

LEGISLATIVE RESEARCH COMMISSION
FRANKFORT, KENTUCKY

VOLUME 8, NUMBER 6
TUESDAY, DECEMBER 1, 1981



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NOTE: The December meeting of the Administrative Regulation Review Subcommittee will be a ONE-DAY meeting—WEDNESDAY, December 2, 1981, at 10 a.m., in Room 103, Capitol Annex.

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

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

The *Administrative Register of Kentucky* is the monthly advance sheets service for the 1982 Edition of KENTUCKY ADMINISTRATIVE REGULATIONS SERVICE.

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

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

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

Administrative Register of Kentucky

(ISSN 0096-1493)

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The *Administrative Register of Kentucky* is published monthly by the Legislative Research Commission, Frankfort, Kentucky 40601. Subscription rate, postpaid in the United States: \$24 per volume of 12 issues, beginning in July and ending with the June issue of the subsequent year.

Second class postage paid at Frankfort, Kentucky.

POSTMASTER: Send address changes to *Administrative Register of Kentucky*, Room 300, State Capitol, Frankfort, Kentucky 40601.

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Emergency Regulations Now In Effect

JOHN Y. BROWN, JR., GOVERNOR
Executive Order 81-919
 October 29, 1981

EMERGENCY REGULATION
 Department for Human Resources
 Bureau for Social Insurance

WHEREAS, the Secretary of the Department for Human Resources is responsible, under KRS 194.050 and KRS 205.520, for promulgating, by regulation, the policies of the Department with regard to the provision of Medical Assistance; and

WHEREAS, the Secretary has found that, at the current rate of spending, the Department will incur a deficit which necessitates reductions in the Department's budget to bring spending in line with appropriation; and

WHEREAS, the Secretary has found that to reduce the rate of spending it is necessary to implement a new regulation governing technical eligibility; and

WHEREAS, the Secretary has promulgated a regulation on Technical Eligibility, which removes from coverage children age eighteen (18) through twenty (20) (except children age eighteen (18) in secondary school, or an equivalent vocational or technical school, expected to graduate by their nineteenth birthday), and substitutes pregnant women as an eligible group in place of the currently covered unborn children classification; and

WHEREAS, the Secretary has found that an emergency exists with respect to said regulation and that, therefore, said regulation should, pursuant to the provisions of KRS 13.085(2), become effective immediately upon been filed with the Legislative Research Commission:

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 of emergency by the Secretary of the Department for Human Resources with respect to the filing of said regulation on Technical Eligibility, and hereby direct that said regulation shall become effective upon being filed with the Legislative Research Commission, as provided in Chapter 13 of Kentucky Revised Statutes.

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

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Social Insurance

904 KAR 1:011E. Technical eligibility requirements.

RELATES TO: KRS 205.520

PURSUANT TO: KRS 13.082, 194.050

EFFECTIVE: October 30, 1981

EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.

NECESSITY AND FUNCTION: The Department for Human Resources has responsibility to administer the pro-

gram of Medical Assistance in accordance with Title XIX of the Social Security Act. KRS 205.520(3) empowers the department by regulation to comply with any requirement that may be imposed or opportunity presented by federal law for the provision of Medical Assistance, hereinafter referred to as MA, to Kentucky's indigent citizenry. This regulation sets forth the technical eligibility requirements of the MA Program.

Section 1. The Categorically Needy. All individuals receiving Aid to Families with Dependent Children, Supplemental Security Income or Optional or Mandatory State Supplementation are eligible for MA as categorically needy individuals. In addition, the following classifications of needy persons are included in the program as categorically needy and thus eligible for MA participation.

(1) Children in foster family care or private non-profit child caring institutions dependent in whole or in part on a governmental or private agency;

(2) Children in psychiatric hospitals or medical institutions for the mentally retarded;

(3) Pregnant women, for the sixth and succeeding months of pregnancy, when the unborn child is deprived of parental support due to death, absence, incapacity or unemployment of the father;

(4) Children of unemployed parents;

(5) Children in subsidized adoptions dependent in whole or in part on a governmental agency;

(6) Families terminated from the Aid to Families with Dependent Children (AFDC) program because of increased earnings or hours of employment.

Section 2. The Medically Needy. Other individuals, meeting technical requirements comparable to the categorically needy group, but with sufficient income to meet their basic maintenance needs may apply for MA with need determined in accordance with income and resource standards prescribed by regulation of the Department for Human Resources. Included within the medically needy eligible groups are pregnant women during the course of their pregnancy.

Section 3. Technical Eligibility Requirements. Technical eligibility factors of families and individuals included as categorically needy under subsections (1) through (6) of Section 1, or as medically needy under Section 2 are:

(1) Children in foster care, private institutions, psychiatric hospitals or mental retardation institutions must be under eighteen (18) years of age (or under age nineteen (19) if a full-time student in a secondary school or the equivalent level of vocational or technical training and if expected to complete the program before age nineteen (19));

(2) Pregnant women are eligible only upon medical proof of pregnancy;

(3) Unemployment relating to eligibility of both parents and children is defined as:

(a) Employment of less than 100 hours per month, except that the hours may exceed that standard for a particular month if the work is intermittent and the excess is of a temporary nature as evidenced by the fact that the individual was under the 100 hour standard for the prior two

(2) months and is expected to be under the standard during the next month;

(b) The individual has prior labor market attachment consisting of earned income of at least fifty dollars (\$50) during six (6) or more calendar quarters ending on March 31, June 30, September 30, or December 31, within any thirteen (13) calendar quarter period ending within one (1) year of application, or the individual within twelve (12) months prior to application received unemployment compensation;

(c) The individual is currently receiving or has been found ineligible for unemployment compensation;

(d) The individual is currently registered for employment at the state employment office, and available for full-time employment;

(e) The unemployed parent must not have refused suitable employment without good cause as determined in accordance with 45 CFR Section 233.100(a)(3)(ii).

(4) Under the definition contained in subsection (3) of this section, a parent shall not be considered as unemployed if he is:

(a) Temporarily unemployed due to weather conditions or lack of work when it is anticipated he can return to work within thirty (30) days; or

(b) On strike, or unemployed as a result of involvement in a labor dispute when such involvement would disqualify the individual from eligibility for unemployment insurance in accordance with KRS 341.360; or

(c) Unemployed because he voluntarily quit his most recent work for the purpose of attending school; or

(d) A farm owner or tenant farmer, unless he has previously habitually required and secured outside employment and currently is unable to secure outside employment; or

(e) Self-employed and not available for full-time employment.

(5) An aged individual must be at least sixty-five (65) years of age.

(6) A blind individual must meet the definition of blindness as contained in Titles II and XVI of the Social Security Act relating to RSDI and SSI.

(7) A disabled individual must meet the definition of permanent and total disability as contained in Titles II and XVI of the Social Security Act relating to RSDI and SSI.

(8) For families losing AFDC eligibility solely because of increased earnings or hours of employment, medical assistance shall continue for four (4) months to all such family members as were included in the family grant (and children born during the four (4) month period) if the family received AFDC in any three (3) or more months during the six (6) month period immediately preceding the month in which it became ineligible for AFDC. The four (4) month period begins on the date AFDC is terminated. If AFDC benefits are paid erroneously for one (1) or more months in such a situation, the four (4) month period begins with the first month in which AFDC was erroneously paid, i.e., the month in which the AFDC should have been terminated.

(9) Parents may be included for assistance in the cases of families with children including adoptive parents and alleged fathers where circumstances indicate the alleged father has admitted the relationship prior to application for assistance. Other relatives who may be included in the case (one (1) only) are caretaker relatives to the same extent they may be eligible in the Aid to Families with Dependent Children Program.

(10) An applicant who is deceased may have eligibility determined in the same manner as if he was alive, in order to pay medical bills during the terminal illness.

(11) Children of the same parent, i.e., a "common" parent, residing in the same household shall be included in the same case unless this acts to preclude eligibility of an otherwise eligible household member.

(12) To be eligible, an applicant or recipient must be a citizen of the United States, or an alien legally admitted to this country or an alien who is residing in this country under color of law. An alien must have been admitted for permanent residence. The applicant or recipient must also be a resident of Kentucky. Generally, this means the individual must be residing in the state for other than a temporary purpose; however, there are exceptions with regard to recipients of a state supplementary payment and institutionalized individuals. The conditions for determining state residency are specified in federal regulations at 42 CFR 435.403, which are hereby incorporated by reference.

(13) An individual may be determined eligible for medical assistance for up to three (3) months prior to the month of application if all conditions of eligibility are met. The effective date of medical assistance is generally the first day of the month of eligibility. For individuals eligible on the basis of unemployment, eligibility may not exist for the thirty (30) day period following the starting date of the unemployment. In these cases, the effective date of eligibility may be as early as the first day following the end of the thirty (30) day period if all other conditions of eligibility are met. For individuals eligible on the basis of desertion, a period of desertion must have existed for thirty (30) days, and the effective date of eligibility may not precede the first day of the month in which the thirty (30) day period ends. For individuals eligible on the basis of utilizing their excess income for incurred medical expenses, the effective date of eligibility is the day the spend-down liability is met.

(14) "Child" means a needy dependent child under the age of eighteen (18) (or under age nineteen (19) if a full-time student in a secondary school or the equivalent level of vocational or technical training and if expected to complete the program before the age nineteen (19)), who is not otherwise emancipated, self-supporting, married, or a member of the armed forces of the United States, and who is a recipient of or applicant for public assistance. Included within this definition is an individual(s) meeting the age requirement specified above, previously emancipated, who has returned to the home of his parents, or to the home of another relative, so long as such individual is not thereby residing with his spouse.

Section 4. Institutional Status. No individual shall be eligible for MA if a resident or inmate of a non-medical public institution. No individual shall be eligible for MA while a patient in a state tuberculosis hospital unless he has reached age sixty-five (65). No individual shall be eligible for MA while a patient in a state institution for mental illness unless he is under age eighteen (18) (or under age nineteen (19) if a full-time student in a secondary school or the equivalent level of vocational or technical training and if expected to complete the program before age nineteen (19)) or is sixty-five (65) years of age or over.

Section 5. Application for Other Benefits. As a condition of eligibility for medical assistance, applicants and recipients must apply for all annuities, pensions, retirement and disability benefits to which they are entitled, unless they can show good cause for not doing so. Good cause is considered to exist when such benefits have previously been denied with no change of circumstances, or the individual does not meet all eligibility conditions. Annuities, pensions, retirement and disability benefits in-

clude, but are not limited to, veterans' compensations and pensions, retirement and survivors disability insurance benefits, railroad retirement benefits, and unemployment compensation. Notwithstanding the preceding, no applicant or recipient shall be required to apply for federal benefits when the federal law providing for such benefits shows the benefit to be optional and that the potential applicant or recipient for such benefit need not apply for such benefit when to do so would, in his opinion, act to his disadvantage.

Section 6. Transferred Resources. When an applicant or recipient transfers a nonexcluded resource(s) for the purpose of becoming eligible for medical assistance, the value of the transferred resource(s) will be considered a resource to the extent provided for by this section. The provisions of this section are applicable to both family related cases and medical assistance only cases based on age, blindness, or disability.

(1) The disposal of a resource, including liquid assets, at less than fair market value shall be presumed to be for the purpose of establishing eligibility unless the individual presents convincing evidence that the disposal was exclusively for some other purpose. If the purpose of the transfer is for some other reason or if the transferred resource was considered an excluded resource at the time it was transferred, the value of the transferred resource is disregarded. If the resource was transferred for an amount equal to at least the assessed value for tax purposes, the resource will be considered as being disposed of for fair market value.

(2) After determining that the purpose of the transfer was to become or remain eligible, the department shall first add the uncompensated equity value of the transferred resource to other currently held resources to determine if retention of the property would have resulted in ineligibility. For this purpose, the resource considered available shall be the type of resource it was prior to transfer, e.g., if non-homestead property was transferred, the uncompensated equity value of the transferred property would be counted against the permissible amount for non-homestead property. If retention of the resource would not have resulted in ineligibility, the value of the transferred resource would thereafter be disregarded.

(3) If retention would result in ineligibility, the department will consider the excess transferred resource available for up to twenty-four (24) months, subject to the following conditions:

(a) The value of the total excess resources considered available (including the uncompensated equity value of the transferred resource) shall be reduced by \$500 for each month that has elapsed since the transfer, beginning with the month of transfer; except

(b) The reduction provided for in paragraph (a) of this subsection shall not be applicable with regard to any month in which the individual received medical assistance but was actually ineligible due to the provisions of this section.

(4) For those recipients who were receiving assistance on February 28, 1981, this section is applicable only with respect to resources transferred subsequent to that date.

Section 7. 904 KAR 1:003 and 904 KAR 1:003E, Technical eligibility, are hereby repealed, effective November 1, 1981.

Section 8. The provisions of Sections 1 through 7 of this regulation shall be effective on November 1, 1981.

WILLIAM L. HUFFMAN, Commissioner
ADOPTED: October 30, 1981
APPROVED: W. GRADY STUMBO, Secretary
RECEIVED BY LRC: October 30, 1981 at 4 p.m.

JOHN Y. BROWN, JR., GOVERNOR
Executive Order 81-880
October 16, 1981

EMERGENCY REGULATION
Department for Human Resources
Bureau for Social Insurance

WHEREAS, the Secretary of the Department for Human Resources is responsible, under KRS 194.050 and KRS 205.520, for promulgating, by regulation, the policies of the Department with regard to the provision of Medical Assistance; and

WHEREAS, the Secretary has found that, at the current rate of spending, the Department will incur a deficit which necessitates reductions in the Department's budget to bring spending in line with appropriation; and

WHEREAS, the Secretary has found that to reduce the rate of spending it is necessary to implement a new regulation concerning payments for mental health center services; and

WHEREAS, the Secretary has promulgated a regulation on Payments for Mental Health Center Services which reduces the cost center upper limits from 110% of the median of allowable costs to the median; and

WHEREAS, the Secretary has found that an emergency exists with respect to said regulation and that, therefore, said regulation should, pursuant to the provisions of KRS 13.085(2), become effective immediately upon filing with the Legislative Research Commission:

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 of emergency by the Secretary of the Department for Human Resources with respect to the filing of said regulation on Payments for Mental Health Center Services, and hereby direct that said regulation shall become effective upon being filed with the Legislative Research Commission, as provided in Chapter 13 of Kentucky Revised Statutes.

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

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Social Insurance

904 KAR 1:045E. Payments for mental health center services.

RELATES TO: KRS 205.520
PURSUANT TO: KRS 13.082, 194.050
EFFECTIVE: October 16, 1981

EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.

NECESSITY AND FUNCTION: The Department for Human Resources has responsibility to administer the program of Medical Assistance in accordance with Title XIX of the Social Security Act. KRS 205.520 empowers the department, by regulation, to comply with any requirement that may be imposed, or opportunity presented by federal law for the provision of medical assistance to Kentucky's indigent citizenry. This regulation sets forth the method for determining amounts payable by the department for mental health center services.

Section 1. Mental Health Centers. In accordance with 42 CFR 447.321, the department shall make payment to providers who are appropriately licensed and have met the conditions for participation (including the signing of such contractual arrangements as the department may require of this class of provider) set by the department, on the following basis:

(1) Payment shall be made on the basis of reasonable allowable costs.

(2) Payment amounts shall be determined by application of the "Community Mental Health Center General Policies and Guidelines and Principles of Reimbursement" developed and issued by the department, supplemented by the use of Title XVIII reimbursement principles.

(3) Allowable costs shall not exceed customary charges which are reasonable.

(4) The upper limit for allowable costs shall be set at [110 percent of] the median visit cost, for the four (4) different service areas reimbursed under the program (inpatient, outpatient, partial hospitalization, and personal care), with the upper limit imposed on a prospective basis at the time final rates are determined.

(5) Allowable costs shall not include the costs associated with political contributions, membership dues, travel and related costs for trips outside the state, and legal fees for unsuccessful lawsuits.

Section 2. Implementation of Payment System. (1) The system shall utilize a method whereby community mental health centers are reimbursed on a prospective basis based on *available cost data* [prior year actual allowable cost].

(2) The department may establish an interim rate at the end of each fiscal year until such time as a final prospective rate is determined with interim payments adjusted to the final prospective rate as necessary.

(3) The vendor shall complete an annual cost report on forms provided by the department not later than sixty (60) days from the end of the vendor's accounting year and the vendor shall maintain an acceptable accounting system to account for the cost of total services provided, charges for total services rendered, and charges for covered services rendered eligible recipients.

(4) Each community mental health center provider shall make available to the department at the end of each fiscal reporting period, and at such intervals as the department may require, all patient and fiscal records of the provider, subject to reasonable prior notice by the department.

(5) Payments due the community mental health center shall be made at reasonable intervals but not less often than monthly.

Section 3. Nonallowable Costs. The department shall not make reimbursement under the provisions of this regulation for services not covered by 904 KAR 1:044, community mental health center services, nor for that portion of a community mental health center's costs found unreasonable or nonallowable in accordance with the

department's "Community Mental Health Center General Policies and Guidelines and Principles of Reimbursement."

Section 4. The provisions of Sections 1 through 3 of this regulation shall be effective on October 1, 1981.

WILLIAM L. HUFFMAN, Commissioner

ADOPTED: October 8, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: October 16, 1981 at 4:30 p.m.

JOHN Y. BROWN, JR., GOVERNOR

Executive Order 81-921

October 29, 1981

EMERGENCY REGULATION
Department for Human Resources
Bureau for Social Insurance

WHEREAS, the Secretary of the Department for Human Resources is responsible for promulgating, by regulation, the policies of the Department with regard to the administration of the Food Stamp Program; and

WHEREAS, the Secretary has found that the current budgetary deficit facing the Commonwealth and the Department should be minimized to the extent possible by prompt action; and

WHEREAS, the Secretary has promulgated a regulation on Issuance Procedures to reduce the incidence of loss of food coupons; and

WHEREAS, the Secretary has found that an emergency exists, with respect to said regulation, and that, therefore, said regulation should, pursuant to the provision of law, be effective immediately upon filing with the Legislative Research Commission:

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 of emergency by the Secretary of the Department for Human Resources with respect to the filing of said regulation on Issuance Procedures, and hereby direct that said regulation shall become effective upon being filed with the Legislative Research Commission, as provided in Chapter 13 of the Kentucky Revised Statutes.

JOHN Y. BROWN, JR., Governor

FRANCES JONES MILLS, Secretary of State

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Social Insurance
(Proposed Amendment)

904 KAR 3:040E. Issuance procedures.

RELATES TO: KRS 194.050

PURSUANT TO: KRS 13.082, 194.050

EFFECTIVE: October 30, 1981

EXPIRES: Sine Die adjournment of 1982 regular session of the General Assembly, or upon being replaced through regular procedure.

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 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 coupon issuance procedures used by the department in the administration of the food stamp program.

Section 1. Basic Issuance Requirements. The department is responsible for the timely and accurate issuance of coupons to eligible households. In issuing coupons the department must insure that:

- (1) Only certified households receive benefits;
- (2) Coupons are accepted, stored, and protected after delivery to receiving points within the state;
- (3) Program benefits are distributed in the correct amounts; and
- (4) Coupon issuance and reconciliation activities are properly conducted in accordance with 7 CFR Parts 274.5 and 274.6 and accurately reported to the Food and Nutrition Service.

Section 2. Issuance System. The department shall arrange and choose one (1) of the following systems to issue food coupons to eligible households:

- (1) An authorization to participate (ATP) system in which an authorizing document is distributed to the household and surrendered to the coupon issuer when coupons are obtained; or
- (2) A direct coupon mail-out system.

Section 3. ATP Issuance. ATP's issued by the department shall contain at a minimum: serial number, case name, address, case number, coupon allotment, expiration date, county for which the ATP is issued, and a signature space for the household member or the authorized representative.

(1) The department may stagger the issuance of ATP's to certified households through the 15th day of the month provided that each household receives its ATP on approximately the same day every month and that the household has an opportunity to obtain its coupons prior to the end of the month.

(2) The department shall mark each ATP with an expiration date. The ATP shall be valid for the entire month of issuance unless an ATP has been issued after the 25th day of the month. ATP's issued after the 25th day of the month are valid through the last day of the following month.

(3) The department shall void all ATP's mutilated or otherwise rejected during the preparation process. The voided ATP's shall either be filed for audit purposes or destroyed, provided destruction is witnessed by at least two (2) persons and the department maintains a list of all destroyed ATP's.

(4) The department shall mail ATP's to eligible households in such a manner as to prevent mail loss. Households which report two (2) consecutive mail losses must be provided with an alternate means of delivery.

(5) The department shall exercise the following security and controls for ATP's returned as undeliverable by the postal service:

- (a) Record the ATP serial number, household name, and case number in a control log; [.]
- (b) Keep the returned ATP's in secure storage with access limited to authorized departmental personnel while attempts are made to locate the household.

(6) The department shall produce and mail the household's ATP card no later than the close of business of the second working day following the date the application was filed for those households determined eligible for expedited services.

(7) The department shall issue an emergency replacement ATP only if the original ATP is reported lost in the mail or stolen and the report is made during the period for which the ATP is valid. Prior to authorizing the replacement ATP, the department shall:

- (a) Determine that the household is currently certified;
 - (b) Determine that sufficient time has elapsed for delivery to have been completed. Sufficient time shall not exceed five (5) days from the mailing date;
 - (c) Determine that the lost or stolen ATP was valid for the current month, including any ATP's issued after the 25th of the previous month;
 - (d) Require the participant to sign an affidavit stating that the original ATP will be returned to the department if recovered by the household;
 - (e) Report all losses to the postal authorities.
- (8) The department shall provide the household with the means to designate in writing an emergency representative to obtain the household's allotment with a particular ATP. However, the household shall not be required to travel to a food stamp office to execute the designation. A separate written designation is needed each time an emergency authorized representative is used.
- (9) The department shall clearly differentiate between initial, supplemental, and replacement ATP issuances in its accountability system.

Section 4. Redemption of the Authorization to Participate Card. When the ATP system is utilized, the department shall provide each eligible household with the means to redeem his ATP card for coupons by over-the-counter issuance or by regular mail issuance.

(1) Prior to being issued coupons the eligible individual must present issuance personnel with proof of identity.

(2) Issuance personnel must examine the ATP card to verify its validity.

(3) The eligible individual and/or his/her authorized representative must sign the ATP card in the presence of the issuer unless the eligible individual and/or his/her authorized representative is participating in mail issuance. Persons utilizing mail issuance must sign their ATP card prior to mailing the card to the issuance site.

(4) Coupons are issued in accordance with a table for coupon issuance provided by Food and Nutrition Service.

(5) The department shall provide for the issuance of coupon replacements due to improper manufacture or mutilation.

(a) The department shall examine the improperly manufactured or mutilated coupons to determine the validity of the claim and the amount of coupons to be replaced.

(b) If the department can determine the value of the improperly manufactured or mutilated coupons, the unusable coupons shall be replaced on a dollar-for-dollar exchange. After the exchange, the department shall destroy the coupons provided that:

1. It has been determined that the value of coupons does not exceed \$200 per coupon issuer or bulk storage point for any month; and
 2. The department has determined that the coupons were in fact improperly manufactured.
- (c) The department shall destroy the coupons and coupon books by burning, shredding, tearing, or cutting so

they are not negotiable. Two (2) state officials shall witness and certify the destruction and forward the necessary documentation to FNS.

(d) If the value of the coupons to be destroyed exceeds \$200 per coupon issuer, the department shall request FNS approval prior to any destruction of the coupons.

(e) If either the coupon issuer, the bulk storage point, or the department cannot determine whether coupons or coupon books were in fact improperly manufactured or establish the value of the coupons involved, the department shall promptly forward a written statement of findings and the cancelled coupons(s) or coupon book(s) to FNS for a determination.

Section 5. Verification of ATP Issuance. When the ATP system is used the department shall verify the number of transmitted ATP's received from the coupon issuers and the total value of authorized issuances.

Section 6. Direct Coupon Issuance. When the direct mail system is used the department issues all or part of the coupon allotments through the mail. The department shall mail the coupons directly to the household without using an authorization document.

Section 7. Direct Mail Issuance Controls and Records. When the direct mail system is used the department shall record the date and amount of coupons issued.

(1) The department must provide for dual accountability during the stuffing and addressing operations and maintain a perpetual coupon inventory control and mail issuance log.

(2) The department shall consult with appropriate postal officials concerning the schedule for mailing coupons, the approximate volume and values of the mailings, the type of envelopes to be used and maintain liaison with postal officials to facilitate prompt, efficient and safe delivery of coupon mailings to households.

(3) The department shall use at least first class mail in mailing the coupons to households. The coupons shall be mailed in sturdy nonforwarding envelopes.

(4) To minimize mail theft exposure, direct mail issuances shall be staggered through the tenth (10th) day of the month and may be staggered through the fifteenth (15th) day provided that each household will likely receive its coupons on the same date every month. The department shall insure that coupons are not mailed to concentrations of households with the same zip code on the same day.

(5) The department shall insure that participants receive allotments on a timely basis and can receive expedited issuance no later than the close of business of the second working day following the date the application was filed.

(6) The department must mail timely replacement issuances, if the household reports non-receipt of its coupons. Timely is defined as not later than five (5) days from the date the coupons are mailed from the issuance point.

Section 8. Coupons Lost in the Mail. When the direct mail system is used and a household reports the non-receipt of coupons issued through the mail, the department shall:

(1) Determine if the coupons were actually mailed;

(2) Determine that sufficient time has elapsed for the coupons to have been received by the participant which is not to exceed five (5) days from the mailing date;

(3) Review the mail issuance log for the return of undelivered coupons. *If the coupons were returned to central office, non-receipt did not occur;*

(4) Report all losses to the postal authorities;

(5) Prepare and have the participant sign an affidavit attesting to non-receipt;

(6) Mail the replacement coupons to the local office for pickup within five (5) days after the report of non-delivery has been received;

(7) Record the report of non-delivery and date of replacement on the mail issuance log;

(8) After two (2) [consecutive] reports of non-delivery from the same household, the department shall mail the household's coupons to the county office for pickup for a period of *six (6) monthly issuances; and [four (4) months.]*

(9) *For counties on a direct coupon mail-out system which are experiencing an excessive mail loss, as identified by the department, the following additional procedures shall be applied:*

(a) *Any household reporting one (1) mail loss is placed on local office pickup immediately and for the following six (6) monthly issuances;*

(b) *Any household reporting a loss after having been removed from direct mail in a previous period is placed on local office pickup for twelve (12) monthly issuances;*

(c) *When portions of a county experience a high mail loss, all recipients in that portion of the county will either receive their coupons by certified mail or be required to pick up their coupons at a specified location in the county.*

Section 9. Coupon Inventory Management. Whether it uses the ATP system or the direct mail system, the department shall establish a coupon inventory management system which insures that coupons are requisitioned and inventories are maintained in accordance with 7 CFR parts 274.4(a)1 and 2.

Section 10. Coupon Controls. Whether it uses the ATP or direct mail system, the department shall establish control and security procedures to safeguard coupons similar to those used to protect currency outlined in 7 CFR part 274.4(b).

Section 11. Coupon Requisitioning. Whether it uses the ATP system or the direct mail system, the department shall arrange for the ordering of coupons and the prompt verification and written acceptance of each coupon shipment in accordance with 7 CFR part 274.4(c).

Section 12. Receipt of Coupons. Whether the department uses the ATP system or direct mail system, coupon issuers and bulk storage points shall promptly verify and acknowledge, in writing, the contents of each coupon shipment or coupon transfer delivered to them and shall be responsible for the custody, care, control and storage of coupons pursuant to 7 CFR part 274.5.

