine subject to the provisions of this regulation and using water injection to control NO_x emissions shall install and operate a continuous monitoring system to monitor and record the fuel consumption and the ratio of water to fuel being fired in the turbine. This system shall be accurate to within plus or minus five (5) percent and shall be approved by the department.

(2) The owner or operator of any stationary gas turbine subject to the provisions of this regulation shall monitor sulfur content and nitrogen content of the fuel being fired in the turbine. The frequency of determination of these values shall be as follows:

(a) If the turbine is supplied its fuel from a bulk storage tank, the values shall be determined on each occasion that fuel is transferred to the storage tank from any other source.

(b) If the turbine is supplied its fuel without intermediate bulk storage the values shall be determined and recorded daily. Owners, operators or fuel vendors may develop custom schedules for determination of the values based on the design and operation of the affected facility and the characteristics of the fuel supply. These custom schedules shall be substantiated with data and must be approved by the department before they can be used to comply with this subsection.

(3) For the purpose of reports required under 401 KAR 59:005, Section 3, periods of excess emissions that shall be reported are defined as follows:

(a) Nitrogen oxides. Any one (1) hour period during which the average water-to-fuel ratio, as measured by the continuous monitoring system, falls below the water-to-fuel ratio determined to demonstrate compliance with Section 3 by the performance test required in 401 KAR 50:045 or any period during which the fuel-bound nitrogen of the fuel is greater than the maximum nitrogen content allowed by the fuel-bound nitrogen allowance used during the performance test required in 401 KAR 50:045. Each report shall include the average water-to-fuel ratio, average fuel consumption, ambient conditions, gas turbine load, and nitrogen content of the fuel during the period of excess emissions, and the graphs or figures developed under Section 6(1).

(b) Sulfur dioxide. Any daily period during which the sulfur content of the fuel being fired in the gas turbine exceeds 0.8 percent.

(c) Ice fog. Each period during which an exemption provided in Section 3(7) is in effect shall be reported in writing to the department quarterly. For each period the ambient conditions existing during the period, the date and time the air pollution control system was deactiviated, and the date and time the air pollution control system was reactiviated shall be reported. All quarterly reports shall be postmarked by the thirtieth (30th) day following the end of each calendar quarter.

Section 6. Test Methods and Procedures. (1) The reference methods in Appendix A of 40 CFR 60, filed by reference in 401 KAR 50:015, except as provided for in 401 KAR 50:045, shall be used to determine compliance with the standards prescribed in Section 3 as follows:

(a) Reference Method 20 for the concentration of nitrogen oxides and oxygen. For affected facilities in this regulation, the span value shall be 300 parts per million of nitrogen oxides.

1. The nitrogen oxide emission level measured by Reference Method 20 shall be adjusted to ISO standard day conditions by the ambient condition correction factor in Appendix D of this regulation. The adjusted NO_x emission level shall be used to determine compliance with Section 3.

2. Manufacturers may develop custom ambient condition correction factors for each gas turbine model they manufacture in terms of combustor inlet pressure, ambient air pressure, ambient air humidity and ambient air temperature to adjust the nitrogen oxides emission level measured by the performance test as provided for in 401 KAR 50:045 to ISO standard day conditions. These ambient condition correction factors shall be substantiated with data and must be approved for use by the department before the initial performance test required by 401 KAR 50:045.

3. The water-to-fuel ratio necessary to comply with Section 3 will be determined during the initial performance test by measuring NO_x emissions using Reference Method 20 and the water-to-fuel ratio necessary to comply with Section 3 at thirty (30), fifty (50), seventy-five (75) and 100 percent of peak load or at four (4) points in the normal operating range of the gas turbine, including the minimum point in the range and peak load. All loads shall be corrected to ISO conditions using the appropriate equations supplied by the manufacturer.

(b) The analytical methods and procedures employed to determine the nitrogen content of the fuel being fired shall be approved by the department and shall be accurate to within plus or minus five (5) percent.

(2) The method for determining compliance with Section 4, except as provided in 401 KAR 50:045, shall be as follows:

(a) Reference Method 20 for the concentration of sulfur dioxide and oxygen; and

(b) ASTM D 2880-78 for the sulfur content of liquid fuels and ASTM D 1072-56 (75) for the sulfur content of gaseous fuels. These methods shall also be used to comply with Section 5(2). ASTM designations are filed by reference in 401 KAR 50:015.

(3) Analysis for the purpose of determining the sulfur content and the nitrogen content of the fuel as required by Section 5(2) may be performed by the owner/operator, a service contractor retained by the owner/operator, the fuel vendor, or any other qualified agency provided that the analytical methods employed by these agencies comply with the applicable subsections of this section.

APPENDIX A TO 401 KAR 59:018

Formula for NO_x Standard Using a 75 ppm Emission Limitation

$$STD = 0.0075\,(14.4/Y) + F$$

Where:

STD = allowable NO_x emissions (percent by volume at fifteen (15) percent oxygen and on a dry basis).

Y = manufacturer's rated heat rate at manufacturer's rated load (kilojoules per watt hour) or, actual measured heat rate based on lower heating value of fuel as measured at actual peak load for the facility. The value of Y shall not exceed 14.4 kilojoules per watt hour.

F = NO_x emission allowance for fuel-bound nitrogen as defined in Appendix C of this regulation.

APPENDIX B TO 401 KAR 59:018

Formula for NO_x Standard Using a 150 ppm Emission Limitation

$$STD = 0.0150\,(14.4/Y) + F$$

Where:

STD = allowable NO_x emission (percent by volume at fifteen (15) percent oxygen and on a dry basis).

Y = manufacturer's rated heat rate at manufacturer's rated peak load (kilojoules per watt hour), or actual measured heat rate based on lower heating value of fuel as measured at actual peak load for the facility. The value of Y shall not exceed 14.4 kilojoules per watt hour.

F = NO_x emission allowance for fuel-bound nitrogen as defined in Appendix C of this regulation.

Appendix C to 401 KAR 59:018

Table of Fuel-Bound Nitrogen Levels versus the Value of F as used in Appendix A and B

Fuel-Bound Nitrogen (percent by weight)	F (NO_X percent by volume)
$N \leq 0.015$	0
$0.015 < N \leq 0.1$	0.04 (N)
$0.1 < N \leq 0.25$	0.004 + 0.0067 (N-0.1)
$N > 0.25$	0.005

Where:

N = the nitrogen content of the fuel (percent by weight).

APPENDIX D TO 401 KAR 59:018

Ambinet Condition Correction Factor

$$NO_X = (NO_{X_{obs}})(P_{ref}/P_{obs})^{0.5} e^{19(H_{obs}-0.00633)} (T_{AMB}/288°K)^{1.53}$$

Where:

NO_X = emissions of NO_X at fifteen (15) percent oxygen and ISO standard ambient conditions.

$NO_{X_{obs}}$ = measured NO_X emissions at fifteen (15) percent oxygen ppmv.

P_{ref} = reference combustor inlet absolute pressure at 101.3 kilopascals ambient pressure.

P_{obs} = measured combustor inlet absolute pressure at test ambient pressure.

H_{obs} = specific humidity of ambient air at test.

e = transcendental constant (2.718).

T_{AMB} = temperature of ambient air at test.

JACKIE SWIGART, Secretary

ADOPTED: August 14, 1980

RECEIVED BY LRC: August 15, 1980 at 10:40 a.m.

PUBLIC HEARING: A public hearing will be held on this regulation on October 6 and 7, 10 a.m. to 5 p.m. (EDT), first floor auditorium, State Office Building, High and Clinton Streets, Frankfort, Kentucky. For comments or additional information contact: Norman E. Schell, Director, Division of Air Pollution Control, 1050 U.S. 127 ByPass South, Frankfort, Kentucky 40601; phone (502) 564-7217.