Section 13. Availability of Issuance Records. Whether it uses the ATP system or direct mail system, the department shall maintain issuance records for a period of three (3) years from the month of origin as outlined in 7 CFR part 274.7.

Section 14. Control of Issuance Documents. Whether it uses the ATP system or direct mail system, the department shall control all issuance documents which establish household eligibility while the documents are transferred and processed within the state agency in accordance with 7 CFR part 274.7(b).

Section 15. Accountable Documents. Whether it uses

the ATP system or direct mail system, the department shall provide security and control for all issuance accountability documents pursuant to 7 CFR part 274.7(c).

WILLIAM L. HUFFMAN, Commissioner

ADOPTED: October 21, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: October 30, 1981 at 4 p.m.

Amended Regulations Now In Effect

AUDITOR OF PUBLIC ACCOUNTS As Amended

45 KAR 1:020. Audits of county budgets and county fee officials.

RELATES TO: KRS 43.070(1)(a),(b), 64.810

PURSUANT TO: KRS 13.082, 43.075

EFFECTIVE: November 5, 1981

NECESSITY AND FUNCTION: KRS 43.075 requires the Auditor of Public Accounts to develop uniform standards, procedures and formats for reporting all audits of the accounts, books and papers of elected county or district officials. This regulation provides the uniform standards for audits of the funds contained in each county's budget and for audits of each county fee official.

Section 1. (1) The financial and compliance audit of the funds contained in each county's budget shall be conducted in accordance with generally accepted auditing standards as promulgated by the "Standards for Audit of Governmental Organizations, Programs, Activities and Functions" issued by the Comptroller General of the United States February 27, 1981, (copy filed with the Legislative Research Commission and hereby incorporated by reference). This regulation reflects the interpretation of the Auditor of Public Accounts of generally accepted governmental auditing standards as applied to county government.

(2) It is not the intent, however, of this regulation to subjugate either the judgment or the independence of the certified public accountant.

(3) Objective of the audit.

(a) The primary objective in audits of county governments is to express an opinion as to the fairness of the assets, liabilities and fund balances arising from the cash transactions of the county and its cash receipts and disbursements during the year.

(b) More specifically, the auditor should make sufficient tests to determine:

1. Whether county receipts have been collected, accounted for and disbursed in accordance with applicable state and federal laws and regulations.

2. Whether disbursements are properly documented.

3. Whether the official is complying with all other legal requirements relating to the management of public funds by his office including, but not limited to, requirements of the uniform system of accounts adopted under KRS 68.210 and all publication requirements.

4. Auditors shall be alert to situations or transactions that could be indicative of fraud, abuse, illegal expenditures and acts, and if such evidence exists, extend audit

steps and procedures to identify the effect on the entity's financial statements.

5. Determination of fund balance of official accounts.

(4) Reporting format.

(a) The auditor's report shall indicate whether the audit was conducted in accordance with the "Standards for Audit of Governmental Organizations, Programs, Activities and Functions."

(b) The report shall include a comparative statement of assets, liabilities and fund balances arising from cash transactions, a statement of cash receipts, cash disbursements and changes in fund balances, a comparison of estimated and actual revenue, a statement of operating revenue and a comparative statement of final budget and budgeted expenditures. Other statements such as "Notes to Financial Statements" may also be included in the report.

(c) The auditor shall express an overall opinion as to whether the financial statements of the county present fairly the assets, liabilities and fund balances arising from cash transactions and its cash receipts and disbursements or shall indicate the reasons why an overall opinion cannot be expressed.

(d) Since the content of the financial statements is determined by law, reference to generally accepted accounting principles would not be appropriate. As recommended by the State Local Finance Officer, pursuant to KRS 68.210, the financial statements are prepared primarily on a cash basis. Consequently, certain revenues and the related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when a liability is incurred. Accordingly, the financial statements are not intended to present financial position and results of operations in conformity with generally accepted accounting principles.

(e) The report shall indicate any matters of non-compliance with law or regulation known to the auditor including any deficit in official accounts. Additionally, the auditor's report shall contain a statement of positive assurance on those items of compliance tested and a statement of negative assurance on those items not tested. It shall also include material instances of noncompliances and instances or indications of fraud, abuse or illegal acts found during or in connection with the audit.

(f) The auditors shall report on their study and evaluation of internal accounting controls made as part of the financial and compliance audit. They shall identify as a minimum:

1. The entity's significant internal accounting controls;

2. The controls identified that were evaluated;

3. The controls identified that were not evaluated (the auditor may satisfy this requirement by identifying any significant classes of transactions and related assets not included in the study and evaluation); and

(4) The material weaknesses identified as a result of the evaluation.

(g) There are a number of reasons why a study and evaluation of internal accounting control may not be made. They include:

1. The entity is so small that it is not feasible to have an adequate internal control system.

2. The auditor may conclude that the audit can be performed more efficiently by expanding substantive audit tests, thus placing very little reliance on the internal control system.

3. The existing internal control system may contain so many weaknesses that the auditor has no choice but to rely on substantive testing, thus virtually ignoring the internal control system.

The above circumstances may justify not making a study and evaluation of internal accounting controls. However, the auditors must describe in their report why a study was not made.

(h) The auditor shall report on any other material findings.

(i) If certain information is prohibited from general disclosure, the report shall state the nature of the information omitted and the requirement that makes the omission necessary.

Section 2. (1) On and after December 31, 1981, financial and compliance audits of county fee officials shall be conducted in accordance with generally accepted auditing standards as promulgated by the "Standards for Audit of Governmental Organizations, Programs, Activities and Functions" issued by the Comptroller General of the United States February 27, 1981, (copy filed with the Legislative Research Commission and hereby incorporated by reference) and the "Audit Guide for County Fee Officials" issued by the Auditor of Public Accounts, Commonwealth of Kentucky. This regulation reflects the interpretation of the Auditor of Public Accounts of generally accepted governmental auditing standards as applied to county fee officials in Kentucky.

(2) It is not the intent, however, of this regulation or the guide to subjugate either the judgment or the independence of the certified public accountant.

(3) Objective of the audit.

(a) The primary objective in audits of county fee officials is to express an opinion as to the fairness of the reported "Receipts, Disbursements and Excess Fee" of any of the officials and to determine whether the official complied with the laws and regulations governing the collection and expenditures of government funds as enumerated in KRS 43.070.

(b) More specifically, the auditor should make sufficient tests to determine:

1. Whether statutory receipts have been collected, accounted for and disbursed in accordance with applicable state and federal laws and regulations.

2. Whether expenses claimed are allowable against fee income by statute or common law.

3. The amount of "excess fees," if any, of the officials and the amounts otherwise payable to the county and/or the state.

4. Whether the official is complying with all other legal requirements relating to the management of public funds by his office including, but not limited to, requirements of the uniform system of accounts adopted under KRS 68.210 and all publication requirements.

5. Auditors shall be alert to situations or transactions that could be indicative of fraud, abuse, illegal expend-

itures and acts, and if such evidence exists, extend audit steps and procedures to identify the effect on the entity's financial statements.

6. Determination of fund balance of official accounts.

(4) Reporting format.

(a) The auditor's report shall indicate whether the audit was conducted in accordance with the "Standards for Audit of Governmental Organizations, Programs, Activities and Functions" issued by the Comptroller General of the United States, and the "Audit Guide for County Fee Officials" issued by the Auditor of Public Accounts, Commonwealth of Kentucky.

(b) The report shall include a statement of receipts, disbursements and excess fees, with receipts classified by source and disbursements classified by object. Excess fees shall be identified in the statement as the excess of receipts over disbursements, statutory compensation and unpaid obligations. Excess fees shall be reduced by payments including payments made up to the date of the audit report. Other statements such as "Notes to Financial Statements" and "Schedule of Excess of Liabilities Over Assets" may also be included in the report.

(c) The auditor shall express an overall opinion as to whether the statement of receipts, disbursements and excess fees presents fairly the receipts, disbursements and excess fees of the official, or shall indicate the reasons why an overall opinion cannot be expressed.

(d) If a deficit exists in the official accounts on December 31 of the audit period, it should be disclosed in the letter of transmittal.

(e) Since the content of the statement of receipts, disbursements and excess fees is determined by law, reference to generally accepted accounting principles would not be appropriate. As recommended by the State Local Finance Officer, pursuant to KRS 68.210, the financial statements are prepared primarily on a cash basis. Consequently, certain revenues and the related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when a liability is incurred. Accordingly, the financial statements are not intended to present financial position and results of operations in conformity with generally accepted accounting principles.

(f) The report shall indicate any matters of non-compliance with law or regulation known to the auditor including any deficit in official accounts. Additionally, the auditor's report shall contain a statement of positive assurance on those items of compliance tested and a statement of negative assurance on those items not tested. It shall also include material instances of noncompliance and instances or indications of fraud, abuse or illegal acts found during or in connection with the audit.

(g) The auditors shall report on their study and evaluation of internal accounting controls made as part of the financial and compliance audit. They shall identify as a minimum:

1. The entity's significant internal accounting controls;

2. The controls identified that were evaluated;

3. The controls identified that were not evaluated (the auditor may satisfy this requirement by identifying any significant classes of transactions and related assets not included in the study and evaluation); and

4. The material weaknesses identified as a result of the evaluation.

(h) There are a number of reasons why a study and evaluation of internal accounting control may not be made. They include:

1. The entity is so small that it is not feasible to have an adequate internal control system.

2. The auditor may conclude that the audit can be performed more efficiently by expanding substantive audit tests, thus placing very little reliance on the internal control system.

3. The existing internal control system may contain so many weaknesses that the auditor has no choice but to rely on substantive testing, thus virtually ignoring the internal control system.

The above circumstances may justify not making a study and evaluation of internal accounting controls. However, the auditors must describe in their report why a study was not made.

(i) The auditor shall report on any other material findings.

(j) If certain information is prohibited from general disclosure, the report shall state the nature of the information omitted and the requirement that makes the omission necessary.

Section 3. 45 KAR 1:010, County fee official's audit standards, is hereby repealed, effective December 31, 1981.

JAMES B. GRAHAM,
Auditor of Public Accounts

ADOPTED: August 31, 1981

RECEIVED BY LRC: August 31, 1981 at 3 p.m.

DEPARTMENT OF FINANCE
Board of Registration for Professional Engineers
and Land Surveyors
As Amended

201 KAR 18:040. Fees.

RELATES TO: KRS 322.040, 322.090, 322.100, 322.110, 322.120, 322.140, 322.150, 322.160, 322.420

PURSUANT TO: KRS 13.082, 322.090, 322.100, 322.120, 322.140, 322.290, 322.420

EFFECTIVE: November 5, 1981

NECESSITY AND FUNCTION: KRS Chapter 322 gives the board certain authority to fix fees, and this is intended to outline fees covering various steps of application, examination, certification, registration and/or renewal fees.

Section 1. Fees. (1) The license fee under KRS 322.040 shall be *seventy dollars (\$70)* [sixty dollars (\$60)], of which *thirty-five dollars (\$35)* [thirty dollars (\$30)] is payable on application. The license fee under KRS 322.120 shall be *seventy dollars (\$70)* [sixty dollars (\$60)] all of which is payable on application. The amounts specified as application fees should accompany each application and shall be transmitted by check or money order made payable to "Kentucky State Registration Board."

(2) These fees will be retained by the board as non-refundable application fees, the same to be credited to the applicant when and if a license is granted.

(3) If approved under KRS 322.120 the license certificate will be issued without further fee, and if under KRS 322.040, it will be issued upon receipt by the board of the final payment of *thirty-five dollars (\$35)* [thirty dollars (\$30)], representing the balance of the total licensing fee of *seventy dollars (\$70)* [sixty dollars (\$60)].

(4) Only one (1) complete application form is required for a license in any one or more branches of engineering or land surveying. However, an updating of the application and an additional application fee of *thirty-five dollars (\$35)* [thirty dollars (\$30)] and an additional *thirty-five dollar (\$35)* [thirty dollar (\$30)] final fee is required for each additional branch of engineering or section of the law under which the applicant subsequently applies for licensing. The update must stress the work experience the applicant has had in the branch he wishes to add.

[(5) Candidates who pass the fundamentals of engineering examination, the first of the two (2) required professional examinations under KRS 322.040, will be designated as engineers-in-training and will be issued a certificate to that effect.]

[(6) The fees accompanying applications for licensing and in-training certification shall entitle the applicants to one (1) examination and one (1) re-examination if required. Application for the second re-examination must be accompanied by a fee of thirty dollars (\$30).]

JOHN T. HILL, Secretary-Treasurer

ADOPTED: September 10, 1981

APPROVED: GEORGE ATKINS, Secretary

RECEIVED BY LRC: September 14, 1981 at 3:45 p.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Division for Consumer Health Protection
As Amended

902 KAR 50:040. Hauler requirements.

RELATES TO: KRS 217C.010 to 217C.990

PURSUANT TO: KRS 13.082, 194.050, 211.090, 217C.040

EFFECTIVE: November 5, 1981

NECESSITY AND FUNCTION: The Department for Human Resources is directed by KRS Chapter 217C to regulate milk haulers. The function of this regulation is to provide uniform standards for the transportation, handling, sampling, examination and grading of raw milk and the issuance and revocation of milk hauler permits.

Section 1. Milk Hauler Permit Requirements. No person shall haul raw milk in this state without a permit from the department. Provided, however, that individual producer delivery or transport delivery *between plants or receiving and transfer stations* shall not be required to have a permit. *Owners of bulk tank route trucks shall immediately notify the department of any new haulers. All new haulers shall be required to obtain a permit within sixty (60) days of their employment.* Permits shall not be transferable with respect to persons or locations. Permits shall continue in force unless suspended or revoked for cause. *All haulers collecting raw milk samples to be used by the department for regulatory purposes shall be permitted by the department as an "Official Sample Collector," according to this regulation.*

Section 2. Bulk Milk Hauler Standards. Each bulk milk hauler shall be equipped with an accurate pocket-type metal stemmed thermometer when collecting milk from

dairy farms, and shall observe the following sanitary practices in his milk collection operations:

(1) His hands and outer clothing shall be clean during all pick-up operations.

(2) The milk shall be smelled through the port opening in the cover of the bulk tank for off-odors prior to raising the lid for a visual examination of the raw milk.

(3) A visual examination shall be made of the raw milk in the bulk tank. Milk which is visibly unfit for human consumption in accordance with the provisions of KRS Chapter[s] 217 and *regulations pursuant to Chapter 217C* shall be rejected and not collected. The lid shall be closed immediately after making the visual examination whenever possible.

(4) The milk transfer hose used to withdraw raw milk from the farm bulk tank shall not exceed twenty (20) feet in length and enter the milkhouse only through the porthole provided for that purpose.

(5) If milk has leaked past the core of the outlet valve of the farm bulk tank, the outlet port of the valve shall be washed and sanitized prior to withdrawing the milk.

(6) When the cap from the end of the transfer hose is being removed it shall be handled in a sanitary manner and stored so as to prevent it from being contaminated while milk is being pumped from the farm bulk tank into the bulk milk tank truck.

(7) After the milk has been removed from the farm bulk tank, the bottom of the tank shall be observed for sediment and other foreign material.

(8) Sediment and other foreign material conditions observed shall be noted on the plant and producer's copy of the ticket.

(9) The date [and time] of milk collection and the temperature of the raw milk shall be entered on the weigh ticket.

(10) After the milk has been removed from the farm bulk tank, the transfer hose shall be removed and recapped before the farm bulk tank is rinsed with water. After recapping, the transfer hose shall be rinsed free of exterior soil.

(11) A bulk milk hauler shall not collect milk from any dairy farm for delivery to a milk plant, receiving station or transfer station unless such farm holds a valid permit or authorization for sale from the department [or local health department having jurisdiction].

(12) At the time of collection of milk from each dairy farm, the bulk milk hauler shall collect the entire volume of acceptable milk being stored in the bulk tanks on each dairy farm. Only milk in properly constructed and operated equipment shall be collected.

(13) All precautions shall be taken to prevent the entrance of flies into the milkhouse.

(14) At least once each three (3) months, the bulk milk hauler shall check the accuracy of the thermometer of each of his milk producer's bulk milk tanks against his pocket-type thermometer. The temperatures obtained from both thermometers shall be entered on the weigh ticket. If there is a difference between the readings on the two (2) thermometers, the reading of the bulk milk hauler's thermometer shall be reported as the official temperature on that day and each succeeding day until the thermometer on the bulk milk tank is adjusted or repaired to be accurate.

(15) If milk in a bulk tank is rejected, the reason for rejection shall be noted by the hauler and the tank tagged with appropriate tags prepared by or approved by the department.

Section 3. Sampling Appurtenances for Bulk Milk

Trucks. Every bulk milk tank truck used to collect raw milk on a bulk milk route shall be equipped with:

(1) A sample dipper or other sampling device of sanitary construction approved by the department.

(2) A container suitable for the storage of the sample dipper in a sanitizing solution enroute between the farms on the bulk route. If other sampling devices are used, they shall be protected from contamination.

(3) A sample carrying case constructed of such material and in such a way as to maintain producer raw milk samples at a temperature of thirty-two (32) degrees Fahrenheit to forty (40) degrees Fahrenheit from the time such samples are collected until they are delivered to the milk plant, receiving station or transfer station.

(4) A sample rack approved by the department and of sufficient size to hold at least one (1) sample of raw milk in an upright position from each bulk milk tank of each milk producer represented on the load of raw milk being transported to a milk plant, receiving station or transfer station plus one (1) sample to be used for temperature determination.

Section 4. Sample Collection From Bulk Tanks. The milk hauler shall collect a sample of milk from each farm bulk tank after the milk has been thoroughly agitated (a minimum of five (5) minutes) and before opening the outlet valve, at a frequency directed by the department. Such sample shall be collected in the following manner:

(1) If a sample dipper is used, it shall be clean and transported between farms on the bulk milk route in a sanitizing solution equivalent to 100 p.p.m. chlorine or other approved sanitizers. Other sampling devices shall be kept free of contamination.

(2) After removal from the sanitizing solution, all of the sanitizing solution shall be drained from the sample dipper.

(3) The sample dipper shall then be rinsed twice in the milk in the farm bulk tank and then drained.

(4) A sample shall then be collected through the port opening in the cover of the bulk tank and placed in a sterile container.

(5) The sample container shall then be closed and immediately placed in melting ice water in the sample carrying case on the bulk milk tank truck in such a way that the top of the sample container is not submerged in the refrigerant. Producer raw milk samples shall be maintained at a temperature of thirty-two (32) degrees Fahrenheit to forty (40) degrees Fahrenheit until delivered to the milk plant, receiving station or transfer station. Such samples shall not be frozen.

(6) Each sample collected shall be identified with date the sample was collected, the temperature of the milk in the farm bulk tank, the route and *name* [patron] or identity number of the milk producer and the person collecting the sample.

(7) Prior to or at the time of collecting raw milk from the first milk producer on the bulk milk route, the bulk milk hauler shall collect a sample of milk for temperature determination. *The temperature sample shall have date, time, and temperature recorded on the sample container.* Such sample shall be refrigerated until it arrives at the laboratory.

(8) Sampling equipment shall be rinsed in clean water immediately after each usage.

(9) If one-pint samples are used to conduct the required sediment tests of each milk producer's raw milk, the bulk milk hauler shall collect and identify such full one-pint

samples as requested by the milk plant, receiving station, transfer station or department. A sample dipper, which shall be cleaned and sanitized prior to the collection of each sample, shall be used. Such one-pint samples shall be collected and transported in such a manner as to not interfere with the proper conduct of sediment tests.

Section 5. Frequency of Raw Milk Pick-up. All raw milk for manufacturing purposes shall be collected as required by 902 KAR 50:050. Raw milk collection frequencies may be waived by the department in the case of emergencies. All Grade A bulk tank raw milk shall be collected at least every forty-eight (48) hours, and all Grade A milk shipped in cans shall be collected every twenty-four (24) hours, except in the case of emergencies.

Section 6. Bulk Milk Tank Truck Owner Standards. (1) Every bulk tank truck used to collect raw milk on a bulk milk route shall be of sanitary design and construction.

(2) The owner of the bulk tank *connected to the truck chassis* shall be responsible for maintaining it and its milk contact appurtenances in good repair and in a clean, sanitary condition. *Additionally, the owner of the bulk tank connected to the truck chassis shall obtain an identification number from the department. The number shall be placed on the rear of the tank in letters at least three (3) inches high.*

(3) Each bulk milk tank truck and its milk contact appurtenances shall be cleaned after the completion of each day's usage and sanitized prior to beginning the next day's operation in a manner and at a location approved by the department.

(a) *Each plant, receiving or transfer station or other location which washes bulk tank trucks shall provide truck wash tags.*

(b) *The company or person responsible for washing the bulk tank truck shall affix a wash tag in the interior pump compartment of the truck signifying the date and location at which the truck and appurtenances were cleaned and sanitized and the signature or initials of the person responsible for cleaning the bulk tank truck and appurtenances. Over the road tankers without rear pump compartments shall have the wash tag affixed to the top manhole cover or the outlet valve.*

(c) *Receiving locations shall not receive milk from a truck not properly tagged signifying date and location cleaned, unless otherwise approved by the department. Cleaning tags shall be removed whenever a truck is unloaded and the tags maintained at the receiving location for a minimum of fifteen (15) days.*

(d) *Trucks which pick up and deliver two (2) loads of milk in the same day shall have a new cleaning tag affixed after the first load is delivered explaining why the truck is running unwashed on the second trip.*

(e) *Wash tag requirements apply to all farm bulk milk pick-up trucks and milk transport tankers. When transport trucks are not washed by the plant which loads the truck, the truck shall have a wash tag prior to loading. Transport trucks or trucks from another plant, receiving or transfer station shall have a properly identified tag to be received and unloaded unless otherwise approved by the department.*

(4) The bulk milk tank [truck] and its milk contact appurtenances shall be protected from contamination after being cleaned and sanitized.

(5) Milk in bulk milk tank trucks shall be maintained at a temperature of *forty-five (45) [fifty (50)] degrees Fahrenheit or less for Grade A milk and fifty (50) degrees*

Fahrenheit or less for manufacturing milk from the time of collection until delivered to a milk plant, receiving station or transfer station. Provided, that Grade A milk may be collected within two (2) hours after milking if the blend temperature in the farm bulk cooler does not exceed fifty (50) degrees Fahrenheit.

(6) Milk in farm bulk tanks in excess of *forty-five (45) [fifty (50)] degrees Fahrenheit for Grade A milk and fifty (50) degrees Fahrenheit for manufacturing milk* shall not be commingled with other producers' milk on a bulk tank truck, *except as provided for in subsection (5) above.*

(7) The name [and address] of the milk plant or company or the *name and address of the owner of the bulk milk pick-up tank* shall be legibly marked on both sides or on the rear of the vehicle in letters not less than one and one-half (1½) inches in height.

(8) Each bulk milk route owner shall provide a bulk milk hauler who holds a valid permit for all bulk milk collection. The permit shall be carried on the person or in the vehicle.

Section 7. Milk Plant, Receiving Station and Transfer Station Standards. It shall be the responsibility of the milk plant, receiving station or transfer station to provide competent personnel to receive producer raw milk samples from each bulk milk tank truck. The temperature of the temperature sample (if applicable), shall be recorded and the samples properly identified and stored prior to delivery to the laboratory. The milk plant, receiving station or transfer station shall also be responsible for providing facilities for the storage of producer raw milk samples at a temperature of thirty-two (32) to forty (40) degrees Fahrenheit at which temperature they shall be maintained until they are received by the laboratory for analysis. Producer raw milk samples shall not be transferred to another sample container after they have been collected by the bulk milk hauler. Required laboratory analysis shall begin no later than the second day after the date the sample was collected. Milk producers and bulk milk haulers shall not receive notice of which samples are to be used for bacteriological analysis.

Section 8. Milk Hauler Permit Suspension, Revocation and Reinstatement. (1) Whenever the department [or local health department having jurisdiction] has reason to believe that a public health hazard exists, or whenever the permit holder has *willfully refused to permit inspection* [interfered with the department or local health department concerned in the performance of their duties], the permit may be suspended immediately upon notice to the permit holder without a hearing. In such event the permit holder may request a hearing which shall be granted *within ten (10) days* [as soon as practicable].

(2) In all other instances of violation of the provisions of this regulation, the department [or local health department having jurisdiction] shall serve upon the holder of the permit a written notice of intent to suspend which shall specify the violation(s) in question and afford the holder a reasonable opportunity to correct same.

(3) *If the department's reinspection, after the written notice of intent has been issued, indicates the violation(s) have not been corrected, the department may suspend the hauler's permit or require the hauler and owner to appear before the department at a hearing to justify why the permit should not be suspended.*

(4) [(3)] Upon written application of any person whose permit has been suspended, or upon application within forty-eight (48) hours of any person who has been served

with a notice of intention to suspend and in the latter case before suspension, the department [or local health department having jurisdiction,] shall within a reasonable time proceed to a hearing to ascertain the facts of such violation or interference and upon evidence presented at such hearing shall affirm, modify, or rescind the suspension or *notice of intention to suspend*. Any permit suspended under the provisions of this section may be reinstated *upon application if all violations are found to be corrected upon reinspection by the department*. [by submission of proper evidence satisfactory to the department or local health department having jurisdiction that the violations have been corrected.]

DAVID T. ALLEN, Commissioner

ADOPTED: July 21, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: July 22, 1981 at 11:20 a.m.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Social Insurance
As Amended

904 KAR 1:084. Payment for medical assistance services furnished out of state.

RELATES TO: KRS 205.520

PURSUANT TO: KRS 13.082, 194.050

EFFECTIVE: November 5, 1981

NECESSITY AND FUNCTION: The Department for Human Resources has responsibility to administer the program of Medical Assistance in accordance with Title XIX of the Social Security Act. KRS 205.520 empowers the department, by regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law for the provision of medical assistance to Kentucky's indigent citizenry. This regulation sets forth the conditions under which the Medical Assistance Program will pay for covered medical services furnished eligible recipients who are out of state.

Section 1. General. The state will furnish (pay for)

covered Medicaid services to a recipient who is a resident of Kentucky while that resident is in another state only to the extent provided for in Section 2 of this regulation.

Section 2. Criteria for Coverage While Out of State. (1) Payment is made if covered medical services are needed because of a medical emergency.

(2) Payment is made if medical services are needed because the recipient's health would be endangered if he were required to travel to Kentucky for the medical service. With regard to long-term care patients, it shall be the policy of the department to pay for the medical services only until such time as the patient's medical condition has stabilized so as to permit the patient's safe return to Kentucky; it is expected that such period of time shall be sixty (60) days or less; continuation of payment shall be contingent upon presentation of medical evidence acceptable to the department which justifies an additional stay in a facility outside the state.

(3) Payment is made when the state determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other state; provided, however, that this provision shall not be construed or interpreted in such a manner as to circumvent or negate the provisions and intent of this regulation.

(4) Payment is made when it is general practice for recipients in a particular locality to use medical resources in another state.

Section 3. Exception. For individuals in long-term care out of state prior to the effective date of this regulation, and for whom the department is at that time paying for the cost of care, the department may continue to pay for the cost of care for so long as the department deems such payments to be appropriate. *Children in subsidized adoption status shall be exempt from the restrictions shown in this regulation.*

Section 4. Cooperation with Other States. The department shall facilitate the furnishing of medical services to individuals who are present in Kentucky and are eligible for Medicaid under another state's Medicaid plan.

WILLIAM L. HUFFMAN, Commissioner

ADOPTED: September 15, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: September 15, 1981 at 3:45 p.m.

Proposed Amendments

DEVELOPMENT CABINET Department of Agriculture Board of Veterinary Examiners (Proposed Amendment)

201 KAR 16:020. Examination for licensing; reciprocity; fees.

RELATES TO: KRS 321.220, 321.260

PURSUANT TO: KRS 321.240

NECESSITY AND FUNCTION: KRS 321.190 requires all persons engaging in the practice of veterinary medicine in the State of Kentucky to be licensed by the Kentucky Board of Veterinary Examiners. KRS 321.260 provides that each applicant shall submit to an examination conducted by the board, with the exception of those persons who may obtain a license by reciprocity pursuant to the provisions of KRS 321.220. This regulation sets out the procedures to be followed in obtaining an application, the fees to be charged and procedures relating to the obtaining of a license as a result of this state reciprocating with another state.

Section 1. (1) The board recognizes the following veterinary colleges as having those standards and requirements adequate to comply with the provisions of KRS 321.260. All of the following veterinary colleges have been recognized and approved by the American Veterinary Medical Association. Those colleges are as follows:

(a) [Alabama Polytechnic Institute,] College of Veterinary Medicine, Auburn University, Auburn, Alabama.

(b) University of California, School of Veterinary Medicine, Davis, California.

(c) Colorado State University [College], Division of Veterinary Medicine, Fort Collins, Colorado.

(d) Cornell University, New York State Veterinary College, Ithaca, New York.

(e) University of Dublin, Trinity College, Dublin, Ireland.

(f) University of Florida, School of Veterinary Medicine, Gainesville, Florida.

(g) [(e)] University of Georgia, School of Veterinary Medicine, Athens, Georgia.

(h) [(f)] University of Guelph, Ontario Veterinary College, Guelph Ontario, Canada.

(i) [(g)] University of Illinois, School of Veterinary Medicine, Urbana, Illinois.

(j) [(h)] Iowa State University [College], Division of Veterinary Medicine, Ames, Iowa.

(k) [(i)] Kansas State University [College], School of Veterinary Medicine, Manhattan, Kansas.

(l) [(j)] Louisiana State University, Baton Rouge, Louisiana.

(m) [(k)] Michigan State College, Division of Veterinary Science, East Lansing, Michigan.

(n) [(l)] University of Minnesota, School of Veterinary Medicine, St. Paul, Minnesota.

(o) Mississippi State University, Starksville, Mississippi.

(p) [(m)] University of Missouri, School of Veterinary Medicine, Columbia, Missouri.

(q) [(n)] Ecole Medicine Veterinaire de ma Province de Quebec, Universite de Montreal, La Trappe, Quebec, Canada.

(r) [(o)] Ohio State University, College of Veterinary Medicine, Columbus, Ohio.

(s) [(p)] [University of] Oklahoma State University, School of Veterinary Medicine, Stillwater, Oklahoma.

(t) [(q)] University of Pennsylvania, School of Veterinary Medicine, Philadelphia, Pennsylvania.

(u) [(r)] Purdue University, School of Veterinary Science and Medicine, Lafayette, Indiana.

(v) [(s)] University of Saskatchewan, Western College of Veterinary Medicine, Saskatoon, Saskatchewan, Canada.

(w) University of Tennessee, College of Veterinary Medicine, Knoxville, Tennessee.

(x) [(t)] Texas Agricultural and Mechanical University [College], School of Veterinary Medicine, College Station, Texas.

(y) [(u)] Tuskegee Institute, School of Veterinary Medicine, Tuskegee Institute, Alabama.

(z) [(v)] [State College of] Washington State University, College of Veterinary Medicine, Pullman, Washington.

(2) All other veterinary colleges must have academic standards equivalent to the schools listed above in order to be recognized by this board. Evaluation of the academic standards, of veterinary courses and practices of these schools will be made after an application for a license has been received.

Section 2. An application for examination for a license to practice veterinary medicine shall be submitted on an application form prescribed and provided by the board, accompanied by such evidence, statements, or documents as therein required, and shall be filed with the board at its principal office at least thirty (30) days, or in the case of graduates of veterinary colleges outside of the United States, at least ninety (90) days, before the date fixed for the examination. It will be necessary for an applicant to complete the application and forward it, along with the necessary enclosures, to the board's office, within the time described above, whether he desires a license through examination or as a result of reciprocity proceedings.

Section 3. In addition to the examination fee of twenty-five dollars (\$25), all applicants shall be required to pay the fee charged for examination materials furnished to this board. Applicants will be notified of the examination fee and the examination materials fee at the time the application is forwarded to the applicant. All sums payable to the board shall be paid by certified check, cashier's check or postal money order and be payable to the Kentucky State Treasurer.

Section 4. Examinations shall be held at such times and places as shall be determined by the board. A schedule of the date, time and place of the examination shall be mailed to each applicant whose application is accepted by the board.

Section 5. The board shall not refund either the examination fee or the fee for the examination materials, except where good and sufficient cause for refunding all or a portion of the fees is shown to the board within a reasonable time prior to the date of the examination.

Section 6. This state board reciprocates with the states of Illinois, Michigan, Missouri and Ohio. In order for ap-

plicant to obtain a license in this state, he must do the following:

- (1) Obtain an application from this board;
- (2) Complete the application and return it, along with the enclosures, to the board within the time specified herein;
- (3) *Show proof that he successfully passed the examination given by the reciprocating state and with which reciprocity is sought;*
- (4) *Show proof that he has been actively engaged in clinical veterinary medical and/or surgical practice for at least one (1) year in the last preceding four (4) years in that state from which reciprocity is sought;*
- (5) [(3)] Have the reciprocating state board forward a letter or other documents stating that the applicant is licensed in that state by virtue of an examination, that his license is in good standing, and this board shall further be advised of any derogatory information which may be in that board's file concerning the applicant;
- (6) *Submit a letter of good standing from the state licensing boards in each and every state in which the applicant has been licensed, or if the applicant has permitted his license to lapse or for any reason is no longer licensed in any of those states, submit a letter from the state board explaining why he is no longer licensed therein;*
- (7) [(4)] Upon receipt of a satisfactory application and information from the reciprocating state board, the Kentucky Board of Veterinary Examiners will schedule a personal interview for the applicant. This personal interview may be conducted by the board [as a whole] or by any person delegated to act for the board. *All applicants for license by reciprocity are hereby advised that the granting of licenses by reciprocity is by privilege and not by right and the granting of such licenses rests solely in the discretion of the board.*

Section 7. All applicants successfully passing the examination or obtaining a license in this state by virtue of reciprocity procedures shall be required to pay to this board the sum of ten dollars (\$10), which sum will be the fee charged for the issuance of the license certificate and the license certificate shall remain in good standing until the next renewal date.

Section 8. *Any applicant seeking to have the board consider examination scores forwarded by the Professional Examination Service (National Board scores) must submit scores of examinations conducted within the last five (5) years preceding the date of submission of the scores. Examination scores more than five (5) years old will not be considered by the board. The forwarded scores, in addition to being no more than five (5) years old, must meet the requirements of KRS 321.270(2)(a) and (b).*

ALBEN W. BARKLEY II, Chairman

ADOPTED: October 26, 1981

RECEIVED BY LRC: October 30, 1981 at 9:30 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: William E. Johnson, Executive Secretary and Legal Counsel, Kentucky Board of Veterinary Examiners, 326 West Main Street, Frankfort, Kentucky 40601.

**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:

KY 272

AAA—From jct. US 68, 3.2 miles sw of Cadiz in Trigg Co. to jct. KY 1175.

A—From jct. KY 1175 [US 68, 3.2 miles sw of Cadiz in Trigg Co.] to jct. KY 107 in Hopkinsville.

KY 981

AAA [A]— From jct. US 60 in Marion, via Old Salem Rd., to jct. KY 91 in Marion.

KY 1175

AAA [A]—From jct. KY 272, sw of Cadiz in Trigg Co. to jct. US 68, 0.5 mile sw of Cadiz.

KY 1728

AAA [A]—From US 51 [0.5 mile n of NCL of] in Clinton via W. Moore St. and Farmers Gin Lane to jct. US 51 n [NCL] of Clinton (Hickman Co.).

KY 1774

AAA—From jct. 2nd Street in LaCenter, via Oak Street, to US 60 (Ballard Co.).

A—From jct. KY 358 in LaCenter, via Olive, 3rd and Oak Sts. to 2nd St. [US 60 at SCL of LaCenter (Ballard Co.)].

KY 1954

AAA—From jct. KY 284 (Bridge St.) near the ECL of Paducah, via Husbands Road, to south side of I-24 Interchange [jct. KY 3054 (Lane Road)].

A—From jct. south side of I-24 Interchange [jct. KY 3054] to jct. KY 348, se of Fremont.

KY 2594

AAA [A]—From jct. KY 94 in [near ECL of] Murray, via Industrial Road, to 4th St. (US 641 X) [Highway Maintenance Garage] (Calloway Co.).

KY 2609

AAA [A]—From jct. US 641 in Benton via 4th St. to KYDOT [Highway] Maintenance Garage entrance (Marshall Co.).

KY 2610

AAA [A]—From jct. US 60, 0.35 mile n of Cumberland River Bridge, to KYDOT [entrance of Highway] Maintenance Garage entrance (Livingston Co.).

KY 3054

AAA [A]—From jct. KY 1954, via Lane Road to the Paducah KYDOT Repair [Highway Maintenance] Garage (McCracken Co.).

KY 3140

AAA—From jct. Oak St. (KY 1774) in LaCenter, via 2nd St., to the KYDOT Storage Lot entrance (Ballard Co.).

KY 3141

AAA—From jct. US 45 in Mayfield, via Crittenden Lane, to the KYDOT Maintenance Garage entrance (Graves Co.).

KY 3142

AAA—From jct. KY 1728 (W. Moore St.) in Clinton, via Angular St., to the KYDOT Maintenance Garage entrance (Hickman Co.).

* COMPILER'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: October 19, 1981

RECEIVED BY LRC: October 27, 1981 at 11 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 Instruction
(Proposed Amendment)

704 KAR 5:050. Public school programs.

RELATES TO: KRS 157.312, 157.315, 157.360, 158.030, [158.070,] 158.090[, 158.300]

PURSUANT TO: KRS 13.082, 156.070, 157.315, 157.360[156.160]

NECESSITY AND FUNCTION: KRS 157.312 and 158.090 authorize public school kindergartens; KRS 157.315 requires the State Board of [for Elementary and Secondary] Education to adopt regulations defining and

prescribing the criteria for kindergartens in the common schools; KRS 157.360 allows the Superintendent of Public Instruction to allot kindergarten units under regulations of the State Board; and KRS 158.030 sets forth the kindergarten entrance age requirements. This regulation sets forth the criteria for public school kindergartens, the procedure for allotment of units, and entrance requirements [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 made on twenty-three (23) average daily attendance for the end of the previous school year; except for the 1981-82 school year, which shall be made on the end of year average daily attendance. [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) The average daily attendance for programs operating under subsections (2) or (3) of Section 3 shall be calculated by dividing the total aggregate days attendance for the year by the actual number of days the school is in session. The average daily attendance for programs operating under any other plan shall have the total aggregate days attendance divided by two (2) before the average daily attendance for the year is calculated.

(3) [(2)] If the total kindergarten units appropriated in the state biennium budget bill are not allocated based on the average daily attendance [enrollment] requirement, the Superintendent of Public Instruction may [shall] make a percentage reduction in the average daily attendance [enrollment] requirement. This reduction shall not be lower than twenty (20) average daily attendance. [in order to allot the total units appropriated.]

Section 3. Scheduling for a kindergarten unit shall meet one (1) of the following plans, with a kindergarten school day to consist of six (6) hours unless shortened as provided for in KRS 158.060:

(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. Any child who is five (5) years of age or who may become five (5) years of age by October 1, 1980, 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 com-

pleted 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.]

Section 5. The program shall include *appropriate developmental* [desirable] experiences in social living, physical development, emotional growth and stability, *creative expression and in academic areas including math, language, science, and social studies.* [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

ADOPTED: November 10, 1981

RECEIVED BY LRC: November 13, 1981 at 2:30 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING
TO: Mr. L. W. True, Secretary, Kentucky State Board of Education, 17th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

EDUCATION AND ARTS CABINET

Department of Education

Department for Vocational Education
(Proposed Amendment)

705 KAR 7:020. Testing program.

RELATES TO: KRS 156.070, 156.485

PURSUANT TO: KRS 13.082

NECESSITY AND FUNCTION: To establish the means whereby adults can be tested by official GED testing centers to determine their eligibility for receiving a High School Equivalency Certificate.

Section 1. (1) The GED test shall provide a valid means of measuring the educational achievement of adults who are non-high school graduates and of comparing their competency with that of high school graduates. The tests shall be high school level batteries consisting of five (5) comprehensive examinations: English, literature, mathematics, natural science, and social studies.

(2) The GED test shall be administered to:

(a) Any person seventeen (17) years of age or older who has been out of a formal classroom situation for a period of one (1) year before making application, or whose high school class (the class of which he was or would have been a member) has graduated; [,] or

(b) To any person sixteen (16) years of age who has been committed or placed in a state correctional facility, and one (1) of the following:

(c) [(a)] Who has completed a program of instruction provided by such agencies as the Job Corps and the Postal Service Academy, an apprenticeship program, or other similar programs of instruction for which completion of training is certified by the director of the program and presented to a chief examiner of an official GED center with a request that the subject adult be tested;

(d) [(b)] Who presents a written request from an employer certifying that the applicant for job opportunity must establish high school equivalency on the basis of GED test scores;

(e) [(c)] Who presents a written request from a college or university official certifying that the institution will consider accepting the applicant for admission on the basis of GED test scores;

(f) [(d)] Who presents a written request for testing from a recruiting official for the subject adult who wishes to enter a branch of the Armed Forces for which high school equivalency is a prerequisite; or

(g) [(e)] Who is a resident of Kentucky.

(3) Official GED testing centers shall be established under contract with the GED Testing Service of the Commission on Accreditation with locations authorized by the State Board of Education. GED testing services for individuals confined to state correctional and health institutions shall be provided by the State Board of Education.

(4) Testing fees shall be established by official GED testing centers. The State Board of Education shall charge no fee for testing services provided for individuals confined to state correctional and health institutions.

(5) Applicants seeking a high school equivalency certificate must complete the appropriate application form provided for this purpose prior to taking the GED test. This form shall be available upon request from local school superintendents or the State Board of Education. Military personnel shall not be required to complete the application form prior to taking the test; however, the application form must be completed before a high school equivalency certificate will be issued.

(6) If an applicant passes all five (5) tests with a minimum test score of thirty-five (35) but does not attain an average standard score of forty-five (45), he shall be eligible to retake any one (1) or all tests in an attempt to raise the overall standard score to meet the requirements. However, the testing center proctor will recommend which test or tests to be retaken.

RAYMOND BARBER

Superintendent of Public Instruction

ADOPTED: November 10, 1981

RECEIVED BY LRC: November 13, 1981 at 2:30 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING
TO: Mr. L. W. True, 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) 29 CFR 1910.20 "Access to employee exposure and medical records" and Appendices A and B as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, is adopted by reference with the following amendments:

(a) 29 CFR 1910.20(e)(1)(i) is amended to read "Whenever an employee or designated representative requests access to an exposure or medical record, the employer shall assure that access is provided in a reasonable time, place, and manner, but not later than fifteen (15) days after the request for access is made unless sufficient reason is given why such a time is unreasonable or impractical."

(b) 29 CFR 1910.20(e)(1)(ii) is amended to read "Whenever an employee or designated representative requests a copy of a record, the employer shall, except as specified in (v) of this section, within the period of time previously specified assure that either:"

(c) 29 CFR 1910.20(e)(1)(v) is added and shall read "Original x-ray film will be made available to the employee and/or designated representative for inspection, review, and duplication under the supervision of the employer or his representative. The employer is not required to bear the cost of duplication of x-ray film."

(d) 29 CFR 1910.20(e)(3)(ii) shall read "Whenever OSHA seeks access to personally identifiable employee medical information by presenting to the employer a written access order pursuant to 29 CFR 1913.10(d), the employer shall prominently post a copy of the written access order and its accompanying cover letter for at least fifteen (15) working days. OSHA will have access to employee medical records maintained by an employee's personal physician fifteen (15) days after written consent is given to OSHA by the affected employee. The consent must contain a general description of the medical information that is authorized to be released."

(e) 29 CFR 1910.20(g)(1) is amended to read "Upon an employee's first entering into employment, and at least annually thereafter, each employer shall inform each employee exposed to toxic substances or harmful physical agents of the following:"

(f) 29 CFR 1910.20(g)(2) is amended to read "Each employer shall make readily available to employees a copy of this standard and its appendices, and shall make readily available to employees any informational materials concerning this standard which are provided to the employer by the Assistant Secretary of Labor for Occupational Safety and Health."

(4) 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) Revision to 29 CFR 1910.35 "Definitions" as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(6) Revision to 29 CFR 1910.37 "Means of egress general," as printed in the Federal Register, Volume 45, Number 179, Friday, September 13, 1980, is adopted by reference.

(7) 29 CFR 1910.38 "Employee emergency plans and fire prevention plans," and the appendix to Subpart E as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, are adopted by reference.

(8) 29 CFR 1910.95 "Hearing Conservation Program" paragraph (c) through (s) and appendices A, C, D, E, G, H, and I as published in the Federal Register, Volume 46, Number 162, August 21, 1981 and the "Correction to Appendix A" as published in the Federal Register, Volume 46, Number 176, September 11, 1981 are adopted by reference and amended as follows:

(a) 29 CFR 1910.95(j)(3) shall read: "Audiometric tests shall be performed by a licensed or certified audiologist, otolaryngologist, or other qualified physician, or by a technician who is certified by the Council of Accreditation in Occupational Hearing Conservation, or who has satisfactorily demonstrated competence in administering audiometric examinations, obtaining valid audiograms, and properly using, maintaining, and checking the calibration and functional operation of audiometers. A technician who performs audiometric tests must be responsible to an audiologist, otolaryngologist or qualified physician."

(b) 29 CFR 1910.95(k)(1) shall read: "Audiometric tests shall be pure tone, air conduction, hearing threshold examinations, with test frequencies including as a minimum 500, 1000, 2000, 3000, 4000 and 6000 Hz. Testing at 8000

Hz must be included in the audiometric test within three (3) years of the effective date of this standard. Tests at each frequency shall be taken separately for each ear."

(c) 29 CFR 1910.95(o)(1) shall read: "The employer shall make available to affected employees or their representatives copies of this standard and shall also post a notice of the availability of this standard in the workplace."

(d) 29 CFR 1910.95(s)(1) shall read: "Paragraphs (c) through (r) of this section shall become effective January 15, 1982 unless otherwise noted below."

(e) 29 CFR 1910.95(s)(2) shall read: "Monitoring conducted pursuant to paragraph (e) of this section shall be completed by July 15, 1982."

(f) 29 CFR 1910.95(s)(3) shall read: "Baseline audiograms required by paragraphs (j) of this section shall be completed by January 15, 1983."

(9) [(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.

(10) [(9)] 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."

(11) [(10)] Revision to 29 CFR 1910.107 "Spray finishing using flammable and combustible materials," as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(12) [(11)] Revision to 29 CFR 1910.108 "Dip tanks containing flammable or combustible liquids," as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(13) [(12)] Revision to 29 CFR 1910.109 "Explosives and blasting agents," as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(14) [(13)] 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."

(15) [(14)] 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."

(16) [(15)] 29 CFR 1910.155 "Scope, application and definitions applicable to this subpart," as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(17) [(16)] Revision to 29 CFR 1910.156 "Fire brigades" as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980; [,]

(a) is adopted by reference.

(b) 1910.156(a)(2) "Application" is amended to read "The requirements of this section apply to fire brigades; industrial fire departments; private fire departments; and municipal public fire departments and fire protection districts. Personal protective equipment requirements apply only to members of fire brigades and fire departments performing interior structural fire fighting. The requirements of this section do not apply to airport crash rescue, forest fire fighting operations, or volunteer fire fighters."

(18) [(17)] Revision to 29 CFR 1910.157 "Portable fire extinguishers" as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(19) [(18)] Revision to 29 CFR 1910.158 "Standpipe and hose systems" as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(20) [(19)] Revision to 29 CFR 1910.159 "Automatic sprinkler systems," as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(21) [(20)] Revision to 29 CFR 1910.160 "Fixed extinguishing systems, general" as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(22) [(21)] Revision to 29 CFR 1910.161 "Fixed extinguishing systems, dry chemical" as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(23) [(22)] 29 CFR 1910.162 "Fixed extinguishing systems, gaseous agent" as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(24) [(23)] 29 CFR 1910.163 "Fixed extinguishing systems, water spray and foam" as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(25) [(24)] 29 CFR 1910.164 "Fire detection systems" as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(26) [(25)] Revision to 29 CFR 1910.165 "Employee alarm systems" as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, is adopted by reference.

(27) [(26)] Appendices A, B, C, D, and E to 29 CFR 1910 Subpart L as printed in the Federal Register, Volume 45, Number 179, Friday, September 12, 1980, are adopted by reference.

(28) [(27)] The "Occupational Safety and Health Standards-Fire Protection; Means of Egress; Hazardous Materials; Corrections" as printed in the Federal Register,

Volume 46, Number 84, Friday, May 1, 1981, are adopted by reference.

(29) [(28)] 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.

(30) [(29)] Amend 29 CFR 1910.217 Mechanical Power Press Standards to read:

(a) 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) "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 isolated secondary."

(c) 1910.217(d)(3), (d)(5), (d)(9)(i) The references to paragraph (b) shall be changed to paragraph (c).

(31) [(30)] 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."

(32) [(31)] Revisions to 29 CFR 1910 Subpart S "Electrical" [as published in the Federal Register, Volume 46, Number 11, Friday, January 16, 1981,] are adopted by reference as follows:

(a) As published in the Federal Register, Volume 46, Number 11, Friday, January 16, 1981 which include:

1. [(a)] 1910.301 "Introduction"
2. [(b)] 1910.302 "Electrical utilization systems"
3. [(c)] 1910.303 "General requirements"
4. [(d)] 1910.304 "Wiring design and protection"
5. [(e)] 1910.305 "Wiring methods, components, and equipment for general use"
6. [(f)] 1910.306 "Specific purpose equipment and installations"
7. [(g)] 1910.307 "Hazardous (classified) locations"
8. [(h)] 1910.308 "Special systems"
9. [(i)] 1910.399 "Definitions applicable to this subpart"

10. [(j)] Appendix A—Reference documents.

(b) Corrections to 29 CFR 1910 Subpart S "Electrical" as published in the Federal Register, Volume 46, Number 152, August 7, 1981.

(33) [(32)] 29 CFR 1910.423 Commercial Diving Operations; Corrections, Federal Register, Volume 45, Number 121, June 20, 1980, is adopted by reference.

(34) [(33)] Revisions to 29 CFR 1910.440 "Commercial diving operations recordkeeping requirements" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(35) [(34)] Revisions to 29 CFR 1910.1001 "Asbestos" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(36) [(35)] Revisions to 29 CFR 1910.1003 "4-Nitrobiphenyl" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(37) [(36)] Revisions to 29 CFR 1910.1004 "alpha-Naphthylamine" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(38) [(37)] 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.

(39) [(38)] 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."

(40) [(39)] Revisions to 29 CFR 1910.1006 "Methyl Chloromethyl ether" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(41) [(40)] Revisions to 29 CFR 1910.1007 "3-3'-Dichlorobenzidine (and its salts)" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(42) [(41)] Revisions to 29 CFR 1910.1008 "bis-Chloromethyl ether" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(43) [(42)] Revisions to 29 CFR 1910.1009 "beta-Naphthylamine" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(44) [(43)] Revisions to 29 CFR 1910.1010 "Benzidine" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(45) [(44)] Revisions to 29 CFR 1910.1011 "4-Aminodiphenyl" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(46) [(45)] Revisions to 29 CFR 1910.1012 "Ethyleneimine" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(47) [(46)] Revisions to 29 CFR 1910.1013 "beta-Propiolactone" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(48) [(47)] Revisions to 29 CFR 1910.1014 "2-Acetylaminofluorene" as printed in the Federal Register, Volume 4, Number 102, Friday, May 23, 1980, are adopted by reference.

(49) [(48)] Revisions to 29 CFR 1910.1015 "4-Dimethylaminoazobenzene" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(50) [(49)] Revisions to 29 CFR 1910.1016 "N-Nitrosodimethylamine" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(51) [(50)] Revisions to 29 CFR 1910.1017 "Vinyl chloride" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(52) [(51)] Revisions to 29 CFR 1910.1018 "Inorganic arsenic" and "Appendix A-Inorganic Arsenic Information Sheet" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(53) [(52)] 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."

(d) Revisions as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(54) [(53)] 29 CFR 1910.1028 "Occupational Exposure to Benzene," and footnote 1, Table Z-2 are deleted in their entirety.

(55) [(54)] Revisions to 29 CFR 1910.1029 "Coke oven emissions" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(56) [(55)] Amendments to 29 CFR 1910.1043 "Occupational Exposure to Cotton Dust":

(a) 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.

(b) Revisions to 29 CFR 1910.1043 printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(57) [(56)] Revisions to 29 CFR 1910.1044 "1,2-Dibromo-3-Chloropropane" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, are adopted by reference.

(58) [(57)] 29 CFR 1910.1045 "Acrylonitrile" is amended as follows:

(a) Revisions to 29 CFR 1910.1045 "Acrylonitrile" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, is adopted by reference.

(b) Revisions to "Appendix A-Substance Safety Data Sheet for Acrylonitrile" as printed in the Federal Register, Volume 45, Number 102, Friday, May 23, 1980, is adopted by reference.

(c) 29 CFR 1910.1045(k) "Waste Disposal" is amended to read 29 CFR 1910.1045(l) "Waste Disposal."

(59) [(58)] 29 CFR 1910.1046 "Exposure to cotton dust in cotton gins" is revoked.

JOHN CALHOUN WELLS, Commissioner

ADOPTED: October 29, 1981

APPROVED: TRACY FARMER, Secretary

RECEIVED BY LRC: November 12, 1981 at 1:25 p.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
Department of Labor
Occupational Safety and Health
(Proposed Amendment)

803 KAR 2:030. Adoption of 29 CFR Part 1926.

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. The following regulation contains those standards to be enforced by the Division of Occupational Safety and Health Compliance in the area of construction.

Section 1. The Occupational Safety and Health Standards Board hereby adopts 29 CFR Part 1926, the Occupational Safety and Health Standards for the Construction 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 1926.1 shall read as follows:

The provisions of this regulation adopt and extend the applicability of established federal standards contained in 29 CFR Part 1926 to all employers, employees, and places of employment throughout the Commonwealth except those excluded in KRS 338.021."

[(2) 29 CFR 1926.100 shall read as follows:]

[(a) Hard hats conforming to specifications of the American National Standards Institute, safety requirements for industrial head protection Z89.1 (1971) shall be worn by all employees at all times while engaged in the type of work covered by the scope of this safety standard.]

[(b) Helmets for the head protection of employees exposed to high voltage electrical shock and burns shall meet the specifications contained in American National Institute Z89.2 (1971).]

(2) [(3)] 29 CFR 1926.200(g)(2), .201(a)(2) and .202 shall be amended to require signs, signaling and barricades to conform to specifications as set forth in ANSI D6.1 "Manual of Uniform Traffic Control Devices for Streets and Highways" (1978 Edition).