EDUCATION AND ARTS CABINET
Department of Education
Bureau of Administration and Finance

702 KAR 3:135. Bidding procedures.

RELATES TO: KRS 45A.350, 156.070, 156.076, 424.260

PURSUANT TO: KRS 13.082, 156.070, 156.160

NECESSITY AND FUNCTION: KRS 45A.350 authorizes, inter alia, school districts to elect to procure pursuant to KRS 45A.345 through 45A.460 or under the old method of procurement; KRS 156.070 gives the State Board of Education the management and control of the public schools and gives it authority to prescribe such rules and regulations as it deems necessary for the efficient management, control, and operation of the schools under its jurisdiction; KRS 156.076 allows a board of education, under certain conditions, to advertise for bids and award contracts for supplies and equipment covered by price contracts secured by the Department of Finance at the request of the State Board; and KRS 424.260 requires a school district to make newspaper advertisements for bids for purchases of certain materials, supplies, equipment, or contractual services exceeding $5,000. This regulation standardizes the bidding procedures to be utilized by boards of education where such are necessary.

Section 1. For those school districts electing not to adopt KRS 45A.345 to 45A.460 the following requirements shall apply: Notices for bidding advertised by boards of education for purchases of materials, supplies, equipment, or contractual services, where advertising for bids is required or allowed by statute, shall describe what is to be bid for and the time and place for receiving and opening of bids.

Section 2. All bids shall be submitted in writing, typewritten or in ink, and sealed, and they shall be opened and read publicly at a legal meeting of the board of education or its authorized agent.

Section 3. No bids shall be changed after they are once submitted. This in no way prevents the acceptance or rejection of alternates which are specified as a part of the regular bid forms and specifications. However, the full intent of this section is to prohibit negotiation of contracts subsequent to time bids are submitted.

Section 4. In the event the lowest bid is not accepted, the board shall record in the minutes the reason for the rejection.

Section 5. All bids submitted and information pertaining thereto shall be filed and made available for review by interested parties.

Section 6. Notification of the awarding of the contract shall be given in writing to all bidders. This notice shall include a list of all bidders together with their bids.

Section 7. Any bid which is accepted in non-compliance with any of the above sections shall be considered null and void.

RAYMOND BARBER
Superintendent of Public Instruction
ADOPTED: July 15, 1980
RECEIVED BY LRC: July 21, 1980 at 1 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Fred Schultz, Secretary, Kentucky State Board of Education, 17th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Drug Formulary Council

902 KAR 1:005. Pharacists' records of drugs dispensed.

RELATES TO: KRS 217.814 to 217.894, 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. In addition KRS 217.824(3) authorizes the Council to promulgate administrative regulations to be filed with the Legislative Research Commission as provided in KRS Chapter 13. The function of this regulation is to provide a uniform system of identifying the drug product actually dispensed on the pharmacy file copy.

Section 1. Record Keeping Requirement of the Pharmacist for Drugs Dispensed. Upon filling a prescription pursuant to the Kentucky Drug Formulary Law and regulations, the pharmacy file copy of the prescription shall indicate either:
(1) The National Drug Code number (NDC) of the drug product dispensed; or
(2) The brand name (if applicable) of the drug product dispensed; or
(3) The generic name of the drug product dispensed and the name of the distributor.

Section 2. Definition of the Term "Pharmacy File Copy." As used in this regulation, the term "pharmacy file copy" includes the physician's original order, whether written or oral; a computerized retrievable record thereof; or a direct copy of the original order.

E. C. SEELEY, M.D., Chairperson
ADOPTED: July 22, 1980
APPROVED: W. GRADY STUMBO
RECEIVED BY LRC: July 23, 1980 at 1 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Andy Naff, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40621.

DEPARTMENT FOR HUMAN RESOURCES
Drug Formulary Council

902 KAR 1:333. Probenecid.

RELATES TO: KRS 217.814 to 217.894, 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 Probenecid pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Probenecid Tablet Pharmaceutical Products. The following Probenecid tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage. Probenecid 500 mg. Tablet Form:
(1) Benemid: Merck, Sharp and Dohme;
(2) Probenecid: Danbury Pharmacal, McKesson Laboratories, Mylan Pharmaceuticals, Richie Pharmacal, United Research Laboratories.

E. C. SEELEY, M.D., Chairperson
ADOPTED: July 21, 1980
APPROVED: W. GRADY STUMBO, Secretary
RECEIVED BY LRC: July 23, 1980 at 1 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING TO: Andy Naff, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40621.

ADMINISTRATIVE REGULATION REVIEW SUBCOMMITTEE

Minutes of the August 5, 1980 Special Meeting

Representative William T. Brinkley, Chairman of the Administrative Regulation Review Subcommittee called a special meeting on Tuesday, August 5, 1980, at 1:30 p.m., in Room 307 of the Capitol to discuss the implementation of HB 123 enacted during the 1980 Regular Session of the General Assembly. That bill increased the membership of the subcommittee from three to seven members. The four new members were appointed by the Legislative Research Commission on June 27, 1980. Those members are: Senators Helen Garrett and James P. Bunning and Representatives James E. Bruce and Gregory D. Stumbo.

On motion of Representative Albert Robinson, seconded by Representative Stumbo, Representative Brinkley was re-elected to chair the subcommittee. Present were:

Members: Representative William T. Brinkley, Chairman, Senators Helen Garrett and James P. Bunning and Representatives Albert Robinson and Gregory D. Stumbo.

Staff: Mabel D. Robertson, Deborah Herd, Garnett Evins, Joe Hood and Steve Armbrust.

Chairman Brinkley informed the subcommittee that Representative Bruce is confined to the Jenny Stuart Hospital in Hopkinsville. Chairman Brinkley said he has been in daily contact with the hospital; and that Representative Bruce is much improved and looks forward to joining the subcommittee as soon as possible.

Chairman Brinkley turned the meeting over to Vic Hellard, Jr., Director of the Legislative Research Commission. Mr. Hellard welcomed the new members, introduced the staff and gave a brief overview of the jurisdiction of activities of the subcommittee.

Mabel Robertson, Regulations Compiler, explained the regulations procedure with specific emphasis on the changes made by HB 123; such as Subcommittee review and the new expiration date of emergency regulations, and the republishing of regulations prior to Subcommittee consideration when amended subsequent to a hearing.

Joe Hood, Subcommittee Counsel, stated that the criteria to accept or not accept the proposed regulations was the conformity to statutory authority and/or legislative intent. He stated that in some instances the administrative agency may have statutory authority to promulgate but there is some doubt as to legislative intent, then it is the responsibility of the subcommittee to defer, accept or not accept the regulation.

After a general discussion with questions and answers by members and staff, on motion of Representative Robinson, seconded by Representative Stumbo the meeting was adjourned.

Minutes of the August 6, 1980 Meeting

(Subject to subcommittee approval at its September 3, 1980 meeting.)

The regularly scheduled meeting of the Administrative Regulation Review Subcommittee was held on Wednesday, August 6, 1980, at 10 a.m., in Room 327 of the Capitol.

Chairman Brinkley announced a quorum was present and called the meeting to order. On motion of Representative Robinson, seconded by Senator Bunning the minutes of the July 2, 1980 meeting were approved. Present were:

Members: Representative William T. Brinkley, Chairman, Senators Helen Garrett and James P. Bunning, Representatives Albert Robinson and Gregory D. Stumbo.

LRC Staff: Mabel D. Robertson, Deborah Herd, Garnett Evins, Joe Hood, Steve Armbrust and Bob Sherman.

Guests: Pam Johnson, Kentucky Retirement Systems; Edward Hampe, Board of Psychology; Judith Walden and Eugene Perkins, Department of Housing; W. G. Mullins, State Police; Maureen B. Ingle and Richard F. Casey, Higher Education Assistance Authority; Andy Naff, Drug Formulary Council; Mike Salyers and Thomas A. Dockter, Department of Labor; Don McCormick and Charles C. Bowers, Department of Fish and Wildlife Resources; John A. Celletti, Real Estate Commission; Ked R. Fitzpatrick and John L. Clayton, Department for Human Resources; Gary Bale, Steve B. Marcum and Sidney Simandle, Department of Education; Mary Gehant, Department of Public Information; John M. Leinenbach, Associated General Contractors; Tony Sholar, Kentucky Chamber of Commerce; Ken Hart, Kentucky Coal Journal; Ron Sheets, Kentucky Association of Electric Cooperatives.

The following proposed regulations were rejected by a unaminous vote of the subcommittee.

DEPARTMENT OF FINANCE
Occupations and Professions
Board of Psychologists

201 KAR 26:040. Temporary permits.

201 KAR 26:100. Accredited institutions defined; employees.

201 KAR 26:110. Recognized accrediting agencies; ratings.

At the request of the administrative agency the following proposed regulations were deferred until the September 3 meeting.