(3) [(4)] 29 CFR 1926.400(h)(3)(i), (vii) shall read: "shall be readily available for inspection."

(4) [(5)] 29 CFR 1926.451(a)(4) shall read as follows: Guardrails and toeboards shall be installed on all open sides and ends of platforms more than ten (10) feet above the ground or floor, except needle beam scaffolds and floats (see paragraphs (p) and (w) of this section). Toeboards shall not be required on the loading side of platforms which are loaded by means of a high lift tractor or fork truck provided that employees are prohibited from entering the area beneath the scaffolding where they could be exposed to objects which might fall from the scaffolding. Scaffolds four (4) to ten (10) feet in height, having a minimum horizontal dimension in either direction of less than forty-five (45) inches, shall have standard guardrails installed on all open sides and ends of the platform.

(5) [(6)] Revisions to 29 CFR 1926.500 "Guardrails, handrails and covers," .502 "Definitions applicable to this subpart," and Appendix A to Subpart M as published in the Federal Register, Volume 45, Number 222, Friday, November 14, 1980, are adopted by reference.

(6) [(7)] 29 CFR 1926.552(b)(8) of the paragraph on "Material hoists" shall read as follows: All material hoists shall conform to the requirements of ANSI A10.5-1969, Safety Requirements for Material Hoists, with the exception that material hoists manufactured prior to January 1, 1970 may be used with a drum pitch diameter at least eighteen (18) times the nominal rope diameter provided the hoisting wire rope is at least equal in flexibility to 6 x 37 classification wire rope.

(7) [(8)] Revoke paragraph "514—Warning Device" of ANSI B56.1—1969—Safety Standards for Powered Industrial Trucks and adopt paragraph "512—Warning Device" of ANSI B56.1—1975—Low Lift and High Lift Trucks for standard reference as specified in 29 CFR 1926.602(c)(1)(vi); effective July 1, 1979.

(8) [(9)] The following paragraphs of 29 CFR 1926, Subpart U, Blasting and the Use of Explosives, which were previously adopted by reference, are hereby revised and shall read as follows:

(a) 1926.900(k)(3)(i) The prominent display of adequate signs warning against the use of mobile radio transmitters, on all roads within 1,000 feet of blasting operations. Whenever adherence to this 1,000 foot distance would create an operational handicap, a competent person shall be consulted to evaluate the particular situation, and alternative provisions may be made which are adequately designed to prevent premature firing of electric blasting caps. The competent person may be a blaster certified by the Kentucky Department of Mines and Minerals with a working knowledge of mobile radio transmission and receiving hazards as related to use of electric blasting cap firing systems and designated by the employer. A description of any alternative shall be in writing describing the unusual conditions at the site and the alternative measure used. The description shall be maintained at the construction site during the duration of the work and shall be available for inspection by representatives of the Commissioner, Kentucky Department of Labor.

(b) 1926.900(k)(4) Ensuring that mobile radio transmitters which are less than 100 feet away from electric blasting caps, in other than original containers, shall be de-energized, and have the radio transmission circuit or vehicle effectively locked against transmitter usage.

(c) 1926.900(p) The use of black powder shall be prohibited except when a desired result cannot be obtained with another type of explosive, such as in quarrying certain types of dimension stone.

(d) 1926.900(r) All electric blasts shall be fired with an electric blasting machine or properly designed electric power source, and in accordance with the provisions of subsection .906(a) and (r).

(e) 1926.902(d) Explosives or blasting agents shall be transported in separate vehicles unless the detonators are packaged in specified containers and transported all in compliance with DOT Regulation 49 CFR 177.835(g).

(f) 1926.903(o) Deleted.

(g) 1926.905(h) Machines and all tools not used for loading explosives into the boreholes shall be removed from the immediate location of holes before explosives are delivered. Equipment shall not be operated within fifty (50) feet of a loaded hole except that which is required when the containment of the blast is necessary to prevent flyrock. When equipment or machinery is used to place mats, over-burden, or protective material on the shot area, a competent person (who may be a blaster certified by the Kentucky Department of Mines and Minerals) shall implement adequate precautions to protect the leadwires or initiating systems such as protecting the components from direct contact with materials which sever, damage, impact, or conduct stray currents to the explosives system. This would include preventing the dragging of blasting mats or running over the holes and systems with the equipment used.

(h) 1926.905(i) No activity of any nature other than that which is required for loading holes with explosives and preparation required for initiating the blast and containment of flyrock from the blast shall be permitted in a blast area.

(i) 1926.905(k) Holes shall be inspected prior to loading to determine depth and conditions. When necessary to drill a hole in proximity to a charged or misfired hole, the distance between these two holes must be greater than the depth being drilled and precautions taken to ensure the integrity of any adjacent-charged hole or misfired hole. This distance must be determined by a competent person (who may be a blaster certified by the Kentucky Department of Mines and Minerals) in order to insure that there is no danger of intersecting the charged or misfired hole.

(j) 1926.905(n) In blasting, explosives in Fume Class I, as set forth by the Institute of the Makers of Explosives, shall be used; however, Fume Class I explosives are not required when adequate ventilation is provided and the workings are abandoned for a period of time sufficient to allow dissipation of all fumes.

(k) 1926.906(p) The blaster shall be in charge of the blasting machines, and no other person shall connect the leading wires to the machine except under the immediate physical and visual supervision of the blaster.

(l) 1926.906(q) Blasters, when testing circuits to charged holes, shall use only blasting galvanometers equipped with a silver chloride cell especially designed for this purpose or an instrument designed solely for use in blasting, which incorporates a current-limiting device into its circuitry. No instrument capable of producing over fifty (50) milliamps on direct short circuit shall be used.

(m) 1926.906(s) Leading wires shall remain shorted and not be connected to the blasting machine or other source of current until the charge is to be fired.

(n) 1926.907(a) The use of a fuse that has been hammered or injured in any way shall be forbidden.

(o) 1926.910(b) Sufficient time shall be allowed, not less than fifteen (15) minutes in tunnels, for the smoke and fumes to leave the blasted area before returning to the shot. An inspection of the area and the surrounding rubble shall be made by the blaster to determine if all charges have been exploded before employees are allowed to return to the operation. In tunnels, the airborne concentration of toxic dusts and fumes will be maintained at healthful levels by compliance with 29 CFR 1926.800, or by wetting down the muck pile, or by other effective means.

(9) [(10)] Amend subparagraph 1926.950(c)(1)(i) to read as follows:

"The employee is insulated or guarded from the energized part. Insulating gloves, as well as insulating sleeves when necessary, rated for the voltage involved shall be considered insulation of the employee from the energized part, or . . .".

JOHN CALHOUN WELLS, Commissioner

ADOPTED: October 29, 1981

APPROVED:

TRACY FARMER, Secretary

RECEIVED BY LRC: November 12, 1981 at 1:25 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Executive Director, Kentucky Department of Labor, Occupational Safety and Health, U.S. 127 South,

Frankfort, Kentucky 40601.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Alcoholic Beverage Control
(Proposed Amendment)

804 KAR 4:100. Records to be retained.

RELATES TO: KRS 243.020, 243.030, 243.040

PURSUANT TO: KRS 13.082, 241.060

NECESSITY AND FUNCTION: It is necessary that, upon request from an agent of the Alcoholic Beverage Control Department, a licensee be able to produce invoices of purchases, and records of sales. It is also necessary that the licensee be required to keep these records on the premises since part of those records consist of reports, not only to this department, but to the federal government and various taxing agencies of the state. It should be noted that this regulation does not require any additional forms or records be completed by the licensee, but only that he retain on the premises those records dealing with alcoholic beverages which he has already reported to the various state and federal agencies. These records become extremely important when this department conducts an investigation into sales to bootleggers, the refilling of bottles of distilled spirits, and purchases that may have been made from persons not licensed by this department to sell to retailers.

Section 1. (1) Every licensee is required to keep on file on his licensed premises for a period of two (2) years true and correct copies of:

(a) All reports relating to trafficking in alcoholic beverages required by the federal government, the Kentucky Department of Revenue or the Kentucky Department of Alcoholic Beverage Control.

(b) Invoices and other pertinent information relating to his trafficking in alcoholic beverages.

(2) Said reports, invoices and other information shall be available at all reasonable times for inspection by authorized representatives of the Department of Revenue or the Kentucky Department of Alcoholic Beverage Control, and failure to make such available shall be deemed cause for revocation of the license.

Section 2. Every invoice for the sale of malt beverages from a malt beverage distributor to a retail beer licensee shall be signed by the retail beer licensee or its agent.

RICHARD H. LEWIS, Commissioner

ADOPTED: November 12, 1981

APPROVED: TRACY FARMER, Secretary

RECEIVED BY LRC: November 13, 1981 at 10 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING
 TO: Commissioner, Alcoholic Beverage Control Board,
 123 Walnut Street, Frankfort, Kentucky 40601.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Mines and Minerals
(Proposed Amendment)

805 KAR 5:010. Fees for licenses to operate.

RELATES TO: KRS 351.175

PURSUANT TO: KRS 13.082, 351.175

NECESSITY AND FUNCTION: KRS 351.175 requires the Department of Mines and Minerals to establish license

fees. This regulation establishes the fees to be charged with respect to the application for and issuance of a license to operate a mine.

Section 1. For purposes of this regulation "working section" means all areas of a coal or clay mine from the loading point or transfer point of the section to and including the working faces. This is the definition given "working section" in KRS 352.010(1)(ii).

Section 2. Every application or request to the Department of Mines and Minerals for the issuance of a license to operate a mine shall be accompanied by a United States Postal Money Order or Cashier's Check drawn in favor of the State Treasurer. The amount of this license fee for an underground mine shall be determined by the number of working sections in such a mine and by reference to subsections (1) and (2) of this section.

(1) The annual license fee for mines with one (1) working section shall be \$125 [\$100].

(2) The annual license fee for mines with more than one (1) working section shall be \$125 [\$100] plus twenty-five dollars (\$25) for each additional working section. The maximum license fee shall not exceed \$1,000.

Section 3. The license fee for a surface mine shall be determined by the tonnage produced from such mine and by reference to subsections (1) and (2) of this section.

(1) The minimum annual license fee for mines shall be \$125 [\$100].

(2) The annual license fee for mines having produced, in the preceding calendar year, at or in excess of 100,000 tons per year shall be \$125 [\$100] plus twenty-five dollars (\$25) for each additional 100,000 tons or part thereof. The maximum license fee shall not exceed \$1,000.

Section 4. No application for a license to operate a mine shall be processed and no license to operate a mine shall be issued by the Department of Mines and Minerals without first having received a United States Postal Money Order or Cashier's Check in the amount provided for in this regulation.

WILLARD STANLEY, Commissioner

ADOPTED: November 5, 1981

APPROVED: JAMES B. TAYLOR, Acting Secretary

RECEIVED BY LRC: November 5, 1981 at 10:30 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING
 TO: Willard Stanley, Commissioner, Department of
 Mines and Minerals, P.O. Box 680, Lexington, Kentucky
 40503.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Housing, Buildings and Construction
(Proposed Amendment)

815 KAR 7:020. Building code.

RELATES TO: KRS Chapter 198B

PURSUANT TO: KRS 198B.040(7), 198B.050

NECESSITY AND FUNCTION: The Kentucky Board of Housing, Buildings and Construction is required by KRS 198B.040(7) to adopt and promulgate a mandatory uniform state building code, which establishes standards

for construction of buildings in the state. This regulation establishes the Kentucky Building Code basic provisions relating to new construction, including general building limitations, special use and occupancy, light, ventilation and sound transmission control, means of egress, structural and foundation loads and stresses, acceptable materials and tests, fire resistive construction and fire protection systems, safety during building operations, mechanical systems, energy conservation and electrical systems.

Section 1. The Kentucky Building Code shall include the National Electrical Code, 1981 Edition, N.F.P.A. #70, published by and copies available from the National Fire Protection Association, 470 Atlantic Avenue, Boston, Massachusetts 02210. The National Electrical Code is hereby adopted by reference.

Section 2. The Kentucky Building Code shall include the "BOCA Basic Building Code/1981 [1978]," Eighth [Seventh] Edition, published by and copies available from Building Officials and Code Administrators International, 17926 South Halsted Street, Homewood, Illinois 60430. That code, including all standards listed in Appendices A through F [N] are hereby adopted by reference with the following additions, exceptions and deletions:

(1) Delete Article 1 in its entirety.

(2) Change subsection 201.0 [3] to include the following additional definitions:

(a) "Construction: The erection, fabrication, reconstruction, substantial alteration or conversion of a building, or the installation of equipment therein."

(b) "Equipment: Facilities or installations including but not limited to, heating, electrical, ventilating, air-conditioning, and refrigerating facilities or installations."

(c) "Reconstruction: The process of reproducing by new construction the exact form and detail of a vanished building, structure or object or a part thereof as it appeared at a specific period of time."

(d) "Rehabilitation: The process of returning a property to a state of utility through repair or alteration which makes possible an efficient contemporary use of while preserving those portions or features of the property which are significant to historical, architectural and cultural values."

(e) "Restoration: The process of accurately recovering the form and details of the property and its setting as it appeared at a particular period of time by means of the removal of later work or by the replacement of missing earlier work."

(f) "Stabilization: The process of applying measures designed to re-establish a weather-resistant enclosure and the structural stability of an unsafe or deteriorated property while maintaining the essential form as it exists."

(3) Change subsection 201.0 [3] definitions to read as follows:

(a) "Basement: That portion of a building the average height of which is at least half below grade, which is ordinarily used for purposes such as storage, laundry facilities, household tool shops, and installation and operation of heating, cooling, ventilating facilities, but which is not ordinarily used for purposes of general household habitation."

(b) "Story: That part of the building comprised between a floor and the floor or roof next above which is not a basement or an attic."

(4) Change subsection 308.5 [209.5] to read as follows: "308.5 [209.5] Use group[s] R-4 Structures: This use group

shall include all detached one (1) or two (2) family dwellings not more than than three (3) stories in height, and their accessory structures as indicated in the Appendix B Standard, One- and Two-Family Dwelling Code. All such structures shall be designed and built in accordance with the requirements of this code for use group R-3 structures or shall be designed and built in accordance with all the requirements of the one (1) and two (2) family dwelling code as listed in Appendix B, except that the requirements of the state plumbing code (Article 22 [7]) shall supersede those conflicting requirements of the one (1) and two (2) family dwelling code. This choice shall be made by the builder at the time of plans submission."

(5) Change subsection 504.1 [304.1.1] to read as follows: "504.1 [304.1.1] Limitations: These provisions shall not be deemed to prohibit alterations within the limitations of Section 6 of 815 KAR 7:010 provided an unlawful change of use is not involved."

(6) Delete Sections 515.1 [315.1] through 515.15 [315.11] and substitute the following: "515.1 [315.1] Requirements for accessibility of the handicapped: Please see 815 KAR 40:010 for construction requirements providing accessibility to the handicapped in public buildings and public accommodations."

(7) Change subsection 516.1 [316.1] to read as follows: "516.1 [316.1] Approval: The provisions of this code relating to the reconstruction, restoration, stabilization, rehabilitation, and moving of buildings or structures shall not be mandatory for existing buildings or structures, identified and classified on the National Register of Historic Places or otherwise classified as historic by the Kentucky Heritage Commission or the department when such buildings or structures are judged by the department to be safe and in the public interest of health, safety and welfare. The department may require submission of architectural and engineering plans and specifications prior to a determination."

(8) Change subsection 603.2 [403.2] to read as follows: "603.2 [403.2] Housekeeping: Periodic inspections of existing uses and occupancies shall be made by the appropriate fire and health officials to insure maintenance of good housekeeping conditions."

(9) Change Section 613.1 [413.1] to read as follows: "Private garages located beneath a one- and two-family dwelling shall have walls, partitions, floors and ceilings separating the garage space from the dwelling constructed of not less than one (1) hour fire resistance rating. Private garages attached to a one- and two-family dwelling shall be completely separated from the dwelling and its attic area by means of one-half (½) inch gypsum board or equivalent applied to the garage side. In lieu of the required one and three quarter (1¾) inch solid core door, an approved automatic sprinkler head located directly above the door in the garage and properly connected to the domestic water system or an approved automatic smoke detector located directly above the door in the garage shall be acceptable."

(10) Delete Section 705 [505] and Section 804 [604] in their entirety.

(11) Change Section 900.0 [700.0] by creating a new subsection which shall read as follows: "900.2 [700.2] Certificate of Compliance: the provisions of this article may be deemed to have been satisfied when certification of an architect or engineer registered in Kentucky to that effect is placed on drawings submitted to the building official."

(12) Delete subsections 1404.4.2, 1404.4.3, 1404.4.4 [904.3.2, 904.3.3, 904.3.4] in their entirety.

(13) Change subsection 1600.2 [1100.2] to read as follows: "1600.2 [1100.2] Boilers: All boilers and

associated pressure piping shall meet the standards for construction, installation and inspection as set forth in Title 815, Chapter 15, Kentucky Administrative Regulations."

(14) Add two new subsections to Section 1600.0 [1100.0] which shall read as follows:

(a) "1600.3 [1100.3] Unfired Pressure Vessels. All unfired pressure vessels shall meet the standards set forth in Section VIII of the 1977 Edition of the ASME Boiler and Pressure Vessel Code, ANSI/ASME BPV-VIII-1."

(b) "1600.4 [1100.4] Mechanical Code: All mechanical equipment and systems not covered by 1600.2 [1100.2] or 1600.3 [1100.3] but which are required by other provisions of this code to be installed in accordance with the mechanical code listed in Appendix B, shall be constructed, installed and maintained in conformity with the BOCA Basic Mechanical Code/1981 [1978] including all applicable standards listed within Appendices B through E."

(15) Delete Article Nineteen (19) [Fourteen (14)] in its entirety.

(16) Delete subsections 2000.1 [1500.1] through 2005.3 [1506.5] and substitute the following:

(a) "2000.1 [1500.1] Installations and Repairs. All electrical wiring and equipment shall be installed in conformity with the National Electrical Code incorporated by reference in the Kentucky Building Code.

(b) "2000.2 [1500.2] Electrical Inspections. Inspections conducted to determine compliance with the National Electrical Code shall be conducted by a certified electrical inspector in accordance with 815 KAR 35:010.

(c) "2000.3 [1500.3] Certificate of Approval:"

1. After the Kentucky Building Code becomes effective pursuant to KRS 198B.110 and after a certified electrical inspector has been employed, contracted for or with, or otherwise provided for by the local government or the department, no utility shall initiate permanent electrical service to any new building until a final certificate of approval has been issued by a certified electrical inspector. Unless the department shall notify the utility in writing as to which buildings are subject to departmental approval, it shall be presumed by the utility that the building is subject to the jurisdiction of the local government.

2. Nothing in this section shall prohibit the supply or use of necessary electrical services during the construction and testing process.

(d) "Section 2000.4 [1500.4] Temporary use and Permission: The building official may in his discretion give temporary permission for a reasonable time to supply and use current in part of an electrical installation before such installation has been fully completed and the final certificate of approval has been issued; provided, that the part covered by the temporary certificate complies with all the requirements specified for lighting, heat or power in the National Electrical Code."

(17) Delete subsections 2200.1 [1700.1] through 2206.3.1 [1705.43] in their entirety and substitute the following: "2200.1 [1700.1] Scope: The design and installation of all plumbing systems, including sanitary and storm water sewage disposal in buildings shall comply with the requirements of the Kentucky State Plumbing Code as set out in Title 815, Chapter 20, Kentucky Administrative Regulations."

Section 3. Elevator Installation and Maintenance. The following subsections of Article 21 [16] of the Kentucky Building Code shall be changed to read:

(1) "2101.3 [1601.3] Identification of equipment: In buildings containing more than one (1) elevator or device

and where such devices are subject to annual inspections, each such elevator or device shall be identified by a serial number attached to or painted, stenciled or otherwise registered on the crosshead of the elevator car and on the motor or machine; and on devices other than elevators on the motor or machine. After such devices have been so designated, their numbers shall not be changed except by permission of the building official and all correspondence in regard to such device shall refer to said number."

(2) "2702.4.1 [1602.4.1] Annual inspections. Annual inspections shall hereinafter be made for all passenger elevators, manlifts and moving stairways."

(3) "2103.2 [1603.2] Final certificate of compliance: The building official shall issue a final certificate of compliance for each unit of equipment which has satisfactorily met all the inspections and tests required by this article. Such final certificate shall bear the name of the person who made the inspections, the date of the inspections, the rated load and speed, and the signature of the chief elevator inspector and the Commissioner of Housing, Buildings and Construction."

Section 4. Elevators. Appendix B, [on page 483] of the Kentucky Building Code under "Elevators, Escalators and Moving Walks," shall be changed to read as follows:

(1) Change the standard citation for "Practice for the Inspection of" by changing to read [deleting "ANSI A17.2-73" and substituting] "ANSI A17.2-1979 and 1980 Supplement ANSI A17.2a-1980."

(2) Delete all citations relating to the "Safety Code for" and substitute as follows:

(a) "ANSI 17.1.1978."

(b) "1979 Supplement—ANSI A17.1-1979."

(c) "1980 Supplement—ANSI A17.1-1980."

Section 5. A new subsection of Article 3 [2] of the Kentucky Building Code is hereby added to read as follows: "309.5 [210.5] Tobacco auction warehouses: Warehouses, construction, may be constructed without a sprinkler system when all the following requirements have been met:

(1) The initial submission of plans to the Department of Housing, Buildings and Construction shall include a signed certificate by the owner that the warehouse will be used solely for the sale of tobacco on a seasonal basis or for the storage of non-combustibles.

(2) A manual fire alarm and smoke detection system with notification to the local fire service shall be provided with installation in accordance with Section 1707.0 [1217.0] of this code.

(3) An eighteen (18) foot paved and posted fire lane surrounding the entire perimeter of the building shall be provided and be accessible from a public street.

(4) A fifty (50) foot fire separation shall be maintained between the warehouse and the lot line and the warehouse and the nearest building."

JOHN R. GROVES, JR., Commissioner

ADOPTED: November 12, 1981

APPROVED:

TRACY FARMER, Secretary

RECEIVED BY LRC: November 13, 1981 at 11 a.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.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Housing, Buildings and Construction
(Proposed Amendment)

815 KAR 7:030. Energy code.

RELATES TO: KRS Chapter 198B, 227.480

PURSUANT TO: KRS 198B.040(7), 198B.050

NECESSITY AND FUNCTION: The Kentucky Board of Housing, Buildings and Construction is required by KRS 198B.040(7) to adopt and promulgate a mandatory uniform state building code, which establishes standards for construction of buildings in the state. This regulation establishes the requirements for energy conservation in new buildings.

Section 1. The Board of Housing, Buildings and Construction hereby adopts the "BOCA Basic Energy Code/1981 [1978]" published by and copies available from Building Officials and Code Administrators International, Inc., 17926 South Halsted Street, Homewood, Illinois 60430. These code provisions, including all standards listed in Appendices A, B, C, D, E, and F, are hereby adopted by reference and included in the Kentucky Building Code.

JOHN R. GROVES, JR., Commissioner

ADOPTED: November 12, 1981

APPROVED: TRACY FARMER, Secretary

RECEIVED BY LRC: November 13, 1981 at 11 a.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.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Housing, Buildings and Construction
(Proposed Amendment)

815 KAR 20:030. License application; examination.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 318.010, 318.050, 318.054

NECESSITY AND FUNCTION: KRS 318.040 requires the Department to conduct examinations for master and journeyman plumber applicants. KRS 318.050 was amended by the 1976 General Assembly to eliminate the fixed fees for such examinations as was shown in the previous act. The Department now has the authority to set such fees by regulation.

Section 1. Applications for Master or Journeyman Plumber's Licenses. Applications for master or journeyman plumber's licenses shall be submitted to the Department of Housing, Buildings and Construction on forms furnished by the department. Each application shall be properly notarized and accompanied by a fee of \$100 if for a master plumber's license or twenty-five dollars (\$25) if for a journeyman plumber's license. A signed photograph of the applicant not less than two (2) inches square nor larger than four (4) inches square taken within two (2) years shall accompany each application. Application fees shall be submitted at least two (2) weeks prior to

the date of examination and remitted by post office or express money order, bank draft or certified check payable to the Kentucky State Treasurer.

Section 2. Examinations for Master or Journeyman Plumber's Licenses. (1) Examination of applicants. Regular examination of applicants for master or journeyman plumber's licenses shall be conducted during the months of February, May, August and November of each year. Special examinations may be conducted at such times as the Department of Housing, Buildings and Construction may direct.

(2) Time and place of examination. Notice of the time and place of examination shall be given by the United States mail at least one (1) week prior to the date of examination to all persons having applications on file.

(3) Materials required for journeyman plumbers' examinations. Applicants for journeyman plumber's licenses shall furnish the materials required for the practical examination.

Section 3. Renewals of Master and Journeyman Plumber's Licenses. (1) Renewal fees. The annual license renewal fee shall be \$150 for master plumbers and thirty dollars (\$30) for journeyman plumbers.

(2) Remittance of renewal fees. Renewal fees shall be remitted by post office or express money order, bank draft, or certified check payable to the Kentucky State Treasurer.

Section 4. Special "Inactive" Licenses. (1) Renewal fees for master and journeyman plumber's licenses or for persons having served the department as indicated in this section shall not be required.

(2) The department shall issue a lifetime master and/or journeyman plumber's license or both to persons who have retired from the department who have had at least fifteen (15) years of continuous service and who will not be actively engaged within the capacity of either a master or journeyman plumber.

(3) The department shall issue a lifetime master and/or journeyman plumber's license or both to persons in a retired status who have continuously served as a member of a board or committee required by statute that has served the department for a period of not less than fifteen (15) years.

JOHN R. GROVES, JR., Commissioner

ADOPTED: November 12, 1981

APPROVED: TRACY FARMER, Secretary

RECEIVED BY LRC: November 13, 1981 at 11 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Eugene F. Perkins, Director, Division of Plumbing, Department of Housing, Buildings, Construction, 127 Building, Frankfort, Kentucky 40601.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Housing, Buildings and Construction
(Proposed Amendment)

815 KAR 20:060. Quality and weight of materials.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 318.130

NECESSITY AND FUNCTION: The department is directed by KRS 318.130 through the State Plumbing Code

Committee to adopt and put into effect a State Plumbing Code. This regulation relates to quality and weights of materials that will be used in the installation of plumbing systems.

Section 1. Materials, Quality of. All materials used in any drainage or plumbing system or part thereof, shall be free of defects.

Section 2. Label, Cast or Stamped. Each length of pipe, fitting, trap, fixture and device used in a plumbing or drainage system shall be stamped or indelibly marked with the weight or quality thereof, and, with the maker's mark or name.

Section 3. Vitrified Clay Pipe, Cement Asbestos Pipe, Concrete Pipe, [Bituminous Fiber Pipe,] Truss Pipe, Extra Heavy SDR 35 Sewer Piping, Polyethylene Sewer Piping, Polyethylene and Corrugated Polyethylene Subsoil Drainage Tubing.

(1) Vitrified clay pipe shall conform to ASTM Standard Specifications C-200.

(2) Cement asbestos pipe shall conform to ASTM Standard Specifications C-428.

(3) Concrete pipe shall conform to ASTM Standard Specifications C-14.

[(4) Bituminous fiber pipe shall conform to ASTM Standard Specifications D-1861.]

(4) [(5)] Truss pipe shall conform to ASTM Standard Specifications D-2680-74. (Solid wall shall conform to ASTM Standard Specifications D-2751-74.)