DEPARTMENT OF FINANCE
Occupations and Professions
Board of Nursing Education and Nurse Registration

201 KAR 20:200. Definitions for mandatory continuing education.

201 KAR 20:205. Standards for continuing education offerings.

201 KAR 20:210. Standards for program of continuing education.

201 KAR 20:215. Contact hours.

201 KAR 20:220. Provider approval.

201 KAR 20:225. Reinstatement of a lapsed license.

DEPARTMENT OF LABOR
Labor Standards; Wages and Hours
803 KAR 1:005. Employer-employee relationship.
803 KAR 1:035. Hearing procedure.

The following proposed regulations were deferred until the September 3 meeting by a unanimous vote of the subcommittee.

DEPARTMENT OF FINANCE
Travel Expense and Reimbursement
200 KAR 2:005. Reimbursement for employee's travel.
Occupations and Professions
Board of Psychologists
201 KAR 26:060. License and certificate renewals.
Bureau for Social Insurance
Public Assistance
904 KAR 2:035. Right to apply and reapply.

The following proposed regulations were accepted and ordered filed by a unanimous vote of the subcommittee.

KENTUCKY HIGHER EDUCATION ASSISTANCE AUTHORITY
Kentucky Higher Education Assistance Authority
11 KAR 4:030. Student appeals process.
KHEAA Grant Program
11 KAR 5:035. Application by recipients of AFDC.
11 KAR 5:090. Refund and repayment policy.

TEACHERS' RETIREMENT SYSTEM
General Rules
102 KAR 1:010. Contributions and interest rates.
102 KAR 1:035. Substitute teaching by retired teachers.
102 KAR 1:070. Application for retirement.
102 KAR 1:110. Leave of absence.
102 KAR 1:155. Annuity payments.

KENTUCKY EMPLOYES' RETIREMENT SYSTEM
General Rules
105 KAR 1:010. Contributions and interest rates.

DEPARTMENT OF FINANCE
Occupations and Professions
Real Estate Commission
201 KAR 11:037. List of licensees; fees.
Board of Psychologists
201 KAR 26:010. Licensure; qualifications and examinations.
201 KAR 26:030. Reciprocity.
201 KAR 26:050. Exclusions from licensure or certification.
201 KAR 26:070. Titles.
201 KAR 26:080. Limited practice. (This regulation was accepted subject to revision by the agency.)

DEPARTMENT OF FISH AND WILDLIFE RESOURCES
Fish
301 KAR 1:035. Cumberland Gap National Historical Park.
301 KAR 1:140. Special commercial fishing permit.
301 KAR 1:145. Gear allowed for commercial fishing.

DEPARTMENT OF JUSTICE
Bureau of State Police
Water Enforcement
502 KAR 25:190. Zoned use areas.

DEPARTMENT OF TRANSPORTATION
Bureau of Highways
Pre-Construction
603 KAR 2:015. Pre-qualification for construction; certificate of eligibility.

DEPARTMENT OF EDUCATION
Bureau of Administration and Finance
Buildings and Grounds
702 KAR 4:040. Contract completion; changes; retainage.
Bureau of Pupil Personnel Services
School Terms, Attendance and Operation
703 KAR 2:070. Interscholastic athletic eligibility and requirements.
Bureau of Instruction
Instructional Services
704 KAR 3:175. Criteria for the unit of school psychologist.
Teacher Education
704 KAR 15:080. Professional personnel.

DEPARTMENT OF LABOR
Occupational Safety and Health
803 KAR 2:020. Adoption of 29 CFR Part 1910.
803 KAR 2:021. Identification, classification and regulation of potential occupational carcinogens.

DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
Plumbing
815 KAR 20:141. Standards for subsurface sewage disposal systems.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Drug Formulary
902 KAR 1:101. Diphenoxylate hydrochloride.
902 KAR 1:102. Folic acid.
Bureau for Social Insurance
Food Stamp Program
904 KAR 3:060. Administrative fraud hearings.
904 KAR 3:070. Fair hearings.

On motion of Representative Stumbo, seconded by Senator Bunning, the meeting was adjourned at 12:20, to meet again on Wednesday, September 3, 1980, at 10 a.m., in Room A in the Capitol Annex.

Administrative Register of kentucky

Cumulative Supplement

Regulation Locator—Effective Dates ..... B 2

KRS Sections Cited or Related to KAR ..... B 5

Cumulative Index to Volume 7 ..... B 8

Regulation Locator—Effective Dates

Volume 6

Emergency Regulation	6 Ky.R. Page No.	Effective Date
200 KAR 2:005E	557	5-1-80
Expires		8-28-80
405 KAR 7:020E	703	6-11-80
Expires		10-9-80
405 KAR 7:030E	710	6-11-80
Expires		10-9-80
405 KAR 7:040E	710	6-11-80
Expires		10-9-80
405 KAR 7:060E	713	6-11-80
Expires		10-9-80
405 KAR 7:080E	714	6-11-80
Expires		10-9-80
405 KAR 7:090E	716	6-11-80
Expires		10-9-80
405 KAR 7:100E	720	6-11-80
Expires		10-9-80
405 KAR 7:110E	721	6-11-80
Expires		10-9-80
405 KAR 8:010E	721	6-11-80
Expires		10-9-80
405 KAR 8:020E	730	6-11-80
Expires		10-9-80
405 KAR 8:030E	732	6-11-80
Expires		10-9-80
405 KAR 8:040E	740	6-11-80
Expires		10-9-80
405 KAR 8:050E	749	6-11-80
Expires		10-9-80
405 KAR 10:010E	753	6-11-80
Expires		10-9-80
405 KAR 10:020E	754	6-11-80
Expires		10-9-80
405 KAR 10:030E	755	6-11-80
Expires		10-9-80
405 KAR 10:040E	758	6-11-80
Expires		10-9-80
405 KAR 10:050E	760	6-11-80
Expires		10-9-80
405 KAR 10:060E	761	6-11-80
Expires		10-9-80
405 KAR 12:010E	762	6-11-80
Expires		10-9-80
405 KAR 12:020E	763	6-11-80
Expires		10-9-80
405 KAR 12:030E	766	6-11-80
Expires		10-9-80
405 KAR 16:010E	767	6-11-80
Expires		10-9-80
405 KAR 16:020E	768	6-11-80
Expires		10-9-80
405 KAR 16:030E	769	6-11-80
Expires		10-9-80
405 KAR 16:040E	769	6-11 80
Expires		10-9-80
405 KAR 16:050E	770	6-11-80
Expires		10-9-80
405 KAR 16:060E	771	6-11-80
Expires		10-9-80
405 KAR 16:070E	773	6-11-80
Expires		10-9-80
405 KAR 16:080E	774	6-11-80
Expires		10-9-80
405 KAR 16:090E	776	6-11-80
Expires		10-9-80
405 KAR 16:100E	777	6-11-80
Expires		10-9-80
405 KAR 16:110E	778	6-11-80
Expires		10-9-80
405 KAR 16:120E	779	6-11-80
Expires		10-9-80
405 KAR 16:130E	782	6-11-80
Expires		10-9-80
405 KAR 16:140E	785	6-11-80
Expires		10-9-80
405 KAR 16:150E	786	6-11-80
Expires		10-9-80
405 KAR 16:160E	787	6-11-80
Expires		10-9-80
405 KAR 16:170E	787	6-11-80
Expires		10-9-80
405 KAR 16:180E	788	6-11-80
Expires		10-9-80
405 KAR 16:190E	789	6-11-80
Expires		10-9-80
405 KAR 16:200E	791	6-11-80
Expires		10-9-80
405 KAR 16:210E	793	6-11-80
Expires		10-9-80
405 KAR 16:220E	795	6-11-80
Expires		10-9-80
405 KAR 16:250E	797	6-11-80
Expires		10-9-80
405 KAR 18:010E	797	6-11-80
Expires		10-9-80
405 KAR 18:020E	798	6-11-80
Expires		10-9-80
405 KAR 18:030E	799	6-11-80
Expires		10-9-80
405 KAR 18:040E	799	6-11-80
Expires		10-9-80
405 KAR 18:050E	800	6-11-80
Expires		10-9-80
405 KAR 18:060E	801	6-11-80
Expires		10-9-80
405 KAR 18:070E	803	6-11-80
Expires		10-9-80
405 KAR 18:080E	804	6-11-80
Expires		10-9-80
405 KAR 18:090E	806	6-11-80
Expires		10-9-80
405 KAR 18:100E	807	6-11-80
Expires		10-9-80
405 KAR 18:110E	808	6-11-80
Expires		10-9-80
405 KAR 18:120E	809	6-11-80
Expires		10-9-80
405 KAR 18:130E	811	6-11-80
Expires		10-9-80
405 KAR 18:140E	814	6-11-80
Expires		10-9-80
405 KAR 18:150E	816	6-11-80
Expires		10-9-80
405 KAR 18:160E	816	6-11-80
Expires		10-9-80
405 KAR 18:170E	817	6-11-80
Expires		10-9-80
405 KAR 18:180E	818	6-11-80
Expires		10-9-80
405 KAR 18:190E	818	6-11-80
Expires		10-9-80
405 KAR 18:200E	819	6-11-80
Expires		10-9-80
405 KAR 18:210E	822	6-11-80
Expires		10-9-80
405 KAR 18:220E	823	6-11-80
Expires		10-9-80
405 KAR 18:230E	824	6-11-80
Expires		10-9-80
405 KAR 18:260E	826	6-11-80
Expires		10-9-80
405 KAR 20:010E	827	6-11-80
Expires		10-9-80
405 KAR 20:020E	828	6-11-80
Expires		10-9-80
405 KAR 20:030E	829	6 11-80
Expires		10-9-80
405 KAR 20:040E	830	6-11-80
Expires		10-9-80
405 KAR 20:050E	831	6 11-80
Expires		10-9-80
405 KAR 20:060E	832	6-11-80
Expires		10-9-80
405 KAR 20:070E	833	6-11-80
Expires		10-9-80
405 KAR 20:080E	833	6-11-80
Expires		10-9-80
405 KAR 24:020E	834	6-11-80
Expires		10-9-80
405 KAR 24:030E	835	6-11-80
Expires		10-9-80
405 KAR 24:040E	837	6-11-80
Expires		10-9-80
815 KAR 20:050E	839	6-13-80
Expires		10-11 80

Regulation	6 Ky.R. Page No.	Effective Date
11 KAR 4:030		
Amended	680	8-6-80
11 KAR 5:035		
Amended	681	8-6-80
11 KAR 5:090		
Amended	681	8-6-80
101 KAR 1:050		
Amended	576	7-2-80
102 KAR 1:020		
Repealed	697	8-6-80
102 KAR 1:021	697	8-6-80
102 KAR 1:035	682	8-6-80
102 KAR 1:070	682	8-6-80
102 KAR 1:110	683	8-6-80
102 KAR 1:155	683	8-6-80
105 KAR 1:010	352	8-6-80
201 KAR 11:037	683	8-6-80
201 KAR 12:105		
Amended	123	
Withdrawn		7-7-80
201 KAR 20:110		
Amended	579	7-2-80
201 KAR 24:010		
Amended	579	7-2-80
301 KAR 1:035		
Amended	684	8-6-80
301 KAR 1:140		
Amended	684	8-6 80
301 KAR 1:145		
Amended	685	8 6 80
502 KAR 25:190		
Amended	686	8 6 80
602 KAR 15:010		
Amended	580	7-2 80
603 KAR 2:015		
Amended	686	8-6-80
702 KAR 3:030		
Amended	386	
Rejected		7-2-80
702 KAR 3:045		
Amended	580	7-2-80
702 KAR 3:130		
Amended	581	7-2-80
702 KAR 4:040		
Amended	688	8-6-80
703 KAR 2:010		
Amended	581	7-2-80

Regulation	6 Ky.R. Page No.	Effective Date
703 KAR 2:015 Repealed	652	7-2-80
703 KAR 2:016	652	7-2-80
703 KAR 2:070 Amended	688	8-6-80
704 KAR 3:175 Amended	689	8-6-80
704 KAR 10:022 Amended	60	9-5-79
Amended	583	7-2-80
704 KAR 15:080 Amended	689	8-6-80
803 KAR 1:100 Amended	61	
Amended	179	9-5-79
Amended	583	7-2-80
803 KAR 2:015 Amended	585	7-2-80
803 KAR 2:019	652	7-2-80
803 KAR 2:020 Amended	694	8-6-80
803 KAR 2:021 Amended	701	8-6-80
803 KAR 2:050 Amended	589	7-2-80
902 KAR 1:101	701	8-6-80
902 KAR 1:102	702	8-6-80
902 KAR 1:142	653	7-2-80
902 KAR 1:322 Amended	589	7-2-80
902 KAR 20:010 Amended	590	7-2-80
902 KAR 20:020 Amended	602	7-2-80
902 KAR 20:030 Amended	610	7-2-80
902 KAR 20:035 Amended	614	7-2-80
902 KAR 20:040 Amended	148	10-3-79
Amended	456	4-1-80
Amended	620	7-2-80
902 KAR 20:050 Amended	460	
Amended	527	4-1-80
Amended	623	7-2-80
902 KAR 20:055 Amended	632	7-2-80
902 KAR 47:040	654	7-2-80
902 KAR 50:020 Amended	639	7-2-80
904 KAR 1:027	645	7-2-80
904 KAR 1:074	655	7-2-80
904 KAR 2:050 Amended	648	7-2-80

Volume 7

NOTE: Effective July 15, 1980, emergency regulations expire upon being repealed, replaced or sine die adjournment of the next regular session of the General Assembly.

Emergency Regulation	7 Ky.R. Page No.	Effective Date
101 KAR 1:120E	1	6-26-80
Expires		10-24-80
301 KAR 2:029E	77	8-7-80
302 KAR 20:040E	2	7-15-80
302 KAR 20:070E	5	7-15-80
902 KAR 20:007E	79	7-24-80
902 KAR 20:010E	80	8-8-80
902 KAR 20:015E	93	8-8-80
902 KAR 20:017E	95	8-8-80
902 KAR 20:020E	98	7-24-80
902 KAR 20:025E	106	8-8-80
902 KAR 20:030E	115	7-24-80
902 KAR 20:035E	118	7-24-80
902 KAR 20:040E	125	7-24-80
902 KAR 20:045E	127	7-24-80
902 KAR 20:047E	136	7-24-80
902 KAR 20:050E	138	7-24-80
902 KAR 20:055E	147	7-24-80
902 KAR 20:057E	154	8-8-80
902 KAR 20:059E	157	8-8-80
902 KAR 20:065E	161	8-8-80
902 KAR 20:070E	165	8-8-80
902 KAR 20:075E	172	8-8-80
902 KAR 20:077E	172	8-8-80
902 KAR 20:080E	176	7-24-80
902 KAR 20:085E	179	8-8-80
902 KAR 20:090E	183	8-8-80
902 KAR 20:095E	185	8-8-80
902 KAR 20:100E	193	8-8-80
902 KAR 20:105E	201	8-8-80
902 KAR 20:110E	205	8-8-80
902 KAR 20:115E	206	8-8-80
904 KAR 1:004E	8	7-1-80
Expires		10-28-80
904 KAR 1:038E	9	7-1-80
Expires		10-28-80
904 KAR 2:008E	10	7-1-80
Expires		10-28-80
904 KAR 2:010E	13	7-1-80
Expires		10-28-80
904 KAR 2:015E	15	7-1-80
Expires		10-28-80
904 KAR 2:081E	15	7-1-80
Expires		10-28-80