(5) [(6)] Extra heavy SDR 35 sewer piping shall conform to ASTM Standard Specifications D-3033-74 and D-3034-74.

(6) [(7)] Polyethylene sewer piping shall conform to ASTM D-3350 and is limited for use between a septic tank and a distribution box or boxes.

(7) [(8)] Polyethylene and corrugated polyethylene subsoil drainage tubing shall conform to ASTM Standard Specifications F-405-74 and shall bear the NSF seal of approval. No pipe or fittings shall be used unless the manufacturer of such material submits to the department a sample of the pipe and fittings that will be used along with an analysis of the material from a private testing laboratory approved by the department. Such a report must be submitted to the department on an annual basis as of July 1, of each year. Polyvinyl Chloride subsoil drainage tubing shall conform to ASTM D-2729. They shall have two (2) rows of three-fourths (¾) inch holes within an arch of 120 degrees of circumference of the piping and shall be on four (4) inch centers. Such tubing shall be visibly marked with the name of the manufacturer and the commercial standard number at ten (10) feet intervals.

Section 4. Cast-iron Pipe. (Hub and Spigot and No-Hub). (1) Extra heavy. Extra heavy cast-iron pipe and fittings shall conform to CS 188-59 and A74-69.

(2) Service-weight. Service-weight cast-iron pipe and fittings shall conform to A74-69, or 301-72.

(3) Coating. Cast-iron pipe and fittings for underground use shall be coated with asphaltum, coal tar pitch or using a coating conforming to ASTM A-174

Section 5. Wrought-Iron Pipe. All wrought-iron pipe shall conform to the latest ASTM "standard specifications for welded wrought iron pipe."

Section 6. Mild-Steel Pipe. All steel pipe shall conform to the latest ASTM "standard specifications for welded and seamless steel pipe."

Section 7. Brass pipe; Copper Pipe; and Brass Tubing. Brass pipe, copper pipe and brass tubing shall conform respectively to the latest standard specifications of ASTM for "brass pipe, copper pipe, and brass tubing, standard sizes."

Section 8. Borosilicate Pipe. (1) Borosilicate pipe shall conform to the latest ASTM standards.

(2) Plastic pipe. All plastic piping used in a drainage, waste and vent system shall be schedule 40 or 80, Type 1, Grade 1, polyvinyl chloride compounds as defined and described in tentative specifications for rigid polyvinyl chloride (PVC) (ASTM Designation: D 1784-75), or Schedule 40 or 80 acrylonitrile-butadiene-styrene compound as defined and described in standard specification for acrylonitrile-butadiene-styrene (ABS) (ASTM Designation: D 1788-73). Pipe and fittings shall be produced and labeled in accordance with the provisions of Commercial Standard ASTM-D-2665-76, as amended, for PVC and ASTM-D-2661-76 for ABS, and both shall bear the NSF seal of approval. All pipe and fittings shall bear the ASTM designation together with the NSF seal, the manufacturer's identification and the size. The use of plastic pipe and fittings (PVC or ABS) as outlined herein shall be restricted to buildings where the soil and/or waste and vent stack do not exceed forty-five (45) feet in height, the vertical distance from the base of the stack to its terminus through the roof of the building.

(3) Stainless steel tubing. Stainless steel tubing for hot and cold water piping must be Grade H conforming to CS A268-68. Stainless steel tubing for the soil, waste and vent system must be either Grade G or H conforming to CS A-268-68.

(4) Polyethylene pipe. Polyethylene pipe used in acid waste systems shall conform to D-1204-62T.

(5) Polypropylene pipe. Polypropylene pipe used in acid waste systems shall conform to ASTM D-2146-65T.

Section 9. Lead Pipe, Diameter, Weights. (1) Lead soil, waste and vent pipes shall be in accordance with the standards of the Lead Industries Association and Federal Specifications WW-P-325, which are identical in substance, and shall not be lighter than the following weights:

Size Inside Diameter In.	Commercial Designation		Wall Thickness Inches	Weight Pounds	Per Foot Ounces
	"D"	"XL"			
1½	D	XL	0.138	3	8
2	D	XL	0.142	4	12
3	D	XL	0.125	6	0
4	D	XL	0.125	8	0

(2) All lead bends and lead traps shall be of the weight known as extra heavy (XH) and shall have at least one-eighth (1/8) inch wall thickness. Weights for lead water service or supply pipes shall be according to the maximum working pressure in pounds per square inch as given in federal specifications WW-P-325.

Section 10. Sheet Lead. Sheet lead for shower pans shall weigh not less than four (4) lbs. per sq. ft. and shall

weigh not less than three (3) lbs. per sq. ft. for vent pipe flashings.

Section 11. Sheet Copper or Brass. Sheet copper or brass shall not be lighter than No. 18 B. & S. gauge, except that for local and interior ventilating pipe it shall not be lighter than No. 26 B. & S. gauge.

Section 12. Threaded Fittings. (1) Plain screwed fittings shall be either cast-iron, malleable iron, or brass of standard weight and dimensions.

(2) Drainage fittings shall be either cast-iron, malleable iron, or brass, with smooth interior waterway, with threads tapped out of solid metal.

(3) All cast-iron fittings used in a water supply distribution shall be galvanized.

(4) All malleable iron fittings shall be galvanized.

Section 13. Caulking Ferrules. Caulking ferrules shall be of red brass and shall be in accordance with the following table:

Pipe Sizes Inches	Inside Diameter Inches	Length Inches	Minimum Weight Each
2	2¼	2½	1 lb. 0 oz.
3	3¼	4½	1 lb. 12 oz.
4	4¼	4½	2 lb. 8 oz.

Section 14. Soldering Nipples. Soldering nipples shall be recessed red cast brass, iron pipe size. When cast, they shall be full bore and of minimum weight.

Section 15. Floor Flanges for Water Closets and Service Sinks or Similar Fixtures. Floor flanges shall either be hard lead, brass, cast iron, galvanized malleable iron, ABS or PVC. Hard lead and brass flanges shall be not less than one-eighth (1/8) inch thick. Cast iron and galvanized malleable iron shall be not less than one-fourth (¼) inch thick and shall have a two (2) inch caulking depth.

Section 16. New Materials. Any material other than that specified in this code is prohibited unless such material is specifically approved by the State Plumbing Code Committee and the Department of Housing, Buildings and Construction as being equal to or better than the material specified herein. It shall be the responsibility of any person or company seeking the approval of a material not included in this code to prove to the satisfaction of such agencies that the material is equal to or better than the material for which it is intended to replace.

JOHN R. GROVES, JR., Commissioner

ADOPTED: November 12, 1981

APPROVED: TRACY FARMER, Secretary

RECEIVED BY LRC: November 13, 1981 at 11 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING
TO: Eugene F. Perkins, Director of Division of Plumbing,
Department of Housing, Buildings, Construction, 127
Building, Frankfort, Kentucky 40601.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Housing, Buildings and Construction
(Proposed Amendment)

815 KAR 20:070. Plumbing fixtures.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 224.033, 318.130

NECESSITY AND FUNCTION: *The department is directed by KRS 318.130 through the State Plumbing Code Committee to adopt and put into effect a State Plumbing Code. This regulation relates to the kind, type and quality of plumbing fixtures that are to be used in the construction of plumbing systems. [This regulation permits the use of a new concept for the treatment and purification of air in bath and toilet rooms. The cartridges in the fan unit contains a citrus by-product which removes bacteria and mold and eliminates the need to discharge and exhaust air to the outside of a building. It also eliminates a certain amount of heat loss. This regulation also permits the use of acrylic-faced bathtubs, a new concept for the protective coating used in the manufacture of fiberglass bathtubs. The test records that were submitted by the manufacturer of this product indicate that this coating is an improvement over the gel-coating that is presently being used.]*

Section 1. Materials. All receptacles used as water closets, urinals, or otherwise for the disposal of human excreta, shall be of vitrified earthenware, hard natural stone, or cast-iron with a light color porcelain enameled on the inside.

Section 2. Installation. All plumbing fixtures shall be installed free and open in a manner to afford access for cleaning. Where practical, all pipes from fixtures shall be run to the wall and no trap or pipe shall extend nearer to the floor than twelve (12) inches except laundry trays or similar fixtures.

Section 3. Water Closet Bowls. Water closet bowls shall be made of one (1) piece and of such form as to hold a sufficient quantity of water when filled to the trap overflow to prevent fouling of its interior surfaces, and it shall be provided with an integral flushing rim so constructed as to flush the entire interior of the bowl.

Section 4. Plastic Water Closet Bowl and Tank. Plastic water closet bowl and tank shall be made with a polypropylene lining inside the one (1) piece bowl and tank. The outer surface of the bowl shall be constructed of PVC material and the filler material between the two (2) surfaces shall be made of polyurethane foam. The bowl shall have a three (3) inch water seal and shall have a two and one-eighth (2 1/8) inch waste opening passage.

Section 5. [4.] Frost-Proof Closet. A frost-proof water closet may be installed only in a building that has at least a twelve (12) inch air break between it and any building used for habitation or occupancy. The room shall be tightly enclosed and accessible from the outside only. The soil pipe between the trap and hopper shall be of extra heavy cast-iron, four (4) inches in diameter and shall be light colored porcelain enamel on the inside. The building must have a non-absorbent floor. Each frost-proof water closet shall have a four (4) inch vent.

Section 6. [5.] (1) Floor drains and shower drains. A floor drain or a shower drain is considered a plumbing fixture and shall be provided with a strainer.

(2) Shower drain pan construction. Shower drain pans shall be constructed of sheet lead weighing not less than four (4)

pounds per square foot, non-plasticized chlorinated polyethylene conforming to ASTM D-412-66, D-1204-54 and D-568-61 not less than 0.040 inches or other approved material. Shower pans shall be constructed without seams and shall extend to a minimum height of six (6) inches on all vertical walls. Shower pans shall not be required on a concrete floor below the outside grade level.

(3) Fiberglass bathtubs, showers, tub enclosures and shower stalls. Fiberglass bathtubs and tub enclosures shall conform to Commercial Standards CS 221-59. Acrylic-faced bathtubs shall conform to ASTM E-84B or E-162. Fiberglass shower stalls and shower receptors shall conform to Commercial Standards CS 222-59.

(4) Metamorphosed carbonate aggregate polyester resinous matrix-marbleoid bathtubs, lavatories and shower stalls. Metamorphosed carbonate aggregate polyester resinous matrix-marbleoid bathtubs, lavatories and shower stalls shall conform to Commercial Standards CS 111-43.

Section 7. [6.] Floor Drains, Shower Drains or Urinal Drains in Inaccessible Places. Floor drains, shower drains or urinal drains shall have a cast-iron P trap when installed under concrete floors or in inaccessible places. They shall be either caulk or screw type.

Section 8. [7.] Fixture Strainers. All fixtures other than water closets and pedestal urinals shall be provided with a fixed strong, metallic or porcelain strainer. The total outlet area shall not be less than that of the interior area of the trap.

Section 9. [8.] Fixture Overflow. The overflow pipe from a fixture shall be connected to the inlet side of a trap and be so arranged that it may be readily and effectively cleaned.

Section 10. [9.] Ventilation of Rooms Containing Fixtures. Plumbing fixtures, except bedroom lavatories, shall not be located in any room which does not contain a window placed in an external wall or is not otherwise provided with adequate ventilation. The minimum size of the external fresh air inlet shall be two and one-fourth (2¼) square feet of opening. Where forced ventilation is used, the minimum change of air shall be six (6) times per hour and the vent must be extended to the outside of the building or a ductless fan may be used, provided:

(1) The unit bears the label of the Underwriter's Laboratories, Inc.;

(2) The unit is installed so as to operate at all times when the lighting circuit is activated;

(3) The unit be installed in either the wall or ceiling;

(4) The unit is installed in accordance with the manufacturer's recommendations;

(5) The manufacturer make available cartridges that will be replaced on a six (6) month basis;

(6) A unit be provided for each 800 cubic feet of room volume.

Section 11. [10.] Fixture Additions. Any fixture or fixtures added to a plumbing system shall be installed to comply with the other sections of this code, and the discharge from the additional fixture or fixtures shall enter the soil pipe below the lowest vented opening.

Section 12. [11.] Defective Fixtures. All newly installed fixtures found defective or old fixtures found to be in an unsanitary condition, shall be repaired, replaced, or removed within thirty (30) days upon written notice from the department.

Section 13. [12.] Water Heaters. Water heaters shall be properly connected to the hot and cold water supply and shall be connected to an adequate size flue or chimney, but in no case shall this be connected to a flue serving a coal burning apparatus. The flue or chimney shall extend two (2) feet above the roof and be properly flashed and shall not terminate within six (6) feet of a door or window. If a water heater is placed in a closed room or closet the door must be a louver door.

JOHN R. GROVES, JR., Commissioner

ADOPTED: November 12, 1981

APPROVED: TRACY FARMER, Secretary

RECEIVED BY LRC: November 13, 1981 at 11 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Eugene F. Perkins, Director, Division of Plumbing, Department of Housing, Buildings, Construction, 127 Building, Frankfort, Kentucky 40601.

PUBLIC PROTECTION AND REGULATION CABINET **Department of Housing, Buildings and Construction** **(Proposed Amendment)**

815 KAR 20:130. House sewers and storm water piping; methods of installation.

RELATES TO: KRS Chapter 318

PURSUANT TO: KAR 13.082, 318.130

NECESSITY AND FUNCTION: The department is directed by KRS 318.130 through the State Plumbing Code Committee to adopt and put into effect a State Plumbing Code. This regulation relates to outlining the materials that may be used in the construction of house sewers, storm water piping as well as the methods of installation.

Section 1. Independent System. The drainage and plumbing system of each new building and of new work installed in an existing building shall be separate from, and independent of, that of any other building except as provided below, and every building shall have an independent connection with either a public or private sewer or sewer system.

Section 2. Exception. Where a building stands in the rear of another building or on an interior lot, and a sewer connection cannot be made available to the rear building through an adjoining alley, court, yard or driveway, the sewer from the front building may be extended to the rear building and it will be considered as one (1) sewer. This exception does not apply to corner lots where a sewer connection is available from the street or alley nor to a new or existing building which abuts a street or alley.

Section 3. Connection with Private Sewage Disposal System. When a sewer is not available, the house drain from a building shall connect with an approved private sewage disposal system.

Section 4. Excavations. All excavations made for the installations of a house sewer shall be open trench work. All such trenches shall be kept open until the piping has been inspected and/or tested and approved.

Section 5. Depth of Sewer at the Property Line. (1) Where possible the sewer at the property line shall be at a sufficient depth to properly serve any plumbing connection that may be installed in the basement of any building unless restricted by another's authority.

(2) House sewers shall be laid on a grade of not less than one-eighth (1/8) inch nor more than one-fourth (1/4) inch per foot. All sewers must have at least an eighteen (18) inch cover. Sewer piping under a superimposed load condition shall have at least three (3) feet cover unless constructed of cast iron piping. Sewers shall be backfilled by hand and tamped six (6) inches above the piping, or in lieu thereof may be filled with six (6) inches grillage above the piping. All joints in cast iron, [bituminous fiber,] vitrified clay pipe and cement asbestos pipe shall be made in a manner to conform to other sections of this code.

Section 6. New House Sewer Connections. House sewers installed where a private sewerage system has been discarded may connect to the house drain, provided in the opinion of the department the existing plumbing system meets this code or a previous one.

Section 7. Materials for House Sewers. House sewers or combined sewers, beginning two (2) feet outside the foundation wall of a building shall be made of either extra heavy cast iron pipe, service weight cast iron, vitrified clay, concrete, [bituminous fiber,] cement asbestos, PVC or ABS plastic pipe schedules 40 and 80, truss pipe and extra heavy SDR 35 pipe.

Section 8. Material for Storm Sewers Inside Buildings. Material for storm sewers inside of buildings to a point two (2) feet outside a building in sizes eight (8) inches and smaller shall be cast iron pipe or Schedule 40 ABS or PVC DWV pipe. Storm sewers in sizes of ten (10) inches and larger may be either cast iron, vitrified clay or concrete conforming to appropriate commercial standards with approved joints.

Section 9. Change of Direction. Change in direction of a sewer shall be made with long curves, one-eighth (1/8) bends or Y's.

Section 10. Size of House Sewers and Horizontal Branches. The minimum size of a house sewer shall not be less than four (4) inches nor less than that of the house drain. House sewers receiving branches shall be sized in the same manner as house drains. (See 815 KAR 20:090.)

Section 11. Size of Storm Systems. The required sizes of storm sewers shall be determined on the basis of the total drained areas in horizontal projection in accordance with the following table. No storm sewer shall be laid parallel to or within two (2) feet of any bearing wall. The storm sewer shall be laid at a sufficient depth to protect it from freezing.

Diameter of pipe inches	Maximum drained roof area square feet *		Diameter of pipe inches	Maximum drained roof area square feet *	
	Slope, 1/8 in. fall to 1 ft.	Slope, 1/4 in. fall to 1 ft.		Slope, 1/8 in. fall to 1 ft.	Slope, 1/4 in. fall to 1 ft.
3	865	1,230	8	11,115	15,745
4	1,860	2,610	10	19,530	27,575
5	3,325	4,715	12	31,200	44,115
6	5,315	7,515	13	42,600	60,000

* The calculations in this table are based on a rate of rainfall of four (4) inches per hour.

Section 12. Combined Storm and Sanitary Sewer System. Whenever a combined sewer system is used, the required size of the house drain or house sewer shall be determined by multiplying the total number of fixture units carried by the drain or sewer by the conversion factor corresponding to the drained area and the total fixture units, adding the product to the drained area and applying the sum of the preceding table for storm water sewers. No combined house drain or house sewer shall be less than five (5) inches in diameter, and no combined house drain or house sewer shall be smaller in size than that required for the same number of fixture units or for the same roof area in separate systems.

CONVERSION FACTORS FOR COMBINED STORM AND SANITARY SYSTEM

Number of fixture units on sanitary system

Drained roof area in square feet	Up to 6	7 to 18	19 to 36	37 to 60	61 to 96	97 to 144	145 to 216	217 to 324
Up to 120	180	105	60	45	30	22	18	15
121 to 240	160	98	57	43	29	21	17.6	14.7
241 to 480	120	75	50	39	27	20	16.9	14.3
481 to 720	75	62	42	35	24	18	15.4	13.2
721 to 1,080	54	42	33	29	20	15	13.6	12.1
1,081 to 1,620	30	18	16	15	12	11.5	11.1	10.4
1,621 to 2,430	15	12	11	10.5	9.1	8.8	8.6	8.3
2,431 to 3,645	7.5	7.2	7.0	6.9	6.6	6.5	6.4	6.3
3,646 to 5,460	2.0	2.4	3.0	3.3	4.1	4.2	4.3	4.4
5,461 to 8,190	0	2.0	2.1	2.2	2.3	2.4	2.5	2.6
8,191 to 12,285	0	0	2.0	2.1	2.1	2.2	2.3	2.3
12,286 to 18,420	0	0	0	2.1	2.1	2.1	2.2	2.2
18,421 to 27,630	0	0	0	0	2.0	2.1	2.2	2.2
27,631 to 40,945	0	0	0	0	0	2.0	2.1	2.2
40,946 to 61,520	0	0	0	0	0	0	2.0	2.1
Over 61,520	0	0	0	0	0	0	0	2.0

Number of fixture units on sanitary system

Drained roof area in square feet	325 to 486	487 to 732	733 to 1,098	1,099 to 1,644	1,645 to 2,466	2,467 to 3,702	3,703 to 5,556	Over 5,556
Up to 120	12	10.2	9.2	8.4	8.2	8.0	7.9	7.8
121 to 240	11.8	9.9	9.1	8.3	8.1	8.0	7.9	7.8
241 to 480	11.5	9.7	8.8	8.2	8.0	7.9	7.8	7.7
481 to 720	10.8	9.2	8.6	8.1	7.9	7.9	7.8	7.7
721 to 1,080	10.1	8.7	8.3	8.0	7.8	7.8	7.7	7.6
1,081 to 1,620	9.8	8.4	8.1	7.9	7.7	7.7	7.6	7.5
1,621 to 2,430	8.0	7.9	7.8	7.7	7.6	7.5	7.4	7.4
2,431 to 3,645	6.2	6.3	6.4	6.4	6.8	7.0	7.1	7.2
3,646 to 5,460	4.5	4.7	5.0	5.1	6.1	6.4	6.9	6.9
5,461 to 8,190	2.8	3.2	3.7	4.6	5.0	5.6	6.2	6.4
8,191 to 12,285	2.4	2.5	2.6	2.7	3.5	4.5	5.2	5.6
12,286 to 18,420	2.3	2.3	2.4	2.4	2.6	3.2	4.2	4.7
18,421 to 27,630	2.2	2.3	2.3	2.3	2.4	2.5	2.8	3.1
27,631 to 40,945	2.2	2.2	2.2	2.2	2.2	2.2	2.3	2.4
40,946 to 61,520	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1
Over 61,520	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0

Section 13. House Sewer in Undisturbed or Made Ground. House sewers laid in undisturbed ground must be laid on at least four (4) inches of pea gravel, sand or other approved grillage. House sewers laid in made or filled ground shall be embedded to the lower quadrant with at least a four (4) inch concrete pad below the invert, or other support that may be approved by the department. Supports in filled or made ground shall be on ten (10) feet centers to a solid footing, either undisturbed earth or rock. House sewers constructed of flexible thermoplastic sewer

piping [or bituminous fiber] must be installed with at least six (6) inches of gravel on the bottom, top and sides of the piping.

Section 14. Storm Sewers in Undisturbed or Made Ground. Storm sewers laid in undisturbed ground will not require grillage. Storm sewers laid in made or filled grounds shall be embedded to the lower quadrant with at least a four (4) inch concrete pad below the invert or other support that may be approved by the department. Supports in filled or made ground shall be on ten (10) feet centers to a solid footing, either undisturbed earth or rock.

Section 15. Drainage Below Sewer Level. In buildings, in which the whole or part of the house drain and plumbing system thereof lies below the level of the main sewer, sewage and waste shall be lifted by an approved artificial means and discharged into the house sewer.

Section 16. Drainage Below Sewer Level (Residential). In homes where the house sewer level is above the basement floor, waste water shall be lifted by means of an approved sump pump. *The sump pit shall be constructed of either poured or precast concrete, approved fiberglass or polyethylene material with a tight fitting cover.* The sump pit shall be provided with a two (2) inch vent which may also act as a waste and vent for a laundry tray. The pump discharge piping shall discharge into a two (2) inch waste pipe [cast iron pipe] extended inside the building to a height at least twelve (12) inches above the outside grade. The sump well shall be provided with a tight-fitting concrete cover. On the outside of the building this waste piping shall connect into [connection shall be provided with] a four (4) inch by two (2) inch sanitary tee which shall connect into a four (4) inch P trap and then into the sanitary sewer [soil tee extended to the grade, with a vent cap and a four (4) inch trap properly connected to the house sewer]. *The four (4) inch by two (2) inch sanitary tee shall be extended at least two (2) inches above the finished grade and shall be provided with a ventilated cap.*

Section 17. Sumps and Receiving Tanks. All subsoil drains shall discharge into an air tight sump or receiving tank so located as to receive the sewage by gravity. The sewage shall be lifted and discharged into the house sewer by a pump, ejector or any equally efficient method. Such sumps shall automatically discharge.

Section 18. Ejectors, Vented. All ejectors shall be vented with a three (3) inch vent. Fixtures or appliances connected thereto shall be vented in accordance with other sections of this code.

Section 19. Ejector Power: Motors, Compressors, Etc. All motors, air compressors and air tanks shall be located where they are open for inspection and repair at all times. The air tanks shall be proportioned so as to furnish sufficient air at suitable pressure to the ejector to completely empty the sump or storage tank with the compressor not operating. The end pressure in the tank shall be not less than two (2) pounds for each foot of height through which sewage is raised.

Section 20. Ejectors for Sub-Soil Drainage. When subsoil catch basins are installed below the sewer level, automatic ejectors, or an approved type, may be used.

Such ejectors or any device raising sub-soil water shall discharge into a properly trapped fixture or into a storm-water drain.

Section 21. Drainage of Yards, Areas and Roofs. All roofs, paved areas, courts, and courtyards shall be drained into a storm water system or a combined sewerage system, but not into sewers intended for sewage only. When drains are connected to a combined sewerage system, they shall be trapped. If roof leaders, conductors, or gutter openings are located more than ten (10) feet from a window, scuttle, or air shaft, a trap shall not be required. Traps shall be set below the frost line or on the inside of the building. Where there is a storm or combined sewer available, it may discharge into a drainage area unless otherwise prohibited by the proper authorities. When such drains are not connected to a combined sewer a trap is not required.

Section 22. Size of Rain Water Leader. No inside leader shall be less size than the following:

Area of Roof (In Square Feet)	Leader, Diameter (Inches)
Up to 90	1 ½
91 to 270	2
271 to 810	3
811 to 1,800	3 ½
1,801 to 3,600	4
3,601 to 5,500	5
5,501 to 9,600	6

Section 23. Inside Conductors or Roof Leaders. When conductors and roof leaders are placed within the walls of any building, or in an interior court or ventilating pipe shaft, they shall be constructed of cast iron pipe, galvanized wrought iron, galvanized steel, copper, schedule 40 ABS/PVC DMV pipe or reinforced thermosetting resin pipe conforming to ASTM D-2996 (red and silver thread). The vertical distance of PVC or ABS conductors shall not exceed thirty (30) feet from the base through the terminus through the roof.

Section 24. Outside Conductors. When outside sheet metal conductors or downspouts are connected to a house drain, they shall be connected by means of a cast iron pipe extending vertically at least one (1) foot above the grade line. Along public driveways, without side walks, they shall be placed in niches in the walls, protected by wheel guards, or enter the building through the wall at a forty-five (45) degree slope at least twelve (12) inches above the grade.

Section 25. Defective Conductor Pipes. When an existing sheet metal conductor pipe within the walls of any building becomes defective, such a conductor shall be replaced by one which conforms to this code.

Section 26. Vent Connections with Conductors Prohibited. A conductor pipe shall not be used as a soil, waste or vent pipe, nor shall any soil, waste, or vent pipe be used as a conductor.

Section 27. Overflow Pipes. Overflow pipes from cisterns, supply tanks, expansion tanks, or drip pans shall connect only indirectly with any house sewer, house drain, soil or waste pipe.

Section 28. Subsoil Drains, Below Sewer Level. Subsoil drains shall discharge into a sump or receiving tank. It shall be automatically lifted and discharged into the storm drainage system or upon the ground outside the building that it serves.

JOHN R. GROVES, JR., Commissioner

ADOPTED: November 12, 1981

APPROVED: TRACY FARMER, Secretary

RECEIVED BY LRC: November 13, 1981 at 11 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING
TO: Eugene F. Perkins, Director, Division of Plumbing,
Department of Housing, Buildings, Construction, 127
Building, Frankfort, Kentucky 40601.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Housing, Buildings and Construction
(Proposed Amendment)

815 KAR 20:160. Standards for subsurface sewage disposal systems other than residential [Private and commercial septic systems].

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 318.130

NECESSITY AND FUNCTION: The department is directed by KRS 318.130 through the State Plumbing Code Committee to adopt and put into effect a State Plumbing Code. This regulation relates to the size, type, location and construction of subsurface sewage disposal systems as well as installation standards for all types of subsurface sewage disposal systems where the effluent discharges into the subsurface [private and commercial septic systems].