Regulation	7 Ky.R. Page No.	Effective Date
1 KAR 2:010 Amended	18	
101 KAR 1:120 Amended	221	
104 KAR 1:010 Amended	222	
201 KAR 22:040 Amended	223	
201 KAR 22:110 Amended	223	
201 KAR 26:010 Amended	208	8-6-80
201 KAR 26:020 Withdrawn		6-25-80
201 KAR 26:030 Reprinted	211	8-6-80
201 KAR 26:040 Rejected	285	8-6-80
201 KAR 26:050 Amended	211	8-6-80
201 KAR 26:060 Deferred	285	8-6-80
201 KAR 26:070 Amended	211	8-6-80
201 KAR 26:080 Amended	211	8-6-80
201 KAR 26:090 Withdrawn		6-25-80
201 KAR 26:100 Rejected	285	8-6-80
201 KAR 26:110 Rejected	285	8-6-80
302 KAR 20:040 Amended	19	
302 KAR 20:070 Amended	22	
401 KAR 50:015 Amended	224	
401 KAR 50:036	271	
401 KAR 51:010 Amended	226	
401 KAR 51:016	273	
401 KAR 51:051	273	
401 KAR 59:015 Amended	227	
401 KAR 59:016	273	
401 KAR 59:018	280	
401 KAR 59:020 Amended	232	
401 KAR 59:045 Amended	234	
401 KAR 59:175 Amended	238	
401 KAR 61:085 Amended	239	
401 KAR 61:145 Amended	240	
601 KAR 1:090 Amended	24	
601 KAR 2:010 Amended	243	
601 KAR 9:070 Amended	25	
601 KAR 9:071	72	
601 KAR 13:010 Amended	244	
603 KAR 5:096 Amended	245	
702 KAR 3:060 Amended	246	
702 KAR 3:135	283	
702 KAR 5:080 Amended	26	
704 KAR 4:020 Amended	28	
704 KAR 5:050 Amended	212	7-15-80
704 KAR 6:010 Amended	247	
705 KAR 1:010 Amended	30	
707 KAR 1:051 Amended	30	
707 KAR 1:052 Amended	38	
707 KAR 1:053 Amended	40	
707 KAR 1:054 Amended	41	
707 KAR 1:055 Amended	42	
707 KAR 1:056 Amended	43	
707 KAR 1:057 Amended	45	
707 KAR 1:058 Amended	47	

Regulation	7 Ky.R. Page No.	Effective Date
707 KAR 1:059 Amended	48	
707 KAR 1:060 Amended	49	
723 KAR 1:005 Amended	49	
723 KAR 1:015 Amended	50	
803 KAR 2:020 Amended	247	
803 KAR 2:021 Amended	249	
803 KAR 25:010 Amended	51	
803 KAR 25:025 Amended	56	
807 KAR 50:067	72	
810 KAR 1:002 Amended	249	
810 KAR 1:006 Amended	251	
810 KAR 1:009 Amended	58	
810 KAR 1:012 Amended	254	
810 KAR 1:018 Amended	256	
815 KAR 15:010 Amended	259	
815 KAR 20:050 Amended	220	
815 KAR 20:141 Amended	213	8-6-80
815 KAR 25:010 Amended	61	
815 KAR 45:035	73	
902 KAR 1:005	284	
902 KAR 1:080 Amended	261	
902 KAR 1:081 Amended	262	
902 KAR 1:330 Amended	263	
902 KAR 1:333	284	
902 KAR 20:115 Amended	69	
904 KAR 2:008 Amended	263	
904 KAR 2:010 Amended	266	
904 KAR 2:015 Amended	268	
904 KAR 2:040 Amended	71	
904 KAR 2:081 Amended	268	
904 KAR 3:060 Amended	215	8-6-80
904 KAR 3:070 Amended	217	8-6-80

Regulation	7 Ky.R. Page No.	Effective Date

Regulation	7 Ky.R. Page No.	Effective Date

KRS Sections Related to KAR

KRS Section	Regulation
16.505-16.652	105 KAR 1:010
18.110	101 KAR 1:120
18.170	101 KAR 1:120
18.210	101 KAR 1:120
18.240	101 KAR 1:120
18.270	101 KAR 1:120
Chapter 42	200 KAR 2:005
Chapter 44	200 KAR 2:005
Chapter 45	200 KAR 2:005
45.700	1 KAR 2:010
45.705	1 KAR 2:010
45.710	1 KAR 2:010
45.715	1 KAR 2:010
45.720	1 KAR 2:010
45A.350	702 KAR 3:135
61.510-61.702	105 KAR 1:010
78.510-78.852	105 KAR 1:010
Chapter 95A	815 KAR 45:035
Chapter 138	601 KAR 9:070
	601 KAR 9:071
138.680	601 KAR 9:071
150.010	301 KAR 1:140
	301 KAR 1:145
150.025	301 KAR 1:035
	301 KAR 1:140
	301 KAR 1:145
150.120	301 KAR 1:140
	301 KAR 1:145
150.170	301 KAR 1:035
	301 KAR 1:140
	301 KAR 1:145
150.175	301 KAR 1:035
	301 KAR 1:140
	301 KAR 1:145
150.190	301 KAR 1:140
150.300	301 KAR 2:029
150.305	301 KAR 2:029
150.320	301 KAR 2:029
150.330	301 KAR 2:029
150.340	301 KAR 2:029
150.360	301 KAR 2:029
150.445	301 KAR 1:145
150.450	301 KAR 1:140
	301 KAR 1:145
150.470	301 KAR 1:035
156.070	702 KAR 3:060
	702 KAR 3:135
	703 KAR 2:070
156.076	702 KAR 3:135
156.112	705 KAR 1:010
156.160	702 KAR 5:080
	703 KAR 2:070
	704 KAR 4:020
	704 KAR 6:010
157.200-157.285	707 KAR 1:051
	707 KAR 1:052
	707 KAR 1:053
	707 KAR 1:054
	707 KAR 1:055
	707 KAR 1:056
	707 KAR 1:057
	707 KAR 1:058
	707 KAR 1:059
	707 KAR 1:060
157.360	704 KAR 3:175
157.820	723 KAR 1:005
	723 KAR 1:015
157.840	723 KAR 1:015
157.895	723 KAR 1:005
158.060	704 KAR 6:010
158.080	704 KAR 6:010
159.030	704 KAR 6:010
160.291	702 KAR 3:060
160.450	702 KAR 3:060
161.010	704 KAR 15:080
161.030	704 KAR 15:080
161.044	704 KAR 15:080
161.210	702 KAR 3:060
161.545	102 KAR 1:110
161.600	102 KAR 1:070
161.605	102 KAR 1:035
161.620	102 KAR 1:021
161.640	102 KAR 1:070
	102 KAR 1:155
162.060	702 KAR 4:040
163.020	705 KAR 1:010
163.030	705 KAR 7:050
164.748	11 KAR 4:030
	11 KAR 5:035
	11 KAR 5:090
164.753	11 KAR 5:035
	11 KAR 5:090
176.130	603 KAR 2:015
176.220	603 KAR 2:015
Chapter 186	601 KAR 2:010
186.570	601 KAR 13:010
189.222	603 KAR 5:096
189.540	705 KAR 5:080
194.050	904 KAR 3:060
	904 KAR 3:070
205.200	904 KAR 2:010
	904 KAR 2:040
205.210	904 KAR 2:010
205.215	904 KAR 2:008
205.245	904 KAR 2:015
205.520	904 KAR 1:004
	904 KAR 1:038
205.810	904 KAR 2:081
216B.010-216B.130	902 KAR 20:007
	902 KAR 20:010
	902 KAR 20:015
	902 KAR 20:017
	902 KAR 20:020
	902 KAR 20:025
	902 KAR 20:030
	902 KAR 20:035
	902 KAR 20:040
	902 KAR 20:045
	902 KAR 20:047
	902 KAR 20:050
	902 KAR 20:055
	902 KAR 20:057
	902 KAR 20:059
	902 KAR 20:065
	902 KAR 20:070
	902 KAR 20:075
	902 KAR 20:077
	902 KAR 20:080
	902 KAR 20:085
	902 KAR 20:090
	902 KAR 20:095
	902 KAR 20:100
	902 KAR 20:105
	902 KAR 20:110
	902 KAR 20:115
216B.990	902 KAR 20:007
	902 KAR 20:010
	902 KAR 20:015
	902 KAR 20:017
	902 KAR 20:020
	902 KAR 20:025
	902 KAR 20:030
	902 KAR 20:035
	902 KAR 20:040
	902 KAR 20:045
	902 KAR 20:047
	902 KAR 20:050
	902 KAR 20:055
	902 KAR 20:057
	902 KAR 20:059
216B.990	902 KAR 20:065
	902 KAR 20:070
	902 KAR 20:075
	902 KAR 20:077
	902 KAR 20:080
	902 KAR 20:085
	902 KAR 20:090
	902 KAR 20:095
	902 KAR 20:100
	902 KAR 20:105
	902 KAR 20:110
	902 KAR 20:115
217.814-217.894	902 KAR 1:005
	902 KAR 1:080
	902 KAR 1:081
	902 KAR 1:101
	902 KAR 1:102
	902 KAR 1:330
	902 KAR 1:333
217.990	902 KAR 1:005
	902 KAR 1:080
	902 KAR 1:081
	902 KAR 1:101
	902 KAR 1:102
	902 KAR 1:330
	902 KAR 1:333
Chapter 224	401 KAR 50:015
	401 KAR 50:036
	401 KAR 51:010
	401 KAR 51:016
	401 KAR 51:051
	401 KAR 59:015
	401 KAR 59:016
	401 KAR 59:018
	401 KAR 59:020
	401 KAR 59:045
	401 KAR 59:175
	401 KAR 61:085
	401 KAR 61:145
224.033	405 KAR 7:090
	405 KAR 16:170
	405 KAR 18:170
224.081	405 KAR 7:090
224.083	405 KAR 7:090
227.570	815 KAR 25:010
230.210-230.360	810 KAR 1:002
	810 KAR 1:006
	810 KAR 1:009
	810 KAR 1:012
	810 KAR 1:018
235.240	502 KAR 25:190
235.280	502 KAR 25:190
235.300	502 KAR 25:190
236.030	815 KAR 15:010
Chapter 257	302 KAR 20:040
	302 KAR 20:070
Chapter 278	807 KAR 50:067
Chapter 281	601 KAR 1:090
	601 KAR 2:010
Chapter 318	815 KAR 20:050
	815 KAR 20:141
319.005	201 KAR 26:070
319.015	201 KAR 26:050
319.040	201 KAR 26:010
319.050	201 KAR 26:010
	201 KAR 26:080
319.055	201 KAR 26:080
319.061	201 KAR 26:030
324.290	201 KAR 11:037
327.040	201 KAR 22:110
327.050	201 KAR 22:040
Chapter 338	803 KAR 2:020
	803 KAR 2:021
Chapter 342	803 KAR 25:010
342.350	803 KAR 25:025

KRS Section	Regulation
Chapter 344	102 KAR 1:010
Chapter 350	405 KAR 7:020
350.010	405 KAR 7:030
	405 KAR 20:030
	405 KAR 20:050
	405 KAR 20:070
	405 KAR 20:080
350.020	405 KAR 7:060
	405 KAR 8:010
	405 KAR 10:010
	405 KAR 10:020
	405 KAR 10:030
	405 KAR 10:050
	405 KAR 10:060
	405 KAR 12:010
	405 KAR 12:020
	405 KAR 12:030
	405 KAR 16:010
	405 KAR 16:070
	405 KAR 16:090
	405 KAR 16:150
	405 KAR 16:170
	405 KAR 16:180
	405 KAR 16:190
	405 KAR 16:220
	405 KAR 16:250
	405 KAR 18:010
	405 KAR 18:070
	405 KAR 18:090
	405 KAR 18:150
	405 KAR 18:170
	405 KAR 18:180
	405 KAR 18:190
	405 KAR 18:210
	405 KAR 18:230
	405 KAR 18:260
350.028	405 KAR 7:030
	405 KAR 7:060
	405 KAR 7:090
	405 KAR 12:010
	405 KAR 12:020
	405 KAR 12:030
	405 KAR 16:180
	405 KAR 16:220
	405 KAR 16:250
	405 KAR 18:180
	405 KAR 18:210
	405 KAR 18:230
	405 KAR 18:260
	405 KAR 20:030
	405 KAR 20:050
350.050	405 KAR 7:040
	405 KAR 12:010
	405 KAR 12:020
	405 KAR 12:030
350.055	405 KAR 8:010
350.057	405 KAR 7:030
	405 KAR 7:040
	405 KAR 8:020
	405 KAR 20:010
350.060	405 KAR 7:030
	405 KAR 7:040
	405 KAR 8:010
	405 KAR 8:030
	405 KAR 8:040
	405 KAR 10:010
	405 KAR 10:020
	405 KAR 10:030
	405 KAR 10:040
	405 KAR 10:050
	405 KAR 10:060
350.062	405 KAR 10:010
	405 KAR 16:020
	405 KAR 16:050
350.064	405 KAR 10:010
	405 KAR 10:020
	405 KAR 10:030
	405 KAR 10:040
	405 KAR 10:050
	405 KAR 10:060
350.070	405 KAR 7:090
	405 KAR 8:010

KRS Section	Regulation
350.085	405 KAR 8:010
	405 KAR 12:010
	405 KAR 12:020
	405 KAR 16:080
	405 KAR 16:220
	405 KAR 18:080
	405 KAR 18:230
350.090	405 KAR 7:090
	405 KAR 8:010
	405 KAR 16:010
	405 KAR 16:070
	405 KAR 16:130
	405 KAR 16:150
	405 KAR 18:010
	405 KAR 18:070
	405 KAR 18:130
	405 KAR 18:150
	405 KAR 20:030
	405 KAR 20:060
350.093	405 KAR 7:090
	405 KAR 8:050
	405 KAR 10:020
	405 KAR 10:040
	405 KAR 10:050
	405 KAR 10:060
	405 KAR 16:010
	405 KAR 16:020
	405 KAR 16:190
	405 KAR 16:200
	405 KAR 16:210
	405 KAR 18:010
	405 KAR 18:020
	405 KAR 18:190
	405 KAR 18:200
	405 KAR 18:220
	405 KAR 20:020
	405 KAR 20:060
350.095	405 KAR 10:020
	405 KAR 10:050
	405 KAR 16:200
	405 KAR 16:210
	405 KAR 18:200
	405 KAR 18:220
350.100	405 KAR 10:030
	405 KAR 16:020
	405 KAR 16:060
	405 KAR 16:070
	405 KAR 16:080
	405 KAR 16:090
	405 KAR 16:100
	405 KAR 16:110
	405 KAR 16:190
	405 KAR 16:200
	405 KAR 16:210
	405 KAR 18:020
	405 KAR 18:060
	405 KAR 18:070
	405 KAR 18:080
	405 KAR 18:090
	405 KAR 18:100
	405 KAR 18:110
	405 KAR 18:190
	405 KAR 18:200
	405 KAR 18:220
	405 KAR 20:040
	405 KAR 20:060
350.110	405 KAR 10:020
	405 KAR 10:030
	405 KAR 10:040
	405 KAR 10:050
	405 KAR 10:060
	405 KAR 16:020
350.113	405 KAR 10:040
	405 KAR 12:010
	405 KAR 12:020
350.130	405 KAR 7:090
	405 KAR 8:010
	405 KAR 10:050
	405 KAR 10:060
	405 KAR 12:010
	405 KAR 12:020
350.133	405 KAR 20:050

KRS Section	Regulation
350.135	405 KAR 8:010
350.151	405 KAR 7:030
	405 KAR 8:040
	405 KAR 10:010
	405 KAR 10:040
	405 KAR 10:050
	405 KAR 10:060
	405 KAR 12:010
	405 KAR 12:020
	405 KAR 16:010
	405 KAR 16:250
	405 KAR 18:010
	405 KAR 18:020
	405 KAR 18:030
	405 KAR 18:040
	405 KAR 18:050
	405 KAR 18:060
	405 KAR 18:070
	405 KAR 18:080
	405 KAR 18:090
	405 KAR 18:100
	405 KAR 18:110
	405 KAR 18:120
	405 KAR 18:130
	405 KAR 18:140
	405 KAR 18:150
	405 KAR 18:160
	405 KAR 18:170
	405 KAR 18:180
	405 KAR 18:190
	405 KAR 18:200
	405 KAR 18:210
	405 KAR 18:220
	405 KAR 18:230
	405 KAR 18:260
	405 KAR 20:020
	405 KAR 20:070
	405 KAR 20:080
350.200	405 KAR 16:030
	405 KAR 18:030
350.250	405 KAR 7:100
350.255	405 KAR 7:090
	405 KAR 7:110
350.405	405 KAR 16:010
	405 KAR 16:020
	405 KAR 16:050
	405 KAR 16:070
	405 KAR 16:080
	405 KAR 16:110
	405 KAR 16:180
	405 KAR 16:190
	405 KAR 16:200
	405 KAR 16:210
	405 KAR 18:020
	405 KAR 18:050
	405 KAR 18:070
	405 KAR 18:080
	405 KAR 18:110
	405 KAR 18:180
	405 KAR 18:190
	405 KAR 18:200
	405 KAR 20:040
	405 KAR 20:050
	405 KAR 20:060
350.410	405 KAR 7:040
	405 KAR 16:010
	405 KAR 16:020
	405 KAR 16:060
	405 KAR 16:130
	405 KAR 16:140
	405 KAR 16:190
	405 KAR 16:200
	405 KAR 16:210
	405 KAR 18:010
	405 KAR 18:130
	405 KAR 18:140
	405 KAR 18:190
	405 KAR 18:200
	405 KAR 18:220
	405 KAR 20:030