Section 1. Plans for all types of sewage systems must be submitted and approved prior to the time of installation. Such systems shall be designed in accordance with this regulation as well as regulation 815 KAR 20:141. Plans shall not be smaller than eleven (11) x seventeen (17) inches and shall be of sufficient size to properly illustrate the proposed system. The plans shall locate the sewage system, the location of the percolation test holes and the rock soundings by dimensions to some reference point, building, etc. All plans shall include the results of an approved percolation test along with a complete soil study. [(1) The design, structure and material used in the construction of all septic tanks must be approved by the department. Written approval must be obtained for the manufacturer of prefabricated and commercial septic tanks. Septic tanks shall have a minimum working capacity of 500 gallons. If a garbage grinder is used, the septic tank capacity shall be increased fifty (50) percent.]

[(2) A disposal field serving a septic tank shall consist of not less than 200 feet of lateral drain with a two (2) feet trench having 400 square feet of ditch bottom. The lateral system shall be constructed of either four (4) inch farm tile, perforated bituminous fiber pipe or other approved material laid in not less than six (6) inches of No. 3 rock, top and bottom of the piping. All lateral lines shall be laid level. If farm tile is used, the top of the joints shall be covered with a three (3) inch strip of tar paper. If two (2) or more lines are laid parallel, the trenches shall be at least six (6) feet apart. A distribution box shall be installed following a septic tank and in installations placed in other than

level terrain. The minimum size shall be eighteen (18) inches square and the bottom shall be six (6) inches lower than the outlets to the drain field. Distribution boxes shall be constructed with a tight cover and shall be of concrete, brick, or salt glaze tile or other approved material. Roof drains shall not discharge into a septic tank or drain field.]

[(3) The location of a septic tank shall not be closer than ten (10) feet from a building nor fifty (50) feet from a well or cistern. The location of a lateral drainage system shall be not be closer than twenty (20) feet from a building, nor five (5) feet from a property line, nor seventy (70) feet from a well or cistern. The location of a seepage pit shall not be closer than twenty-five (25) feet from a building nor 100 feet from a well or a cistern.]

[(4) A house sewer shall not be installed within a radius of fifteen (15) feet of a well or cistern. All house sewers in between a fifteen (15) feet and fifty (50) feet radius of a well or cistern shall be constructed of extra heavy or service weight cast iron pipe with approved joints. All house sewers beyond a fifty (50) feet radius of a well or cistern may be salt glazed vitrified pipe, bituminous fiber pipe, cement asbestos pipe or other material approved by the department with approved joints.]

Section 2. (1) Septic tanks. Septic tanks shall be designed in accordance with the standards of the department. They may be constructed of either poured or precast concrete, steel, fiberglass, polyethylene or other material approved by the department. They must receive prior approval before they are used.

(2) Sewage treatment plants. Sewage treatment plants shall be constructed of either poured or precast concrete, steel, fiberglass, polyethylene or other materials approved by the department and shall receive prior approval by the department before they are used.

Section 3. Distribution Boxes. Distribution boxes may be constructed of poured or precast concrete, fiberglass, steel or polyethylene plastic. They must be so designed as to accomplish the desired elevations that are denoted in Section 5. They must have prior approval by the department.

Section 4. Percolation Tests and Soil Evaluations. Percolation tests shall be conducted in a manner prescribed in regulation 815 KAR 20:141. A percolation test report shall include among other things the type of soil by name, seasonal high water table and the earth cover over rock. Percolation tests shall be conducted at distances not to exceed fifty (50) feet in all directions within the area where a proposed sewage system will be constructed.

Section 5. Subsurface Sewage Disposal System (Lateral System). A subsurface sewage disposal system or lateral system shall be constructed by the use of trenches two (2) feet wide and approximately thirty (30) inches deep. Lateral lines shall not exceed 100 feet in length and must not be closer than eight (8) feet on centers. If the area in which the lateral system is to be installed has no more than a three (3) percent grade, it may be constructed by the use of one (1) distribution box where at least three (3) of the lateral lines are connected along the discharge piping from septic tank or treatment system. The invert of the discharge piping from the treatment plant or septic tank must be at least two (2) inches above the invert piping from the lateral lines entering the distribution box. All lateral lines from the distribution box must be at the same elevation. There must be at least two (2) feet of solid pipe laid on compacted

earth between the distribution box and each section of the lateral system. When a lateral system is installed in an area that has more than a three (3) percent grade the lateral lines shall be placed not closer than eight (8) feet on center and each lateral line must be laid level. Distribution boxes shall be provided in the center of each lateral line. The lateral lines on each side of the distribution box must be on the same elevation while the invert elevation of the waste piping from the septic tank or treatment plant or from one (1) distribution box to the other shall be at least six (6) inches above the invert of the lateral line that enters the distribution box. The piping from the treatment plant and the space between the distribution boxes must be sealed piping as well as piping at a distance not to exceed two (2) feet from each distribution box before connecting into the lateral system. The lateral system laid in an area with a grade three (3) percent or less shall have each segment of the lateral system laid level. In the area where the grade is greater than three (3) percent each parallel segment of the lateral system must be laid level. All lateral lines must be constructed in a two (2) foot wide trench by placing six (6) inches of #3 limestone rock beneath and above the distribution piping system. This distribution piping may be either unglazed tile or concrete pipe in one (1) foot sections, continuous perforated polyethylene piping or other materials approved by the department.

Section 16. Sizing of Private Sewage Disposal Systems—Septic Tank or Treatment Plant. (1) The minimum size of a private sewage disposal system shall consist of a 500 gallon septic tank or treatment plant followed by a minimum of 200 feet of lateral drainage system.

(2) A private sewage disposal system for homes shall conform to regulation 815 KAR 20:141.

(3) Notwithstanding subsection (1) of this section, sewage systems for buildings other than homes shall be sized by using the tables listed below which indicates the water usage relating to its use.

Table 1
Quantities of Sewage Flows

Type of Establishment	Gallons Per Person Per Day (Unless Otherwise Noted)
Airports (per passenger)	5
Apartments (per bedroom)	250
Bathhouses and swimming pools	10
Bathhouses (others)	20
Camps:	
Campground with central comfort stations	35
With flush toilets, no showers	25
Construction camps (semi-permanent)	50
Day camps (no meals served)	15
Resort camps (night and day) with limited plumbing	50
Luxury Camps	100
Factories:	
(Per person, per shift, exclusive of industrial wastes)	35
Hospital (per bed space)	250
Surgicenters (per bed space)	300
Institutions other than hospitals	
Nursing homes and similar institutions	125
Mobile home parks (per space)	250
Motels (per room)	125
Picnic parks:	
With bathhouses, showers and flush toilets	10

Restaurants (per meal served)	15
Schools:	
Boarding (per student)	100
Elementary (per student)	25
High (per student)	35
College (per student)	35
Service stations (minimum)	1000
Theaters:	
Movie (per auditorium seat)	5
Drive-in (per car seat)	5
Travel trailer parks:	
Without individual water and sewer hook-ups (per space)	75
With individual water and sewer hook-ups (per space)	150
Construction sites (per person)	35

Section 7. Length or Footage of Lateral System Required. The length or footage of the lateral system required shall be computed by the use of the following table.

Table 2
Allowable Loading For Sub-soil Drainage Systems

Time of Water to Drop One Inch, Expressed In Minutes	Lineal Footage of Tile Using 2' Trench, Per 100 Gallon of Sewage Per Day
15	34.0
20	42.0
25	52.0
30	63.0
35	69.5
40	73.5
45	76.5
50	82.5
55	86.5
60	89.0

Section 8. Location of Septic Tank or Sewage Treatment Devices. (1) Septic tanks shall not be closer than ten (10) feet from a building, five (5) feet from a property line or fifty (50) feet from a well or cistern.

(2) Sewage treatment devices shall not be closer than fifty (50) feet from a building, fifteen (15) feet from a property line nor fifty (50) feet from a well or cistern.

Section 9. (1) Septic tanks and sewage treatment devices shall not be closer than seventy (70) feet from a well or cistern.

(2) No sewer pipe shall be within fifteen (15) feet of a well or cistern. All sewer piping within a radius of fifteen (15) to fifty (50) feet of a well or cistern must be of extra heavy or service weight cast iron pipe or schedule 40 or 80 ABS or PVS plastic pipe.

JOHN R. GROVES, JR., Commissioner
ADOPTED: November 13, 1981
APPROVED: TRACY FARMER, Secretary
RECEIVED BY LRC: November 13, 1981 at 3:30 p.m.
SUBMIT COMMENT OR REQUEST FOR HEARING
TO: Eugene F. Perkins, Director, Division of Plumbing,
Department of Housing, Buildings and Construction, The
127 Building, Frankfort, Kentucky 40601.

PUBLIC PROTECTION AND REGULATION CABINET
Department of Housing, Buildings and Construction
(Proposed Amendment)

815 KAR 20:191. Minimum fixture requirements.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 318.130

NECESSITY AND FUNCTION: The department is directed by KRS 318.130 through the State Plumbing Code Committee to adopt and put into effect a State Plumbing Code. This regulation incorporates many of the provisions which have been in effect for some time with regard to residential and public buildings. The department has revised the old regulation to make it easier to interpret. This regulation includes the requirements of the Department for Natural Resources and Environmental Protection as well as the Department for Human Resources and the Department of Justice. These inclusions simplify the plan process.

Section 1. In buildings accommodating males and females it shall be presumed that the occupants will be equally divided between males and females unless otherwise denoted.

Section 2. All types of buildings shall be provided with toilet rooms on each level or floor; however, where the department determines that facilities on each level or floor are unnecessary, toilet rooms on every other level or floor shall be sufficient.

Section 3. Toilet rooms for males and females shall be clearly marked.

Section 4. Toilet Floor Construction Requirements. Toilet room floors in all public buildings and places of employment shall be constructed of non-absorbent materials. When more than one (1) water closet and one (1) lavatory is installed, such a toilet room shall have at least one (1) floor drain and one (1) accessible hose bibb.

Section 5. Theatres, Assembly Halls, Libraries, Museums and Art Galleries. (1) A separate water closet and lavatory shall be provided for males and females in the stage area.

(2) A drinking fountain shall be provided in the stage and auditorium area and a drinking fountain shall be provided on each floor for each 200 persons or fraction thereof.

(3) Separate toilet rooms for males and females shall be provided as indicated in Section 2, as follows:

(a) One (1) water closet for each 100 males or females or fraction thereof; two (2) water closets for 101 to 200 males or females or fraction thereof; three (3) water closets for 201 to 400 males or females or fraction thereof; over 400 add one (1) water closet for each additional 500 males and one (1) for each additional 300 females.

(b) One (1) urinal for up to 200 males; two (2) urinals for 201 to 400; three (3) urinals for 401 to 600; add one (1) urinal for each additional 300 males or fraction thereof.

(c) One (1) lavatory for up to 100 males or females; two (2) lavatories for 101 to 200, three (3) lavatories for 201 to 400; four (4) lavatories for 401 to 750; add one (1) lavatory for each additional 500 or less over 750.

(d) One (1) service sink or slop sink on each floor.

(e) The number of fixtures shall be based upon the maximum seating capacity or fixed seats. If fixed seats are not

provided the basis for determining the capacity shall be one (1) person per each fifteen (15) square feet of area.

(4) In libraries, museums and art galleries separate toilet facilities for males and females shall be provided as indicated in Section 2, as follows:

(a) One (1) water closet and one (1) lavatory for each 100 females or fraction thereof.

(b) One (1) water closet and one (1) lavatory for each 200 males or fraction thereof.

(c) One (1) urinal for each 200 males or fraction thereof.

(d) One (1) service sink or slop sink on each floor.

(e) A drinking fountain shall be provided for each 100 persons.

(f) The above number of fixtures shall be based upon the actual number of persons that can be accommodated.

Section 6. School Buildings. (1) A drinking fountain shall be provided on each floor of a building and an additional drinking fountain shall be provided for each seventy-five (75) pupils or fraction thereof. The fountains shall be equipped with a protective cowl and the orifice shall be one (1) inch above the overflow rim of the fountain.

(2) Elementary through secondary level school buildings shall be provided with the following:

(a) Water closets for males shall be installed in the following proportions:

1. One (1) water closet for up to twenty-five (25) pupils.

2. Two (2) water closets for twenty-six (26) to 100 pupils.

3. One (1) water closet for each 100 pupils or fraction thereof in excess of 100.

(b) Urinals for males shall be installed in the following proportions:

1. One (1) urinal for up to twenty-five (25) pupils.

2. Two (2) urinals for twenty-six (26) to fifty (50) pupils.

3. Four (4) urinals for fifty-one (51) to 100 pupils.

4. Six (6) urinals for 101 to 200 pupils.

5. Eight (8) urinals for 201 to 300 pupils.

6. Ten (10) urinals for 301 to 400 pupils.

7. Twelve (12) urinals for 401 to 500 pupils.

8. One (1) urinal for each fifty (50) pupils or fraction thereof in excess of 500.

(c) Water closets for females shall be installed in the following proportions:

1. Two (2) water closets for up to twenty-five (25) pupils.

2. Three (3) water closets for twenty-six (26) to fifty (50) pupils.

3. Six (6) water closets for fifty-one (51) to 100 pupils.

4. Eight (8) water closets for 101 to 200 pupils.

5. Twelve (12) water closets for 201 to 300 pupils.

6. Fifteen (15) water closets for 301 to 400 pupils.

7. Eighteen (18) water closets for 401 to 500 pupils.

8. One (1) water closet for each forty (40) pupils or fraction thereof in excess of 500.

(d) Lavatories for male and female pupils shall be installed in the following proportions:

1. One (1) lavatory for each twenty-five (25) pupils or fraction thereof.

2. Two (2) lavatories for each fifty (50) pupils or fraction thereof.

3. One (1) lavatory for each fifty (50) pupils or fraction thereof over fifty (50).

4. Twenty-four (24) inches of sink or eighteen (18) inches of circular basin when provided with water outlet for

each space, shall be considered equivalent to one (1) lavatory.

(3) One (1) service sink or slop sink shall be installed on each floor of a building.

(4) When detached relocatable classrooms are used, sanitary facilities will not be required, provided it is within a distance not to exceed thirty-five (35) feet from the main structure and there are sufficient fixtures in the main structure to serve the entire capacity of the school.

Section 7. Schools of Higher Education and Similar Educational Facilities. In schools of higher education and similar institutions there shall be installed:

(1) One (1) water closet for each fifty (50) males or one (1) water closet for each twenty-five (25) females or fraction thereof.

(2) One (1) lavatory for each fifty (50) males or females or fraction thereof.

(3) One (1) drinking fountain for each seventy-five (75) persons or fraction thereof.

(4) Whenever urinals are provided, one (1) water closet less than the number specified may be provided for each urinal installed except that the number of water closets in such cases shall not be reduced to less than two-thirds ($\frac{2}{3}$) of the minimum specified.

Section 8. Public Garages and Service Stations. Separate toilet rooms with at least a water closet and lavatory for females and a water closet, lavatory and urinal for males shall be provided.

Section 9. Churches. Sanitary facilities shall be provided in churches as follows:

(1) One (1) drinking fountain for each 400 persons or fraction thereof.

(2) One (1) water closet for each 150 females or fraction thereof.

(3) One (1) water closet for each 300 males or fraction thereof.

(4) One (1) urinal for each 150 males or fraction thereof.

(5) One (1) lavatory for each 150 persons or fraction thereof.

Section 10. Transient Facilities. (1) Hotels and motels with private rooms shall have one (1) water closet, one (1) lavatory and one (1) bathtub or shower per room.

(2) In the public and service areas there shall be:

(a) One (1) water closet for each twenty-five (25) males or fraction thereof.

(b) One (1) water closet for each fifteen (15) females or fraction thereof.

(c) One (1) lavatory for each twenty-five (25) males or females or fraction thereof.

(d) One (1) urinal for each twenty-five (25) up to 100 males then one (1) for each additional fifty (50) or fraction thereof.

(e) One (1) bathtub or shower, if needed, for each ten (10) males or females or fraction thereof.

(f) One (1) drinking fountain for each seventy-five (75) or fraction thereof on each floor.

(g) One (1) service sink or slop sink on each floor.

(3) In residential-type buildings there shall be one (1) water closet, one (1) lavatory and one (1) bathtub or shower for each ten (10) males and each ten (10) females or fraction thereof.

(4) In rooming houses with private baths, they shall have one (1) water closet, one (1) lavatory and one (1) bathtub or shower per room.

(5) In rooming houses without private baths, there shall be:

(a) One (1) water closet for one (1) to ten (10) males and one (1) for each additional twenty-five (25) or fraction thereof.

(b) One (1) water closet for one (1) to eight (8) females and one (1) for each additional twenty (20) or fraction thereof.

(c) One (1) urinal for each twenty-five (25) up to 100 males, then one (1) for each additional fifty (50) or fraction thereof.

(d) One (1) lavatory for each ten (10) males or females or fraction thereof.

(e) One (1) bathtub or shower for each ten (10) males or females or fraction thereof.

Section 11. Dormitories: School, Labor or Institutional. In dormitories there shall be installed:

(1) One (1) water closet for up to ten (10) males or one (1) water closet for up to eight (8) females; add one (1) water closet for each additional twenty-five (25) males or fraction thereof and one (1) water closet for each additional twenty (20) females or fraction thereof.

(2) (a) One (1) urinal for each twenty-five (25) males or fraction thereof. Over 150 males add one (1) fixture for each additional fifty (50) males or fraction thereof.

(b) Where urinals are provided for women, the same number shall be provided as for men.

(c) Where urinals are provided, they may be substituted for water closets, not to exceed one-third ($\frac{1}{3}$) of the required total number of water closets.

(d) Trough urinals shall be figured on the basis of one (1) urinal for each twenty-four (24) inches of length.

(3) (a) One (1) lavatory for one (1) to twelve (12) persons. Add one (1) lavatory for each twenty (20) males and each fifteen (15) females.

(b) Separate dental lavatories should be provided in community toilet rooms. A ratio of one (1) dental lavatory to each fifty (50) persons.

(4) One (1) bathtub or shower for each eight (8) persons. Over 150 persons add one (1) fixture for each twenty (20) persons. For women's dormitories, there shall be installed additional bathtubs at the ratio of one (1) for each thirty (30) women.

(5) One (1) drinking fountain for each seventy-five (75) persons.

(6) One (1) laundry tray or clothes washer for each fifty (50) persons.

(7) One (1) service sink or slop sink for each 100 persons.

Section 12. Hospitals, Nursing Homes and Institutions. Sanitary facilities shall be provided on each floor level and shall conform to the following:

(1) Hospitals:

(a) Wards:

1. One (1) water closet for each ten (10) patients.

2. One (1) lavatory for each ten (10) patients.

3. One (1) tub/shower for each fifteen (15) patients.

4. One (1) drinking fountain for each 100 patients.

(b) Individual rooms: One (1) water closet, one (1) lavatory and one (1) tub/shower.

(c) Waiting rooms: One (1) water closet and one (1) lavatory.

(2) Nursing homes and institutions (other than penal).

(a) One (1) water closet for each twenty-five (25) males or fraction thereof.

(b) One (1) water closet for each twenty (20) females or fraction thereof.

(c) One (1) lavatory for each ten (10) persons or fraction thereof.

(d) One (1) urinal for each fifty (50) males.

(e) One (1) tub or shower for each fifteen (15) persons or fraction thereof.

(f) One (1) drinking fountain on each floor.

(g) One (1) service sink or slop sink on each floor.

(3) Institutions, penal:

(a) Cell:

1. One (1) prison type water closet.

2. One (1) prison type lavatory.

(b) Day rooms and dormitories:

1. One (1) water closet for each eight (8) inmates or fraction thereof.

2. One (1) lavatory for each eight (8) inmates or fraction thereof.

3. One (1) shower for each fifteen (15) inmates or fraction thereof.

4. One (1) urinal may be substituted for each water closet but in no instance shall the water closets be reduced to less than one-half ($\frac{1}{2}$) the number required.

5. One (1) drinking fountain per floor.

6. One (1) service sink or slop sink per floor.

(d) Toilet facilities for employees shall be located in separate rooms from those in which fixtures for the use of inmates or patients are located.

(e) One (1) drinking fountain on each floor.

(f) One (1) service sink or slop sink per floor.

Section 13. Workshops, Factories, Mercantile and Office Buildings. Separate toilet facilities shall be provided for males and females unless otherwise denoted.

(1) Workshops and factories: Sanitary facilities shall be provided on each floor and shall conform to the following:

(a) One (1) water closet for each twenty-five (25) males or fraction thereof, up to 100.

(b) One (1) lavatory for each twenty-five (25) males or fraction thereof, up to 100.

(c) One (1) urinal for eleven (11) to fifty (50) employees.

(d) Two (2) urinals for fifty-one (51) to 100 employees.

(e) One (1) lavatory for each twenty-five (25) females or fraction thereof, up to 100.

(f) One (1) water closet for each fifteen (15) females or fraction thereof up to 100.

(g) When in excess of 100 there shall be an additional water closet for each thirty (30) males and each thirty (30) females or fraction thereof; one (1) lavatory for each additional fifty (50) males and females or fraction thereof; one (1) urinal for each 100 males or fraction thereof.

(h) One (1) shower for each fifteen (15) persons exposed to skin contamination from irritating, infectious or poisonous materials.

(i) One (1) drinking fountain on each floor for each fifty (50) employees. In excess of 100 employees there shall be an additional drinking fountain on each floor for each additional seventy-five (75) persons.

(j) One (1) service sink or slop sink per floor.

(k) Individual sinks or wash troughs may be used in lieu of lavatories. Twenty-four (24) inches of sink or trough, when provided with water or eighteen (18) inches of circular basin shall be deemed the equivalent of one (1) lavatory.

(2) Mercantile:

(a) When in excess of five (5) persons of different sex are employed, separate facilities must be provided for the employees.

(b) Sanitary facilities shall be provided for customers

when the building contains 5,000 square feet or more. In malls and/or shopping centers, the required facilities, based on one (1) person per fifty (50) square feet, may be installed in individual stores or in a central toilet room area or areas, if the distance from the main entrance of any store does not exceed 500 feet and no more than one (1) flight of stairs.

(c) 1. One (1) water closet for one (1) to 100 persons.

2. Two (2) water closets for 101 to 200 persons.

3. Three (3) water closets for 201 to 400 persons.

4. One (1) water closet for each 500 males, or 300 females, in excess of 400.

5. One (1) urinal for one (1) to 200 males.

6. Two (2) urinals for 201 to 400 males.

7. Three (3) urinals for 401 to 600 males.

8. One (1) urinal for each 300 males, or fraction thereof, over 600.

9. One (1) lavatory for one (1) to 200 persons.

10. Two (2) lavatories for 201 to 400 persons.

11. Three (3) lavatories for 401 to 700 persons.

12. One (1) lavatory for each 500 persons, or fraction thereof, in excess of 700.

13. One (1) drinking fountain on each floor for each 500 persons or fraction thereof.

14. One (1) service sink or slop sink per floor.

(3) Office buildings:

(a) When in excess of five (5) persons of different sex are employed, separate facilities must be provided.

(b) Sanitary facilities shall be provided as indicated in Section 2 and shall conform as follows:

1. One (1) water closet for one (1) to fifteen (15) persons.

2. Two (2) water closets for sixteen (16) to thirty-five (35) persons.

3. Three (3) water closets for thirty-six (36) to fifty-five (55) persons.

4. Four (4) water closets for fifty-six (56) to eighty (80) persons.

5. Five (5) water closets for eighty-one (81) to 110 persons.

6. Six (6) water closets for 111 to 150 persons.

7. One (1) water closet for each forty (40) additional persons.

8. One (1) lavatory for one (1) to fifteen (15) persons.

9. Two (2) lavatories for sixteen (16) to thirty-five (35) persons.

10. Three (3) lavatories for thirty-six (36) to sixty (60) persons.

11. Four (4) lavatories for sixty-one (61) to ninety (90) persons.

12. Five (5) lavatories for ninety-one (91) to 125 persons.

13. One (1) lavatory for each forty-five (45) additional persons.

14. Whenever urinals are provided, one (1) water closet less than the number specified may be provided for each urinal installed except that the number of water closets in such cases shall not be reduced to less than seventy (70) percent of the minimum specified.

15. One (1) drinking fountain for each seventy-five (75) persons or fraction thereof.

Section 14. Swimming Pool Bathhouses. (1) Bathhouses for public swimming pools shall be divided into two (2) parts separated by a tight partition, each designated for "Males" or "Men" and the other "Females" or "Women."

(2) Sanitary facilities shall be provided in each

bathhouse to serve the anticipated bather loading, as defined in 401 KAR 6:030, Section 7(5), and shall conform to the following:

(a) One (1) water closet for each seventy-five (75) males or fraction thereof.

(b) One (1) water closet for each fifty (50) females or fraction thereof.

(c) One (1) urinal for each seventy-five (75) males or fraction thereof.

(d) One (1) lavatory for each 100 persons or fraction thereof.

(e) One (1) shower per each fifty (50) persons or fraction thereof.

(f) One (1) drinking fountain per each 200 persons or fraction thereof.

(3) Fixture schedules shall be increased for pools at schools or similar locations where bather loads may reach peaks due to schedules of use. Pools used by groups or classes on regular time schedules of one (1) hour or less shall have one (1) shower for each six (6) swimmers, or one (1) shower for each ten (10) swimmers if the period is two (2) hours.

(4) Satisfactorily designed and located shower facilities, including warm water and soap, shall be provided for each sex. Showers shall be supplied with water at a temperature of no less than ninety (90) degrees Fahrenheit, and at a flow rate of at least three (3) gallons per minute. Thermostatic, tempering or mixing valves shall be installed to prevent scalding of the bathers.

(5) The requirement relating to bathhouse toilet room and shower facilities may be waived when such facilities are conveniently available to pool patrons within 150 feet from the pool.

Section 15. Park Service Buildings or Bathhouses. (1) Except for self-contained recreational vehicle parks, each park shall provide one (1) or more central service buildings containing the necessary toilet and other plumbing fixtures specified.

(2) Except for self-contained recreational vehicle parks, sanitary facilities shall be provided as follows:

(a) One (1) to fifteen (15) vehicle spaces:

1. Males: One (1) water closet, one (1) urinal, one (1) lavatory and one (1) shower.

2. Females: One (1) water closet, one (1) lavatory and one (1) shower.

(b) Sixteen (16) to thirty (30) vehicle spaces:

1. Males: One (1) water closet, one (1) urinal, two (2) lavatories and two (2) showers.

2. Females: Two (2) water closets, two (2) lavatories and two (2) showers.

(c) Thirty-one (31) to forty-five (45) vehicle spaces:

1. Males: Two (2) water closets, one (1) urinal, three (3) lavatories and three (3) showers.

2. Females: Two (2) water closets, three (3) lavatories and three (3) showers.

(d) Forty-six (46) to sixty (60) vehicle spaces:

1. Males: Two (2) water closets, two (2) urinals, three (3) lavatories and three (3) showers.

2. Females: Three (3) water closets, three (3) lavatories and three (3) showers.

(e) Sixty-one (61) to eighty (80) vehicle spaces:

1. Males: Three (3) water closets, two (2) urinals, four (4) lavatories and four (4) showers.

2. Females: Four (4) water closets, four (4) lavatories and four (4) showers.

(f) Eighty-one (81) to 100 vehicle spaces:

1. Males: Four (4) water closets, two (2) urinals, five (5) lavatories and five (5) showers.

2. Females: Five (5) water closets, five (5) lavatories and five (5) showers.

(g) When over 100 vehicle spaces are provided there shall be one (1) additional water closet and one (1) additional lavatory for each sex per additional thirty (30) spaces or fraction thereof; one (1) additional shower for each sex per additional forty (40) vehicle spaces or fraction thereof; and one (1) additional urinal for males per additional 100 vehicle spaces.