KRS Section	Regulation
350.415	405 KAR 16:050
	405 KAR 18:050
	405 KAR 20:040
350.420	405 KAR 16:040
	405 KAR 16:060
	405 KAR 16:070
	405 KAR 16:080
	405 KAR 16:090
	405 KAR 16:100
	405 KAR 16:110
	405 KAR 16:140
	405 KAR 16:200
	405 KAR 18:040
	405 KAR 18:060
	405 KAR 18:070
	405 KAR 18:080
	405 KAR 18:090
	405 KAR 18:100
	405 KAR 18:110
	405 KAR 18:140
	405 KAR 18:200
	405 KAR 20:030
350.421	405 KAR 16:060
	405 KAR 18:060
350.425	405 KAR 16:160
	405 KAR 18:160
350.430	405 KAR 16:030
	405 KAR 16:120
	405 KAR 18:030
	405 KAR 18:120
350.435	405 KAR 16:020
	405 KAR 16:180
	405 KAR 16:200
	405 KAR 18:180
	405 KAR 18:200
350.440	405 KAR 16:010
	405 KAR 16:060
	405 KAR 16:130
	405 KAR 18:010
	405 KAR 18:060
	405 KAR 18:130
350.445	405 KAR 8:050
	405 KAR 16:010
	405 KAR 20:060
350.450	405 KAR 7:040
	405 KAR 8:010
	405 KAR 8:050
	405 KAR 16:010
	405 KAR 16:020
	405 KAR 16:190
	405 KAR 16:210
	405 KAR 18:190
	405 KAR 18:220
	405 KAR 20:040
	405 KAR 20:050
350.455	405 KAR 16:100
	405 KAR 18:100
350.465	405 KAR 7:030
	405 KAR 7:060
	405 KAR 7:080
	405 KAR 7:090
	405 KAR 8:010
	405 KAR 8:030
	405 KAR 8:050
	405 KAR 10:010
	405 KAR 10:020
	405 KAR 10:030
	405 KAR 10:040
	405 KAR 10:050
	405 KAR 10:060
	405 KAR 12:010
	405 KAR 12:020
	405 KAR 12:030
	405 KAR 16:010
	405 KAR 16:020
	405 KAR 16:030
	405 KAR 16:040
	405 KAR 16:050
	405 KAR 16:060
	405 KAR 16:070
	405 KAR 16:080
	405 KAR 16:090

KRS Section	Regulation
350.465	405 KAR 16:100
	405 KAR 16:110
	405 KAR 16:130
	405 KAR 16:140
	405 KAR 16:150
	405 KAR 16:170
	405 KAR 16:180
	405 KAR 16:190
	405 KAR 16:200
	405 KAR 16:210
	405 KAR 16:220
	405 KAR 16:250
	405 KAR 18:010
	405 KAR 18:020
	405 KAR 18:030
	405 KAR 18:040
	405 KAR 18:050
	405 KAR 18:060
	405 KAR 18:070
	405 KAR 18:080
	405 KAR 18:090
	405 KAR 18:100
	405 KAR 18:110
	405 KAR 18:130
	405 KAR 18:140
	405 KAR 18:150
	405 KAR 18:160
	405 KAR 18:170
	405 KAR 18:180
	405 KAR 18:190
	405 KAR 18:200
	405 KAR 18:210
	405 KAR 18:220
	405 KAR 18:230
	405 KAR 18:260
	405 KAR 20:010
	405 KAR 20:020
	405 KAR 20:030
	405 KAR 20:040
	405 KAR 20:050
	405 KAR 20:060
	405 KAR 20:070
	405 KAR 20:080
	405 KAR 24:020
	405 KAR 24:030
	405 KAR 24:040
350.610	405 KAR 8:020
	405 KAR 24:020
	405 KAR 24:030
	405 KAR 24:040
350.990	405 KAR 7:090
	405 KAR 12:010
	405 KAR 12:020
424.260	702 KAR 3:135

KRS Section	Regulation

Subject Index

AGRICULTURE
Livestock
Entry into state; 302 KAR 20:040; 302 KAR 20:040E
Stockyards; 302 KAR 20:070; 302 KAR 20:070E

AIR POLLUTION
Administrative Procedures
Fees; 401 KAR 50:036
Reference documents, incorporation of; 401 KAR 50:015
Existing Source Standards
Petroleum refineries; 401 KAR 61:145
Service stations; 401 KAR 61:085
New Sources—Non-Attainment
Attainment status; 401 KAR 51:010
Deterioration, prevention of; 401 KAR 51:016
Review; 401 KAR 51:051
New Sources—Standards for
Gas turbines, stationary; 401 KAR 59:018
Heat exchangers, indirect; 401 KAR 59:015
Incinerators; 401 KAR 59:020
Service stations; 401 KAR 59:175
Steam generating units; 401 KAR 59:016
Petroleum refineries; 401 KAR 59:045

BOILERS, PRESSURE VESSELS
Definitions; 815 KAR 15:010

CERTIFICATE OF NEED, LICENSURE
Alcohol detoxification centers; 902 KAR 20:110E
Ambulance services, emergency care; 902 KAR 20:115; 902 KAR 20:115E
Ambulatory surgical centers; 902 KAR 20:100E; 902 KAR 20:105E
Day health care; 902 KAR 20:065E
Emergency care; ambulance service; 902 KAR 20:115E
Extended care; 902 KAR 20:025E
Family care homes; 902 KAR 20:040E
Group homes; 902 KAR 20:077E
Health maintenance organizations; 902 KAR 20:057E
Home health agencies; 902 KAR 20:080E
Hospitals; 902 KAR 20:010E; 902 KAR 20:015E
Intermediate care; 902 KAR 20:050E; 902 KAR 20:055E
License, fee schedule; 902 KAR 20:007E
Mental health-retardation centers; 902 KAR 20:090E; 902 KAR 20:095E
Nursing homes; 902 KAR 20:045E; 902 KAR 20:047E
Outpatient clinics, ambulatory care; 902 KAR 20:070E; 902 KAR 20:075E
Personal care; 902 KAR 20:030E; 902 KAR 20:035E
Primary care centers; 902 KAR 20:059E
Renal dialysis facilities; 902 KAR 20:017E
Skilled nursing; 902 KAR 20:020E

CIVIL RIGHTS
(See Human Rights)

CONTRACTS, PERSONAL SERVICE
Subcommittee, procedure, records; 1 KAR 2:010

DEVELOPMENT
Agriculture
Livestock; 302 KAR 20:040; 302 KAR 20:070; 302 KAR 20:040E; 302 KAR 20:070E
Fish and Wildlife
Dove, etc., season for; 301 KAR 2:029E

DRIVER'S LICENSE
(See Vehicle Regulation)

DRUG FORMULARY
Acetaminophen; 902 KAR 1:080; 902 KAR 1:081
Drugs dispensed, records of; 902 KAR 1:005
Niacin; 902 KAR 1:330
Probenecid; 902 KAR 1:333

EDUCATION
Administration and Finance
Bidding, procedure for; 702 KAR 3:135
Employees' pay, procedure for; 702 KAR 3:060
Pupil transportation; 702 KAR 5:080
Exceptional, Handicapped
Programs; 707 KAR 1:051 to 707 KAR 1:060
Instruction
Day schools; approval, attendance; 704 KAR 6:010
Health, PE programs; 704 KAR 4:020
School Building Authority
Construction; 723 KAR 1:005; 723 KAR 1:015
Vocational Education
Administration; 705 KAR 1:010

EDUCATION, ARTS
(See also Education)

EMPLOYEES, STATE
Personnel Rules
Separations, disciplinary actions; 101 KAR 1:120; 101 KAR 1:120E

ENERGY REGULATORY COMMISSION
Consumer information, electric; 807 KAR 50:067

ENVIRONMENTAL PROTECTION
Air Pollution
Administration, general; 401 KAR 50:015; 401 KAR 50:036
Existing sources; 401 KAR 61:085; 401 KAR 61:145
New sources, non-attainment areas; 401 KAR 51:010 to 401 KAR 51:051
New sources, standards; 401 KAR 59:015 to 401 KAR 59:175

EXCEPTIONAL, HANDICAPPED EDUCATION
Programs
Behavior disordered; 707 KAR 1:054
Communication disorders; 707 KAR 1:052
Crippled, health impaired; 707 KAR 1:053
Emotionally disturbed; 707 KAR 1:054
Evaluation; 707 KAR 1:060
Exceptional; 707 KAR 1:051
Home, hospital instruction; 707 KAR 1:055
Identification; 707 KAR 1:060
Learning disabilities, specific; 707 KAR 1:056
Mentally handicapped; 707 KAR 1:057
Multiple handicapped; 707 KAR 1:058
Placement; 707 KAR 1:060
Visually handicapped; 707 KAR 1:059

FINANCE, DEPT. OF
Occupations, Professions
Physical therapy; 201 KAR 22:040; 201 KAR 22:110
Psychologists; 201 KAR 26:010 to 201 KAR 26:080

FIRE DEPARTMENTS, LOCAL
Education incentive; 815 KAR 45:035

FIRE MARSHAL
(See also Housing, Buildings and Construction)
Mobile homes; 815 KAR 25:010

FOOD STAMPS
Hearings
Fair; 904 KAR 3:070
Fraud; 904 KAR 3:060

HANDICAPPED, EDUCATION FOR
(See Exceptional, Handicapped)

HEALTH SERVICES
Certificate of need, licensure; 902 KAR 20:007E to 902 KAR 20:115E
Drug formulary; 902 KAR 1:005 to 902 KAR 1:333

HIGHWAYS
Traffic
Highways, classification of; 603 KAR 5:096

HOMES, MOBILE
Mobile home standards; 815 KAR 25:010

HOUSING, BUILDINGS, CONSTRUCTION
Boilers, pressure vessels; 815 KAR 15:010
Fire departments, local; 815 KAR 45:035
Mobile homes, RV's; 815 KAR 25:010
Plumbing; 815 KAR 20:050; 815 KAR 20:141

HUMAN RESOURCES
Health Services
Certificate of need, licensure; 902 KAR 20:115E
Drug formulary; 902 KAR 1:005 to 902 KAR 1:333
Social Insurance
Food stamps; 904 KAR 3:060; 904 KAR 3:070
Medical assistance; 904 KAR 1:004; 904 KAR 1:038E
Public assistance; 904 KAR 2:008 to 904 KAR 2:081; 904 KAR 2:008E to 904 KAR 2:081E

HUMAN RIGHTS
Notices; posting, distribution of; 104 KAR 1:010

HUNTING, FISHING
(See Fish and Wildlife)

INSTRUCTION, EDUCATION
Day schools; approval, attendance; 704 KAR 6:010
Health, PE Programs
School health, comprehensive; 704 KAR 4:020

LABOR
Occupational safety, health; 803 KAR 2:020; 803 KAR 2:021
Workers' compensation; 803 KAR 25:010; 803 KAR 25:025

LEGISLATIVE RESEARCH COMMISSION
Contracts, Personal Service
Subcommittee, procedure, records; 1 KAR 2:010

LIVESTOCK
(See Agriculture)

MEDICAL ASSISTANCE
Hearing, vision; services for; 904 KAR 1:038E
Needy; resource, income standard of; 904 KAR 1:004E

MERIT SYSTEM
(See Personnel)

MOTOR VEHICLES
(See Vehicle Regulation; Transportation)

NATURAL RESOURCES
Environmental Protection
Air pollution; 401 KAR 50:015 to 401 KAR 61:145

OCCUPATIONAL SAFETY, HEALTH
Carcinogens, occupational; 803 KAR 2:021
Industry, general; 803 KAR 2:020

OCCUPATIONS, PROFESSIONS
Physical therapy; 201 KAR 22:040; 201 KAR 22:110
Psychologists; 201 KAR 26:010 to 201 KAR 26:080

PERSONAL SERVICE CONTRACTS
(See Contracts, Personal Service)

PERSONNEL
Separations, disciplinary actions; 101 KAR 1:120; 101 KAR 1:120E

PHYSICAL THERAPY
Certification, assistants'; 201 KAR 22:110
License, renewal of; 201 KAR 22:040

PLUMBING
Installations, permits for; 815 KAR 20:050
Sewage disposal systems, subsurface; 815 KAR 20:141

PSYCHOLOGISTS
Exclusions from licensure, certification; 902 KAR 26:050
Licensure; 201 KAR 26:010
Limited practice; 201 KAR 26:080
Reciprocity; 201 KAR 26:030
Titles; 201 KAR 26:070

PUBLIC ASSISTANCE
AFDC; need, amount standards; 904 KAR 2:010; 904 KAR 2:010E
Aged, blind, disabled; supplemental for; 904 KAR 2:015; 904 KAR 2:015E
COPE (crisis oriented program for emergencies); 904 KAR 2:081; 904 KAR 2:081E
Eligibility, determination of; 904 KAR 2:040
Emergency assistance, program for; 904 KAR 2:008; 904 KAR 2:008E

PUBLIC PROTECTION
Housing, Buildings, Construction
Boilers, pressure vessels; 815 KAR 15:010
Fire departments, local; 815 KAR 45:035
Mobile homes, RV's; 815 KAR 25:010
Plumbing; 815 KAR 20:050; 815 KAR 20:141
Labor
Occupational safety, health; 803 KAR 2:020; 803 KAR 2:021
Workers' compensation; 803 KAR 25:010; 803 KAR 25:025
Public Service Commissions
Energy regulatory; 807 KAR 50:067
Racing
Thoroughbred; 810 KAR 1:002 to 810 KAR 1:018

PUBLIC SERVICE COMMISSION
Energy regulatory; 807 KAR 50:067

PUPIL TRANSPORTATION
Bus drivers; qualifications, responsibilities; 702 KAR 5:080

RACING
Thoroughbred
Associations; 810 KAR 1:006
Commission; 810 KAR 1:002
Horses; 810 KAR 1:012
Jockeys, apprentices; 810 KAR 1:009
Medication; 810 KAR 1:018

SCHOOL BUILDING AUTHORITY
Construction
Eligibility, criteria for; 723 KAR 1:015
Funding, procedures for; 723 KAR 1:005

SOCIAL INSURANCE
Food stamps; 904 KAR 3:060; 904 KAR 3:070
Medical assistance; 904 KAR 1:004E; 904 KAR 1:038E
Public assistance; 904 KAR 2:008 to 904 KAR 2:081; 904 KAR 2:008E to 904 KAR 2:081E

THOROUGHBRED, RACING
(See Racing)

TRANSPORTATION, DEPT. OF
(See also Vehicle Regulation)
Highways
Classifications; 603 KAR 5:096
Vehicle Regulation
Drivers' license; 601 KAR 13:010
Motor carriers; 601 KAR 1:090
Procedure, general; 601 KAR 2:010
Tax; motor vehicle, fuel; 601 KAR 9:070; 601 KAR 9:071

TRANSPORTATION, PUPILS
(See Pupil Transportation)

VEHICLE REGULATION
Administration
Procedures, general; 601 KAR 2:010
Drivers' License
Medical review board; 601 KAR 13:010
Motor Carriers
Commodities, exemption of; 601 KAR 1:090
Motor Vehicle Tax
Fuel tax licensees, records of; 601 KAR 9:071
Fuel use, tax on; 601 KAR 9:070

VOCATIONAL EDUCATION
Administration
Program plan, annual; 705 KAR 1:010

WORKERS' COMPENSATION
Procedure; 803 KAR 25:010
Self insurers, joint; 803 KAR 25:025