Section 16. Residential and Day Camp Sites. (1) Each residential and day camp site shall be provided with sanitary facilities for each sex as specified.

(2) Sanitary facilities shall be provided as listed below, except, however, day camps shall not be required to provide shower facilities.

(a) One (1) to eighteen (18) persons served:

1. Males: One (1) water closet, one (1) urinal, one (1) lavatory and one (1) shower.

2. Females: Two (2) water closets, one (1) lavatory and one (1) shower.

(b) Nineteen (19) to thirty-three (33) persons served:

1. Males: Two (2) water closets, one (1) urinal, two (2) lavatories and two (2) showers.

2. Females: Two (2) water closets, two lavatories and two showers.

(c) Thirty-four (34) to forty-eight (48) persons served:

1. Males: Two (2) water closets, two (2) urinals, two (2) lavatories and three (3) showers.

2. Females: Three (3) water closets, two (2) lavatories and three (3) showers.

(d) Forty-nine (49) to sixty-three (63) persons served:

1. Males: Three (3) water closets, two (2) urinals, three (3) lavatories and four (4) showers.

2. Females: Four (4) water closets, three (3) lavatories and four (4) showers.

(e) Sixty-four (64) to seventy-nine (79) persons served:

1. Males: Three (3) water closets, three (3) urinals, three (3) lavatories and five (5) showers.

2. Females: Five (5) water closets, three (3) lavatories and five (5) showers.

(f) Eighty (80) to ninety-five (95) persons served:

1. Males: Four (4) water closets, three (3) urinals, four (4) lavatories and six (6) showers.

2. Females: Six (6) water closets, four (4) lavatories, and six (6) showers.

(g) When over ninety-five (95) persons are served, there shall be provided: One (1) additional water closet and one (1) additional lavatory for each twenty-five (25) persons or fraction thereof served; one (1) additional shower for each twenty (20) persons, or fraction thereof, served; one (1) urinal per fifty (50) additional males or fraction thereof.

(h) Water closets may be substituted for urinals when facilities may be used by both sexes.

Section 17. Retail Food Stores and Restaurants. (1) Food stores:

(a) When in excess of five (5) persons of different sex are employed, separate facilities must be provided for the employees.

(b) Sanitary facilities shall be provided for customers when the building contains 5,000 square feet or more. In malls and/or shopping centers, the required facilities, based on one (1) person per fifty (50) square feet, may be installed in individual stores or in a central toilet room area.

or areas, if the distance from the main entrance of any store does not exceed 500 feet and no more than one (1) flight of stairs.

- (c) 1. One (1) water closet for one (1) to 100 persons.
2. Two (2) water closets for 101 to 200 persons.
3. Three (3) water closets for 201 to 400 persons.
4. One (1) water closet for each 500 males or 300 females in excess of 400.
5. One (1) urinal for one (1) to 200 males.
6. Two (2) urinals for 201 to 400 males.
7. Three (3) urinals for 401 to 600 males.
8. One (1) urinal for each 300 males or fraction thereof, over 600.
9. One (1) lavatory for one (1) to 200 persons.
10. Two (2) lavatories for 201 to 400 persons.
11. Three (3) lavatories for 401 to 700 persons.
12. One (1) lavatory for each 500 persons or fraction thereof in excess of 700.
13. One (1) drinking fountain on each floor for each 500 persons or fraction thereof.
14. One (1) service sink or slop sink per floor as required.

(2) Restaurants:

(a) When in excess of five (5) persons of different sex are employed, separate facilities must be provided for the employees.

(b) In new establishments or establishments that are extensively altered or changed from another type occupancy to a restaurant, toilet facilities for each sex shall be provided and readily accessible for the use of both patrons and employees; provided, that carry-out type food service operations shall be exempted from providing toilet facilities for the use of their patrons.

(c) [One (1) to fifty (50) persons:]

1. Two (2) water closets for one (1) to 100 persons. [Males: One (1) water closet, one (1) urinal, and one (1) lavatory.]
2. Three (3) water closets for 101 to 200 persons. [Females: One (1) water closet and one (1) lavatory.]
3. Four (4) water closets for 201 to 300 persons. [One (1) drinking fountain.]
4. One (1) water closet for each additional 200 persons or fraction thereof over 300.

(d) [Fifty-one (51) to 100 persons:]

1. One (1) urinal for one (1) to 150 males. [Males: One (1) water closet, one (1) urinal, and one (1) lavatory.]
2. One (1) urinal for each additional 150 males or fraction thereof over 150. [Females: Two (2) water closets and two (2) lavatories.]

[3. One (1) drinking fountain.]

(e) [101 to 200 persons:]

1. One (1) lavatory for one (1) to 200 persons. [Males: Two (2) water closets, two (2) urinals, and two (2) lavatories.]
2. Two (2) lavatories for 201 to 400 persons. [Females: Three (3) water closets and three (3) lavatories.]
3. Three (3) lavatories for 401 to 600 persons. [Two (2) drinking fountains.]
4. One (1) lavatory for each additional 200 persons or fraction thereof over 600.

(f) [201 to 500 persons:]

1. One (1) drinking fountain for one (1) to 100 persons. [Males: Three (3) water closets, two (2) urinals, and two (2) lavatories.]
2. Two (2) drinking fountains for 101 to 500 persons or fraction thereof. [Females: Four (4) water closets and three (3) lavatories.]

[3. Two (2) drinking fountains.]

(g) When food is consumed indoors on premises, water stations may be substituted for drinking fountains.

(h) One (1) service sink or slop sink on each floor as required.

(i) *Lavatories for handwashing shall be provided in the kitchen area, readily accessible to the employees.*

Section 18. Temporary Facilities for Construction Projects. Separate sanitary fixtures shall be provided as scheduled below for both males and females:

- (1) One (1) water closet per thirty (30) males or fraction thereof.
- (2) One (1) urinal per thirty (30) males or fraction thereof.
- (3) One (1) lavatory per thirty (30) males or fraction thereof.
- (4) One (1) water closet per twenty (20) females or fraction thereof.
- (5) One (1) lavatory per twenty (20) females or fraction thereof.
- (6) One (1) drinking fountain per 100 persons or fraction thereof.

Section 19. The fixture requirements of this regulation are also compiled in table form which is available from the Division of Plumbing, Department of Housing, Buildings and Construction, The 127 Building, Frankfort, Kentucky 40601.

JOHN R. GROVES, JR., Commissioner

ADOPTED: November 12, 1981

APPROVED: TRACY FARMER, Secretary

RECEIVED BY LRC: November 13, 1981 at 11 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Eugene F. Perkins, Director, Division of Plumbing, Department of Housing, Buildings, Construction, 127 Building, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Social Insurance
(Proposed Amendment)

904 KAR 3:070. Fair hearings.

RELATES TO: KRS 194.050

PURSUANT TO: KRS 13.082, 194.050

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 participation 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.

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 household 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.

Section 3. Agency Conference. The department shall offer an agency conference to households adversely affected 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 of its request for a hearing. 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. 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. Any [A] household [or] member shall have the right [be allowed] to request a hearing on any action by the department which affects the

participation of the household in the program and [or loss of benefits] which occurred in the prior ninety (90) days. [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. 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 and restoration of benefits, if the decision so indicates, 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 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; or

(f) The household member did not receive the notice.

Section 10. Continuation of Benefits. Households which request a fair hearing *within the period provided on the notice of adverse action* 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 cer-

tification period has not expired *unless the household specifically waives continuation of benefits*. 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 issue is *that food stamp eligibility or benefits were improperly computed or that federal law or regulation is being misapplied or misinterpreted by the department. Once continued or reinstated, benefits shall not be reduced or terminated prior to the receipt of the official hearing decision unless:*

- (a) *The certification expires; or*
- (b) *The hearing officer makes a preliminary determination in writing and at the hearing, that the sole issue is one of federal law or regulation and no question of fact is involved; or*
- (c) *A change affecting the household's eligibility or basis of issuance occurs while the hearing decision is pending and the household fails to request a hearing after the subsequent notice of adverse action; or*
- (d) *A mass change affecting the household's eligibility or basis of issuance occurs while the hearing decision is pending; or*
- (e) *The household or representative fails to appear at the hearing without good cause. Attendance is not required at a group hearing.*

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. 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 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) Administer 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 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. This record shall also be available to the household or its representative during working hours for copying and inspection.

(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 decided 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 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 for [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 authorization [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 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, and that a decision is reached. *The decision shall be [and] reflected in the coupon allotment within ten (10) days of the decision.*

Section 17. Judicial Review. Households aggrieved by the appeal board's decision shall have the right to appeal this decision to the court of appropriate jurisdiction.

WILLIAM L. HUFFMAN, Commissioner

ADOPTED: November 6, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: November 9, 1981 at 9:45 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 OF FINANCE State Board of Medical Licensure

201 KAR 9:095. Advanced registered nurse practitioners.

RELATES TO: KRS 311.530 to KRS 311.620 and 311.990

PURSUANT TO: KRS 13.082

NECESSITY AND FUNCTION: KRS 311.565(2)(c) authorizes the State Board of Medical Licensure to promulgate a code of conduct governing the practice of medicine and osteopathy based upon generally recognized principles of professional and ethical conduct. The purpose of this regulation is to delineate and otherwise clarify the relationship and responsibilities a physician shall have with regard to advanced registered nurse practitioners that the physician may choose to utilize and otherwise work beside within the scope of the "practice of medicine."

Section 1. Restatement as to the Meaning of the "Practice of Medicine." (1) As stated in KRS 311.550(8), the practice of medicine and osteopathy, within the Commonwealth of Kentucky, means "the diagnosis, treatment or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices or instrumentalities."

(2) The above definition of the "practice of medicine and osteopathy" does not include the practice of nursing (KRS 311.550(9)), as it is defined in KRS 314.011. Although KRS 314.011(7) pertaining to "advanced registered nursing practice" states that said practice includes "in the performance of those procedures which are

normally construed as the practice of medicine, the nurses will conform to the standards of the medical practice act and established medical protocol," these statutes must be construed within the context of KRS 311.560 which states: "... no person shall engage or attempt to engage in the practice of medicine or osteopathy within this state, or open, maintain or occupy an office or place of business within this state for engaging in such practice, or in any manner announce or express readiness to engage in such practice within this state, unless he holds a valid and effective license or permit issued by the Board as hereinafter provided," and KRS 311.595(1)(j) which states that the Board may discipline a physician who: "(j) employed, as a practitioner of medicine or osteopathy in the practice of his profession in this state, any person not duly licensed or otherwise aided, assisted or abetted the unlawful practice of medicine or osteopathy or any other healing art."

(3) Taking the aforesaid statutory concepts into consideration, the Board construes the relationship between a physician and nurse to be based upon the hereinafter stated general principles:

(a) That only a licensed physician may practice medicine and osteopathy in the Commonwealth of Kentucky;

(b) That nurses may not practice medicine and/or osteopathy in the Commonwealth of Kentucky;

(c) That advanced registered nurse practitioners as defined in KRS 314.011(6) and (7) may perform those acts and/or procedures that would normally be construed as the practice of medicine and osteopathy only under the authority and appropriate supervision of a licensed physician as defined hereinafter;

(d) Keeping the above stated statutory directives in mind, the licensed physician, in determining the degree of

authority he may delegate to the advanced registered nurse practitioner within the scope of his practice, shall be guided by the following considerations:

1. The degree of education and experience of the advanced registered nurse practitioner;
2. The day-to-day circumstances of the physician's practice;
3. The type of the physician's practice;
4. The limitations as described in Section 2; and
5. That any responsibility and/or liability that a licensed physician may have for the above described utilization of the advanced registered nurse practitioner shall not be construed to limit, enlarge, and/or eliminate the responsibility and/or liability that said nurse may have for said nurse's own actions pursuant to KRS Chapter 314 or in any legal proceedings concerning said actions.

Section 2. Specific Limitations Upon the Delegation of Authority to Practice Medicine and Osteopathy That a Physician May Grant to an Advanced Registered Nurse Practitioner. (1) Only physicians licensed pursuant to KRS Chapter 311 may practice medicine in the Commonwealth of Kentucky and may in turn collaborate with an advanced registered nurse practitioner who is registered pursuant to KRS Chapter 314.

(2) The term "appropriate supervision" as used in Section 1(3)(c) shall be construed to mean that degree of supervision by the physician concerning the activities of the advanced registered nurse practitioner that will provide competent medical care for the patient; in arriving at the required "appropriate supervision," the concerned physician in working with the advanced registered nurse practitioner shall adhere and otherwise be governed by the following minimum standards:

(a) A physician shall devote and otherwise maintain that degree of supervision commensurate with the degree of training, education and experience of the advanced registered practitioner such that the advanced registered nurse practitioner shall not be placed in a situation wherein the advanced registered nurse practitioner may be called upon to take actions or exercise judgment and/or discretion beyond that advanced registered nurse practitioner's training, education and experience.

(b) A physician may collaborate with the advanced registered nurse practitioner to see and to treat patients provided that:

1. A physician is physically present at the location of the treatment situation; and
2. The advanced registered nurse practitioner has immediately available a written, appropriate, and jointly approved medical protocol which covers the type of medical treatment that the advanced registered nurse practitioner may be called upon to provide; or
3. In the temporary absence of a physician from the location of the treatment situation, the advanced registered nurse practitioner has an appropriate medical protocol immediately available as described above, and that said medical protocol provides for the prompt availability of an alternative physician for those medical treatment situations which go beyond the scope of practice of the advanced registered nurse practitioner.

(c) A licensed physician shall limit his responsibility for the collaboration of his practice with advanced registered nurses such that no more than two (2) advanced nurses are, at any given point of time, working in conjunction with and under the supervision of said physician. It is the intent of this regulation that a physician may collaborate with any number of advanced registered nurse practitioners

within the parameters of his practice in order to maintain an around-the-clock practice, or any part thereof, so long as he does not have the responsibility to supervise more than two (2) advanced registered nurse practitioners during any given point in that time. A licensed physician may collaborate with nurse anesthetists under this same limitation except that the physician may work with up to four (4) nurse anesthetists at any given point in time. A licensed physician may collaborate with licensed nurse midwives under this same limitation except that the physician may work with up to three (3) nurse midwives at any given point in time.

(d) The physician shall require all advanced registered nurse practitioners to be adequately identifiable by the patient by the utilization of identification tags showing the name of the individual and her position as an advanced registered nurse practitioner.

Section 3. The Medical Protocol and its Usage. (1) The physician who employs and otherwise collaborates with an advanced registered nurse practitioner must develop a comprehensive and complete medical protocol that, at a minimum, covers those areas of the practice of medicine within which the physician plans to collaborate with the advanced registered nurse practitioner; the term "jointly approved medical protocol" shall mean a medical protocol that has been jointly approved by the physician and the advanced registered nurse practitioner.

(2) It is the responsibility of the physician that the hereinabove described medical protocol conform to the laws of the Commonwealth of Kentucky and the regulations promulgated by the Kentucky State Board of Medical Licensure to include, but not be limited to, the regulations concerning the advanced registered nurse practitioners; the physician's attention is directed to KRS 311.602 which may be of assistance to the concerned physician.

Section 4. The Advanced Registered Nurse Practitioner in an Institutional Environment. (1) It shall be the responsibility of those physicians who make up the medical staff of an institution which have advanced registered nurse practitioners to:

(a) Supervise the collaborative practice of the physicians and the advanced registered nurse practitioners in the institution and to require that said practice be in conformance with the regulations and laws of the Commonwealth of Kentucky;

(b) Approve and provide a workable and acceptable medical protocol with the advanced registered nurse practitioners.

(2) Each physician making up the medical staff of an institution may collaborate with advanced registered nurse practitioners under the limitations as described in Section 2(2)(c) such that each individual advanced registered nurse practitioner has appropriate access to a licensed physician.

Section 5. Exceptions Concerning the Advanced Registered Nurse Practitioners. (1) The hereinabove state regulations concerning the advanced registered nurse practitioners' collaboration with licensed physicians were promulgated by utilizing the common and/or general practice and experience of licensed physicians in the Commonwealth of Kentucky and by envisioning the work of advanced registered nurse practitioners in those normal and ordinary medical practice environments. However, the Kentucky State Board of Medical Licensure recognizes that there exists in the Commonwealth of Kentucky unusual medical practice environments where the need for advanced

ed registered nurse practitioners is desirable and necessary and where strict adherence to the hereinabove stated regulations would make the work of advanced registered nurse practitioners impractical, if not impossible. Therefore, physicians who deem themselves to be practicing in an unusual medical practice environment and who wish to collaborate with advanced registered nurse practitioners may petition the Board for a waiver and/or modification of these regulations with respect to their individual situation.

(2) Those physicians who desire a waiver or modification of the regulations concerning advanced registered nurse practitioners shall petition the Board in writing, and said petition shall state:

(a) The specific circumstances which make the physician's medical practice environment unusual; specific attention should be given to the medical needs of the community and/or area in which the physician practices;

(b) A specific statement of those regulations which the physician desires a modification and/or waiver;

(c) A specific statement of the physician's proposed modification to include a detailed medical protocol which defines the proposed practice with the advanced registered nurse practitioner which would otherwise not be in conformance with the hereinabove stated regulations;

(d) Evidence of the registration of the advanced registered nurse practitioners concerned.

(3) Those physicians who so desire a modification as described above shall be prepared to furnish any other information, including testimony, which the Board may feel as being necessary in granting a waiver and/or modification.

(4) The Board shall respond to each petition, and each response shall set forth the reasons for granting or denying said petition, and each response shall become public record and be available for review in the office of the Board; each petition that is granted shall set forth the specific modifications and/or waiver.

(5) Modifications and/or waivers so granted shall be for a period of not longer than two (2) years from the date granting said modification or waiver. Modifications and/or waivers so granted may be reviewed, modified, or withdrawn at any time at the Board's discretion for good cause shown as the circumstances may, in its judgment, indicate.

(6) A granting of a waiver or modification by the Board shall be granted only upon a finding by a majority of the members of the Board that:

(a) The geographical area to be affected by the proposed modification or waiver is an area which has a significant shortage of licensed physicians to meet the medical needs of the persons living in said area; for the purpose of this regulation, the term "significant shortage of licensed physicians" shall mean a geographical area whose ratio between physician and population for said area exceeds the statewide average physician to population ratio, as that figure is determined by the Department for Human Resources, by more than approximately twenty percent (20%) of population to one (1) physician; or that the number of active licensed physicians is so few for said area that the unavailability of two (2) said physicians would significantly alter the physician to population ratio making the area an "area significantly short of licensed physicians" as defined above; or

(b) The proposed modification or waiver would have the effect of greatly improving the availability of medical services to the concerned populace in the geographical area and that there is no other reasonable and foreseeable

remedy to the shortage of licensed physicians then existing in the area; and

(c) It is in the best interest of the public to approve the proposed modification or waiver in that said modification or waiver would benefit the general populace and not discourage licensed physicians from locating their practices in said area.

Section 6. Registration. (1) Each physician who collaborates with advanced registered nurse practitioners shall so notify the Board not less than annually.

(2) Notification to the Board shall contain the following information:

(a) The name of the advanced registered nurse practitioner; and

(b) The evidence of registration as an advanced registered nurse practitioner.

JOHN C. QUERTERMOUS, President

ADOPTED: October 22, 1981

RECEIVED BY LRC: October 22, 1981 at 1 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: C. William Schmidt, Assistant Secretary, Kentucky State Board of Medical Licensure, 3532 Ephraim McDowell Drive, Louisville, Kentucky 40205.

DEPARTMENT FOR HUMAN RESOURCES

Bureau for Health Services

Certificate of Need and Licensure Board

902 KAR 20:021. Facility specifications; skilled nursing.

RELATES TO: KRS 216B.010 to 216B.130, 216B.990(1)(2)

PURSUANT TO: KRS 13.082, 216B.040, 216B.105(3)

NECESSITY AND FUNCTION: KRS 216B.040 and 216B.105(3) mandate 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, alteration and maintenance of skilled nursing facilities.

Section 1. Definitions. (1) "Board" means the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board.

(2) "Certificate of need" means an authorization by the Board to proceed with any acquisition, initiation, construction or expansion pursuant to KRS Chapter 216B.

(3) "License" means an authorization issued by the Board for the purpose of operating a skilled nursing facility.

(4) "Licensure agency" means the Division for Licensing and Regulation in the Office of the Inspector General, Department for Human Resources.

Section 2. Preparation and Approval 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 skilled nursing facility, the licensee or applicant shall submit plans to the licensure agency for approval.

(2) All architectural, mechanical and electrical drawings shall bear either the seal of an architect registered in the

Commonwealth of Kentucky or the seal of a professional engineer registered in the Commonwealth of Kentucky, or both.

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

(4) All such plans and specifications must be approved by the licensure agency prior to commencement of construction of new buildings or alterations of existing buildings.

(5) Plans and specifications in specific detail as required by the Kentucky Building Code shall be submitted together with architectural and/or engineering stamps as required by KRS Chapters 322 and 323, to the Department of Housing, Buildings and Construction for determining compliance with the Kentucky Building Code. All such plans and specifications must be approved by the Department of Housing, Buildings and Construction and appropriate local building permits shall be obtained prior to commencement of construction.

Section 3. 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 $\frac{1}{4}'' = 1'0''$) 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. Plans of basement and floors.

(b) 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, as well as 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. Location of all fixed equipment on a 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: 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; diagram of heating and steam risers with pipe sizes; sizes, types, and capacities of boilers, furnaces, hot water heaters with stoker; 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. Access to the work. Representatives of the appropriate state agencies shall 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 4. Compliance with Building Codes, Ordinances and Regulations. (1) Section 4 may be administered independently from other sections of this regulation.

(2) 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.

(3) The following requirements shall apply where applicable and as adopted by the respective agency authority:

(a) Requirements for safety pursuant to 815 KAR 10:020, as amended.

(b) Requirements for plumbing pursuant to 815 KAR 20:010 to 20:190, as amended.

(c) Requirements for air contaminants for incinerators pursuant to 401 KAR 59:020 and 401 KAR 61:010.

(d) Requirements for elevators pursuant to 803 KAR 4:010.

(e) Requirements for making buildings and facilities accessible to and usable by the physically handicapped, pursuant to KRS 198B.260 and regulations promulgated thereunder.

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

(5) All facilities shall be currently approved by the Fire Marshal's Office in accordance with the Life Safety Code, before relicensure is granted by the licensure agency.

Section 5. Facility Requirements and Special Conditions. (1) Facilities shall be available to the public, staff, and patients who may be physically handicapped with special attention given to ramps, drinking fountain height, mirrors, etc.

(2) The number of beds in a nursing unit shall not exceed sixty (60) unless additional services are provided, as deemed necessary by the licensure 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 6. Nursing Unit. (1) Patient rooms. Each patient room shall meet the following requirements:

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

(b) Patient 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 a 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;

(c) Window. All patient rooms must have windows opening to the outside. The sill shall not be higher than three (3) feet above the floor and shall be above grade. The window area shall be at least eight (8) percent of patient room floor area;

(d) 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;

(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 clothes rod and shelf;

(f) Cubicle curtains, or equivalent built-in devices shall be provided, for complete privacy for each patient in each multibed room and in tub, shower and toilet rooms;

(g) 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 toilet shall be three (3) feet by five (5) feet; bedpan flushing devices must be provided in each toilet room;

(b) Toilets must be easily usable by wheelchair patients. Grab bars shall be provided at all toilets;

(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 shall be 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) Staff lounge area. The area shall have personal storage space and a toilet room for staff;

(c) Visitors toilet room. The facility shall provide a toilet room for visitors. The staff toilet room may serve as the visitors toilet room if marked and accessible;

(d) Clean workroom for storage and assembly of supplies for nursing procedures, containing work counter, sinks and a small sterilizer;

(e) Soiled workroom containing clinical sink, work counter with two (2) compartment sink, waste receptacles, soiled linen receptacles, and a bedpan washing device;

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

(g) Clean linen storage with enclosed storage space. (This may be a designated area within the clean workroom.);

(h) Nourishment station with storage space, sink, hot plate and refrigerator for serving between-meal nourishments. (This may serve more than one (1) nursing unit on the same floor.);

(i) Equipment storage room for storage of "IV" stands, inhalators, air mattresses, walkers, and similar bulky equipment;

(j) Patient baths. One (1) shower stall or one (1) bathtub shall be required for each fifteen (15) beds not individually served. There shall be at least one (1) free standing bathtub in each bathroom. Grab bars or patient lift with a safety device 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;

(k) Stretcher and wheelchair parking area or alcove;
 (l) Janitor's closet for storage of housekeeping supplies and equipment with floor receptor or service sink.

(4) Special purpose room(s) for consultation, examination, treatment, and therapeutic and nursing procedures. This may serve more than one (1) nursing unit on the same floor. Provide lavatory, storage, and space for treatment table. Minimum floor area shall be 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 (e.g., wall cabinets and closets).

Section 7. Therapy Units. (1) If the facility has a physical therapy unit the following shall be provided (depending on the program):

(a) Office. (May also serve for occupational therapy office.);

(b) Exercise and treatment areas with sink or lavatory and cubicle curtains around treatment areas;

(c) Hydrotherapy areas with 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) Facilities with 100 beds or more shall have an occupational therapy unit which shall include:

(a) Office space. (May be shared with physical therapy office.);

(b) Therapy area with sink or lavatory;

(c) Storage for supplies and equipment;

(d) Toilet room. (Not required if other toilet facilities are convenient.);

(e) Personal care room with shampoo sink and space for barber chair.

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 provide for sanitary storage, processing, and handling, otherwise the following shall be provided:

(1) Food preparation center with a lavatory but no mirror;

(2) Food serving facilities to accommodate patients and staff;

(3) Dishwashing room with a commercial-type dishwashing equipment and a lavatory;

(4) Potwashing facilities;

(5) Refrigerated storage to accommodate a three (3) day supply;

(6) Dry storage to accommodate a 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 with storage for housekeeping supplies and equipment, floor receptor or service sink;

(15) Toilet room which is conveniently accessible for dietary staff with a two (2) door separation from food preparation area or dining areas.

Section 9. Administration Department. The facility shall have adequate administrative, public, and staff facilities (e.g., offices, lobby, toilet facilities) to accommodate the needs of the public, patients, and staff without interfering with the provision of medical care services.

Section 10. Laundry. The following shall be included:

(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 with commercial type equipment shall be sufficient to take care of seven (7) days' needs within the workweek;

(6) Janitor's closet with storage for housekeeping supplies and equipment and a floor receptor or service sink;

(7) Storage for laundry supplies. (Items of subsections (5), (6), and (7) of this section need not be provided if laundry is processed outside the facility.)

Section 11. Storage and Service Areas. The following shall be included:

(1) Central storage room(s). Provide at least 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), to be concentrated in one (1) area;

(2) Locker rooms. Provide locker rooms with toilets, 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 facilities 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 located convenient to service entrance;

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

Section 12. Details and Finishes. The facility shall be designed for maximum safety for the occupants to minimize the incidence of accidents. Hazards such as sharp corners shall be avoided. All details and finishes shall meet the following requirements:

(1) Details.

(a) 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 shall be provided on both sides of corridors used by patients in facilities 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) Thresholds and expansion joint covers, if used, shall be flush with the floor;

(g) 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;

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

(i) 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;

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

(k) Towel dispensers shall be provided at all lavatories and sinks used for handwashing;

(l) 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.

(m) Ceiling heights.

1. The boiler room ceiling shall not be less than two (2) feet and six (6) inches above the main boiler header and connecting piping with nine (9) feet headroom under piping for maintenance and access;

2. Ceilings in corridors, storage rooms, patients' toilet room, and other minor rooms shall not be less than seven (7) feet and six (6) inches;

3. Ceilings in all other rooms shall not be less than eight (8) feet.

(n) 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.

(o) Noise reduction criteria. Provision shall be made to minimize sound transmission:

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

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

(2) Finishes.

(a) All floors 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 room, and any other room where the floor is subject to repeated wetting or soiling.

(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 moisture-proof. 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. All facilities where either patient beds or inpatient facilities such as diagnostic, recreation, patient dining or therapy rooms are located other than the first floor, shall have electric or electrohydraulic elevators as follows:

(1) Number of elevators. All facilities with patient beds or residential facilities located on any floor other than the first floor shall have at least one (1) hospital-type elevator and such additional elevators as determined by the licensure agency from a study of the facility plan and the estimated vertical transportation requirements.

(2) 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.

(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.

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) General. Prior to completion of the contract and final acceptance of the facility, the architect and/or engineer shall obtain certification from the contractor 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) 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 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.

(3) Temperatures and ventilating systems.

(a) Temperatures. A minimum temperature of seventy-two (72) degrees Fahrenheit shall be provided for in all occupied areas in winter conditions. A maximum temperature of eighty-five (85) degrees Fahrenheit shall be provided for in occupied areas in summer 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 in Section 17, Table 1, 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 Section 17, Table 1.

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 into 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. Filter frames shall be durable and carefully dimensioned and shall provide an air-tight fit with the enclosing duct work. All joints between filter segments and the enclosing duct work 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. Cold-air ducts shall be insulated wherever necessary to maintain the efficiency of the system and to minimize condensation problems.

8. 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.

9. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and required temperatures in the facility.

(4) Plumbing and other piping systems.

(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 at a distance from the center line of the sink to be operational.

(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 shall meet the following requirements:

(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 shall be provided.

(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 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	Dishwasher	Laundry
Gal/hr/bed	6½	4	4½
Temp. F.	100-110	180*	140-180**

* Temperature may be reduced to 140 if chloritizer is used.

** If the temperature used is below 180, the facility shall utilize detergents and other additives to insure that the linens will be adequately cleaned.

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

(7) Plumbing approval. Prior to final approval of the plans and specifications by the 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) Electrical requirements of the Kentucky Building Code shall apply where applicable.

(2) The wiring in each facility shall be inspected by a certified electrical inspector and a certificate of approval shall be issued to the facility prior to occupancy; however, the

wiring in existing buildings shall be approved by a certified electrical inspector only when the building has not been previously so approved for health care occupancy or where the state Fire Marshal finds that a hazardous condition exists.

(3) Switchboard and power panels. All breakers and switches shall be indexed.

(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, 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) Lighting levels for the facility shall comply with the requirements of Section 17, Table 2.

(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 luminaires, 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 systems. 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 operating.

(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 (1) 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.

1. 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 of sufficient kilowatt capacity to supply all emergency electrical connections itemized in paragraph (d) below.

2. In facilities constructed prior to the effective date of this regulation which are supplied by at least two (2)

dedicated and separate utility service feeders, an emergency generating set is not required.

(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; and

f. Night lights in patient rooms.

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

a. Nurses' calling systems;

b. Sewerage or sump lift pump, if installed;

c. At least one (1) duplex 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 (1) or more boilers and their necessary auxiliaries and controls, required for heating and sterilization; and

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 facility 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, all 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 17. 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	O	—	1
Patient area corridor	O	—	4
Treatment room	O	Yes	6
Physical therapy and hydrotherapy	-	—	6
Dining and recreation areas	O	—	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	O	—	10
Dishwashing room	-	—	—
Dietary dry storage	O	—	—
Laundry, general	O	Yes	10
Soiled linen sorting and storage	-	—	—
Clean linen storage	+	—	2

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

Table 1. Continued

Area Designation	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors
Patient room	4	—
Patient area corridor	4	—
Treatment room	6	Yes
Physical therapy and hydrotherapy	6	—
Dining and recreation areas	4	—
Soiled workroom	4	Yes
Clean workroom	4	—
Toilet room	10	Yes
Bedpan room	10	Yes
Bathroom	10	Yes
Janitor's closet	10	Yes
Sterilizer equipment room	10	Yes
Linen and trash chute rooms	10	Yes
Food preparation center	10	Yes
Dishwashing room	10	Yes
Dietary dry storage	2	—
Laundry, general	10	Yes
Soiled linen sorting and storage	10	Yes
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.

Section 18. 902 KAR 20:020E, Skilled nursing facilities, construction and alteration, is hereby repealed.

FRANK W. BURKE, SR., Chairman

ADOPTED: November 11, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: November 13, 1981 at 1:45 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Frank W. Burke, Sr., Chairman, Kentucky Health Facilities and Health Services, Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40621.

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

902 KAR 20:026. Operations and services; skilled nursing facilities.

RELATES TO: KRS 216B.010 to 216B.130, 216B.990(1)(2)

PURSUANT TO: KRS 13.082, 216B.040, 216B.105(3)

NECESSITY AND FUNCTION: KRS 216B.040 and 216B.105(3) mandate 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 skilled nursing facilities and the services to be provided by skilled nursing facilities.

Section 1. Scope of Operations and Services. Skilled nursing facilities are establishments with permanent facilities including inpatient beds. Services provided include medical services, and continuous nursing services to provide treatment for patients. Patients in a skilled nursing

facility are patients who require inpatient care but are not in an acute phase of illness, and who currently require primarily convalescent or rehabilitative services and have a variety of medical conditions.

Section 2. Definitions. (1) "Administrator" means a person who is licensed as a nursing home administrator pursuant to KRS 216A.080.

(2) "Board" means the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board.

(3) "Facility" means a skilled nursing facility.

(4) "License" means an authorization issued by the Board for the purpose of operating a skilled nursing facility and offering skilled nursing services.

(5) "Occupational therapist" means a person who is 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 who is engaged in or has completed the required supervised clinical experience period prerequisite to registration by the American Occupational Therapy Association.

(6) "Speech pathologist" means a person who:

(a) Meets the education and experience requirements for a Certificate of Clinical Competence in the appropriate area (speech pathology or audiology) granted by the American Speech and Hearing Association; or

(b) Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

(7) "Qualified dietician" or "nutritionist" means:

(a) A person who has a bachelor of science degree in foods and nutrition, food service management, institutional management or related services and has successfully completed a dietetic internship or coordinated undergraduate program accredited by the American Dietetic Association (ADA) and is a member of the ADA or is registered as a dietician by ADA; or

(b) A person who has a masters degree in nutrition and is a member of ADA or is eligible for registration by ADA; or

(c) A person who has a bachelor of science degree in home economics and three (3) years of work experience with a registered dietician.

(8) "Qualified medical record practitioner" means a person 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.

(9) "Qualified social worker" means a person who is licensed pursuant to KRS 335.090, if applicable, and who is a graduate of a school of social work accredited by the Council on Social Work Education.

(10) "Protective devices" means devices that are designed to protect a person from falling, to include side rails, safety vest or safety belt.

(11) "Restraint" means any pharmaceutical agent or physical or mechanical device used to restrict the movement of a patient or the movement of a portion of a patient's body.

Section 3. Administration and Operation. (1) Licensee. The licensee shall be legally responsible for the facility and

for compliance with federal, state and local laws and regulations pertaining to the operation of the facility.

(2) Administrator. All facilities shall have an administrator who is responsible for the operation of the facility and who shall delegate such responsibility in his absence.

(3) Policies. The facility shall establish written policies and procedures that govern all services provided by the facility. The written policies shall include:

(a) Personnel policies, practices and procedures that support sound patient care.

(b) Notification of changes in patient status and service cost. There shall be written policies and procedures relating to notification of responsible person(s) in the event of significant changes in patient status, patient charges, billings, and other related administrative matters.

(c) Patient care policies. The facility shall have written policies to govern the skilled nursing care and related medical and 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 nurses and other health personnel (e.g., social workers, dietitians, 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. A physician or a registered nurse shall be responsible for assuring compliance with and annual review of these policies. In addition to written policies for services, the facility shall have written policies to include:

1. Admission, transfer, and discharge policies including categories of patients accepted and not accepted by the facility.

2. Medication stop orders;

3. Medical records;

4. Transfer agreement;

5. Utilization review; and

6. Use of restraints.

(d) Adult and child protection. The facility shall have written policies which assure the reporting of cases of abuse, neglect or exploitation of adults and children to the Department for Human Resources pursuant to KRS Chapter 209 and KRS 199.335.

(e) Missing patient procedures. The facility shall have a written procedure to specify in a step-by-step manner the actions which shall be taken by staff when a patient is determined to be lost, unaccounted for or on other unauthorized absence.

(4) Patient rights. Patient rights shall be provided for pursuant to KRS 216.510 to 216.525.

(5) Admission.

(a) Patients shall be admitted only upon the referral of a physician. Additionally, the facility shall admit only persons who require medical and continuous skilled nursing care and who currently require primarily convalescent or rehabilitative services for a variety of medical conditions. The facility shall not admit persons whose care needs exceed the capability of the facility.

(b) Upon admission the facility shall obtain the patient's medical diagnosis, physician's orders for the care of the patient and the transfer form. The facility shall obtain a medical evaluation within forty-eight (48) hours of admission, unless an evaluation was performed within five (5) days prior to admission. The medical evaluation shall include current medical findings, rehabilitation potential, a summary of the course of treatment followed in the

hospital or intermediate care facility (a current hospital discharge summary containing the above information shall be acceptable).

(c) If the physician's orders for the immediate care of a patient are unobtainable at the time of admission, the facility shall contact the physician with responsibility for emergency care to obtain temporary orders.

(d) Before admission the patient and a responsible member of his family or committee shall be informed in writing of the established policies of the facility to include: fees, reimbursement, visitation rights during serious illness, visiting hours, type of diets offered and services rendered.

(6) Discharge planning. The facility shall have a discharge planning program to assure the continuity of care for patients being transferred to another health care facility or being discharged to the home.

(7) Transfer procedures and agreements.

(a) The facility shall have written transfer procedures and agreements for the transfer of patients to other health care facilities which can provide a level of inpatient care not provided by the facility. Any facility which does not have a transfer agreement in effect but which documents a good faith attempt to enter into such an agreement shall be considered to be in compliance with the licensure requirement. The transfer procedures and agreements shall specify the responsibilities each institution assumes in the transfer of patients, shall establish responsibility for notifying the other institution promptly of the impending transfer of a patient, and shall arrange for appropriate and safe transportation.

(b) When the patient's condition exceeds the scope of services of the facility, the patient, upon physician's orders (except in cases of emergency), shall be transferred promptly to an appropriate level of care.

(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.

(d) When a transfer is to another level of care within the facility, the complete patient record or a current summary thereof shall be transferred with the patient.

(e) If the patient is transferred to another health care facility or home to be cared for by a home health agency, a transfer form shall accompany the patient. The transfer form shall include at least the following: physician's orders (if available), current information relative to diagnosis with history of problems requiring special care, a summary of the course of prior treatment, special supplies or equipment needed for patient care, and pertinent social information on the patient and his family.

(f) Except in an emergency, the patient, his next of kin, or responsible person(s) if any, and the attending physician shall be consulted in advance of the transfer or discharge of any patient.

(8) Personnel.

(a) Job descriptions. Written job descriptions shall be developed for each category of personnel to include qualifications, lines of authority and specific duty assignments.

(b) Employee records. 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, evaluation of performance, records of in-service training and ongoing education, along with employee's name, address and social security number.

(c) Health requirements. All employees shall have a test

for tuberculosis either prior to or within the first week of employment and annually thereafter. No employee contracting an infectious disease shall appear at work until the infectious disease can no longer be transmitted.

(d) Staffing classification requirements.

1. The facility shall have adequate personnel to meet the needs of the patients on a twenty-four (24) hour basis. The number and classification of personnel required shall be based on the number of patients, and the amount and kind of personal care, nursing care, supervision, and program needed to meet the needs of the patients, as determined by medical orders and by services required by this regulation.

2. If the staff/patient ratio does not meet the needs of the patients, the Division for Licensing and Regulation shall determine and inform the administrator in writing how many additional personnel are to be added and of what job classification, and shall give the basis for this determination.

3. The facility shall have a director of nursing service who is a registered nurse and who works full time during the day, and who devotes full time to the nursing service of the facility. If the director of nursing has administrative responsibility for the facility, there shall be an assistant director of nursing, who shall be a registered nurse, 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 of nursing service, administration, rehabilitation nursing, psychiatric or geriatric nursing. The director of the nursing service shall be responsible for:

a. Developing and maintaining nursing service objectives, standards of nursing practice, nursing procedure 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 group;

f. Coordinating nursing services with other patient care services;

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 nurses, licensed practical nurses, nurses' aides and orderlies are assigned duties consistent with their training and experience.

4. Supervising nurse. Nursing care shall be provided by or under the supervision of a full-time registered nurse. The supervising nurse shall be a licensed registered nurse who may be the director of nursing or the assistant director of nursing and shall be trained or experienced in the areas of nursing administration and supervision, rehabilitative nursing, psychiatric or geriatric nursing. The supervising

nurse shall make daily rounds to all nursing units performing such functions as visiting each patient, and reviewing medical records, medication cards, patient care plans, and staff assignments, and whenever possible accompanying physicians when visiting patients.

5. Charge nurse. There shall be at least one (1) registered nurse or licensed practical nurse on duty at all times and who is responsible for the nursing care of patients during her tour of duty. When a licensed practical nurse is on duty, a registered nurse shall be on call.

6. Pharmacist. The facility shall employ a licensed pharmacist on a full-time, part-time or consultant basis to direct pharmaceutical services.

7. Therapists.

a. If rehabilitative services beyond rehabilitative nursing care are offered, whether directly or through cooperative arrangements with agencies that offer therapeutic services, these services shall be provided or supervised by qualified therapists to include licensed physical therapists, speech pathologists and occupational therapists.

b. 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.

c. 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 goals and limits of the therapists' work, and prescribes modalities and frequency of therapy, persons with qualifications other than those described in subparagraph 7a of Section 3(8)(d) may be assigned duties appropriate to their training and experience.

8. Dietary. Each facility shall have a full-time person 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) hours each week.

9. The administrator shall designate a person for each of the following areas who will be responsible for:

a. Medical records. The person responsible for the records shall maintain, complete and preserve all medical records. If the person is not a qualified medical record practitioner he shall be trained by and receive regular consultation from a qualified medical record practitioner.

b. Social services. There shall be a full-time or part-time social worker employed by the facility, or a person who has training and experience in related fields to find community resources, to be responsible for the social services. If the facility does not have a qualified social worker on its staff, consultation shall be provided by a qualified social worker. The person responsible for this area of service shall have information promptly available on health and welfare resources in the community.

c. Patient activities. This person shall have training or experience in directing group activities.

(e) In-service educational programs.

1. There shall be an in-service education program in effect for all nursing personnel at regular intervals in addition to a thorough job orientation for new personnel. Opportunities shall be provided for nursing personnel to attend training courses in rehabilitative nursing and other educational programs related to the care of long-term patients. Skill training for non-professional nursing personnel shall begin during the orientation period, to include

demonstration, practice and supervision of simple nursing procedures applicable in the individual facility. It shall also include simple rehabilitative nursing procedures to be followed in emergencies. All patient care personnel shall be instructed and supervised in the care of emotionally disturbed and confused patients, and shall be assisted to understand the social aspects of patient care.

2. Social services training of staff. There shall be provisions for orientation and in-service 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 (1) from outside the facility, shall participate in training programs, case conferences, and arrangements for staff orientation to community services and patient needs.

(9) Medical 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 record. The records shall be held confidential. The records shall be in ink or typed and shall be legible. Each entry shall be dated and signed. Each record shall include:

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; and date of admission.

2. Admitting medical evaluation including current medical findings, medical history, physical examination and diagnosis. (The medical evaluation may be a copy of the discharge summary or history and physical report from a hospital, or an intermediate care facility if done within five (5) days prior to admission.)

3. The physician's orders for medication, diet, and therapeutic services. These shall be dated and signed by the physician.

4. Physician's progress notes describing significant changes in the patient's condition, written at the time of each visit.

5. Findings and recommendations of consultants.

6. A medication sheet which contains the date, time given, name of each medication or prescription number, dosage and name of prescribing physician.

7. Nurse's notes indicating changes in patient's condition, actions, responses, attitudes, appetite, etc. Nursing personnel shall make notation of response to medications, response to treatments, visits by physician and phone calls to the physician, medically prescribed diets and restorative nursing measures.

8. Nursing supervisor's written assessment of the patient's monthly general condition.

9. Reports of dental, laboratory and x-ray services.

10. Changes in patient's response to the activity and therapeutic recreation program.

11. A discharge summary completed, signed and dated by the attending physician within one (1) month of discharge from the facility.

(b) Retention of records. After death or discharge the completed medical record shall be placed in an inactive file and retained for five (5) years or in case of a minor, three (3) years after the patient reaches the age of majority under state law, whichever is the longest.

Section 4. Provision of Services. (1) Physician services.

(a) The health care of each patient shall be under 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, rehabilitative services, diet, special procedures recommended for the health and safety of the patient, activities, plans for continuing care and discharge.

(b) Patients shall be evaluated by a physician at least once every thirty (30) days for the first ninety (90) days following admission. Subsequent to the ninetieth day following admission, the patients shall be evaluated by a physician every sixty (60) days. There shall be evidence in the patient's medical record of the physician's visits to the patient at appropriate intervals.

(c) There shall be evidence in the patient's medical record that the patient's attending physician has made arrangement for the medical care of the patient in the physician's absence.

(d) Availability of physicians for emergency care. The facility shall have arrangements with one (1) or more physicians who will be available to furnish necessary medical care in case of an 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.

(2) Nursing services.

(a) 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 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:

1. Shall receive treatments, medication, and diets as prescribed;
2. Shall receive proper care to prevent decubiti and shall be kept comfortable, clean and well-groomed;
3. Shall be protected from accident and injury by the adoption of indicated safety measures;
4. Shall be treated with kindness and respect.

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

1. Rehabilitative nursing care initiated in the hospital shall be continued immediately upon admission to the facility.

2. Nursing personnel shall be taught rehabilitative nursing measures and shall practice them in their daily care of patients. These measures shall include:

- a. Maintaining good body alignment and proper positioning of bedfast patients;
- b. 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;
- c. 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;
- d. Assisting patients to adjust to their disabilities, to use

their prosthetic devices, and to redirect their interests if necessary;

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

(c) Dietary supervision. Nursing personnel shall assure that patients are served diets as prescribed. Patients needing help in eating shall be assisted promptly upon receipt of meals. 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.

(d) 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.

1. 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, what are the patient's preferences, what methods and approaches are most successful, and what modifications are necessary to insure best results.

2. Nursing care plans shall be available for use by all nursing personnel.

3. Nursing care plans shall be reviewed and revised as needed.

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

(3) Specialized rehabilitative services.

(a) Rehabilitative services shall be provided upon written order of the physician which indicates anticipated goals and prescribed specific modalities to be used and frequency of physical, speech and occupational therapy services.

(b) Therapy services shall include:

1. Physical therapy which includes:

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

2. Speech therapy which include:

- a. Services in speech pathology or audiology;
- b. Cooperation in the evaluation of patients with speech, hearing, or language disorders;
- c. Determination and recommendation of appropriate speech and hearing services.

3. Occupational therapy services which includes:

- a. Assisting the physician in his evaluation of the patient's level of function by applying diagnostic and prognostic tests;
- b. Guiding the patient in his use of therapeutic creative and self-care activities for improving function.

(c) Therapists shall collaborate with the facility's medical and nursing staff in developing the patient's total plan of care.

(d) Ambulation and therapeutic equipment. Commonly used ambulation and therapeutic equipment necessary for services offered shall be available for use in the facility such 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.

(4) Personal care services. Personal care services shall include: assistance with bathing, shaving, cleaning and trimming of fingernails and toenails, cleaning of the mouth and

teeth, and washing, grooming and cutting of hair.

(5) Pharmaceutical services.

(a) 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.

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

(c) If the facility does not have a pharmacy department, it shall have provisions for promptly and conveniently obtaining prescribed drugs and biologicals from a community or institutional pharmacy holding a valid pharmacy permit issued by the Kentucky Board of Pharmacy, pursuant to KRS 315.035.

(d) 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 pharmacist shall dispense drugs from the drug supply, properly label them and make them available to appropriate licensed nursing personnel.

3. Provisions shall be made for emergency withdrawal of medications from the drug supply.

(e) An emergency medication kit approved by the facility's professional personnel shall be kept readily available. The facility shall maintain a record of what drugs are in the kit and document how the drugs are used.

(f) Medication services.

1. Conformance with physician's orders. All medications administered to patients shall be ordered in writing by the patient's physician. Telephone orders shall be given only to a licensed nurse or pharmacist 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 the facility's written policy or stop orders. The charge nurse and the prescribing physician together shall review each patient's medications at the time of the medical evaluation pursuant to Section 4(1)(b). 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 to be released to patients on discharge only on the written authorization of the physician.

2. Administration of medications. All medications shall be administered by licensed medical or nursing personnel in accordance with the Medical Practice Act (KRS 311.530 to 311.620) and Nurse Practice Act of (KRS Chapter 314). Each dose administered shall be recorded in the medical 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 (1) patient shall not be administered to any other patient.

d. Self-administration of medications by patients shall not be permitted except 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 medical record as well as on an incident report.

f. Up-to-date medication reference texts and sources of information shall be provided for use by the nursing staff (e.g., the American Hospital Formulary Service of the American Society of Hospital Pharmacists, Physicians Desk Reference or other suitable references).

3. Labeling and storing medications.

a. All medications shall be plainly labeled with the patient's name, the name of the drug, strength, name of pharmacy, prescription number, date, physician name, caution statements and directions for use except where accepted modified unit dose systems conforming to federal and state laws are used. The medications of each patient shall be kept and stored in their original containers and transferring between containers shall be prohibited. All medicines kept by the facility shall 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 shall be kept in a separate locked box of adequate size in the refrigerator in the medication area. Drugs for external use shall be stored separately from those administered by mouth and injection. Provisions shall also be made for the locked separate storage of medications of deceased and discharged patients until such medication is surrendered or destroyed in accordance with federal and state laws and regulations.

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

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

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

f. Controlled substances. Controlled substances shall be kept under double lock (e.g., in a locked box in a locked cabinet). There shall be a controlled substances record, in which is recorded the name of the patient, the date, time, kind, dosage, balance, remaining 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, or staff who supervised the self-administration. In addition, there shall be a recorded and signed schedule II controlled substances count daily, and schedule III, IV and V controlled substances count once per week by those persons who have access to controlled substances. All controlled substances which are left over after the discharge or death of the patient shall be destroyed in accordance with KRS 218A.230, or 21 CFR 1307.21, or sent via registered mail to the Controlled Substances Enforcement Branch of the Kentucky Department for Human Resources.

4. Use of restraints or protective devices. If a patient becomes disturbed or unmanageable, the patient's physician shall be notified in order to evaluate and direct the patient's care. No form of restraints or protective devices shall be used except under written orders of the attending physician.

a. Protective devices. Protective devices may be used to protect the patient from falling from a bed or chair. The

least restrictive form of protective device shall be used which affords the patient the greatest possible degree of mobility. In no case shall a locking device be used.

b. Physical restraint. Restraints that require lock and key shall not be used. 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 the proper application and observation of this equipment. Restraints shall be checked at least every one-half (½) hour and released at least ten (10) minutes every two (2) hours. The checks and releases of restraints shall be recorded in the patient's medical record as they are completed. Such reports shall document the rationale or justification for the use of the procedure, a description of the specific procedures employed, and the physician's order. Restraints shall be used only as a therapeutic measure to prevent the patient from causing physical harm to self or others. Restraints shall not be used as a punishment, as discipline, as a convenience for the staff, or as a mechanism to produce regression. Restraints shall be comfortable and easily removed in case of an emergency.

c. Chemical restraints. 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.

5. Communicable diseases.

a. No patient shall knowingly be admitted to the facility with a communicable disease which is reportable to the health department, pursuant to KRS Chapter 214 and applicable regulations except a (non-infectious) tuberculosis patient under continuing medical supervision for his tuberculosis disease.

b. If, after admission, a patient is suspected of having a communicable disease that would endanger the health and welfare of other patients the administrator shall assure that a physician is contacted and that appropriate measures are taken on behalf of the patient with the communicable disease and the other patients.

(6) Diagnostic services. The facility shall have provisions for obtaining required clinical laboratory, x-ray and other diagnostic services. Laboratory services may be obtained from a laboratory which is part of a licensed hospital or a laboratory licensed pursuant to KRS 333.030 and any regulations promulgated thereunder. Radiology services shall be obtained from a service licensed or registered pursuant to KRS 211.842 to 211.852 and any regulations promulgated thereunder. If the facility provides its own diagnostic services, the service 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 medical record.

(7) 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 in-service 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.

(8) Social services.

(a) 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.

1. 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.

2. As soon as possible after admission, there shall be an 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.

3. Where there are indications that financial help will be needed, arrangements shall be made promptly for referral to an appropriate agency.

4. 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.

5. 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.

(b) 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.

1. The staff member responsible for social services shall participate in clinical staff conferences and confer with the attending physician at intervals during the patient's stay in the facility, and there shall be evidence in the record of such conferences.

2. The staff member and nurses responsible for the patient's care shall confer frequently and there shall be evidence of effective working relationships between them.

3. 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 medical record for the benefit of all staff involved in the care of the patient.

(9) 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 shall be made for purposeful activities which are suited to the needs and interests of patients.

(a) The activity leader shall use, to the fullest possible extent, community, social and recreational opportunities.

(b) Patients shall be encouraged but not forced to participate in such activities. Suitable activities are provided for patients unable to leave their rooms.

(c) Patients who are able and who wish to do so shall be assisted to attend religious services.

(d) Patients' request to see their clergymen shall be honored and space shall be provided for privacy during visits.

(e) Visiting hours shall be flexible and posted to permit and encourage visiting friends and relatives.

(f) 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.

(10) Residential services.

(a) 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. When a facility contracts for food service with an outside food management company, the company shall provide a qualified dietician on a full-time, part-time or consultant basis to the facility. The qualified dietician shall have continuing liaison with the medical and nursing staff of the facility for recommendations on dietetic policies affecting patient care. The company shall comply with all of the appropriate requirements for dietary services in this regulation.

1. Therapeutic diets. If the designated person responsible for food service is not a qualified dietician or nutritionist, consultation by a qualified dietician or qualified nutritionist shall be provided.

2. Dietary staffing. There shall be sufficient food service personnel employed and their working hours, schedules of hours, on duty and days off shall be posted. If any food service personnel are assigned duties outside the dietary department, the duties shall not interfere with the sanitation, safety or time required for regular dietary assignments.

3. Menu planning.

a. Menus shall be planned, written and rotated to avoid repetition. Nutrition needs shall be met in accordance with the current recommended dietary allowances of the Food and Nutrition Board of the National Research Council adjusted for age, sex and activity, and in accordance with physician's orders.

b. Meals shall correspond with the posted menu. Menus must be planned and posted one (1) week in advance. When changes in the menu are necessary, substitutions shall provide equal nutritive value and the changes shall be recorded on the menu and all menus shall be kept on file for thirty (30) days.

c. 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 dietician 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 conference.

4. Food preparation and storage.

a. There shall be at least a three (3) day supply of food to prepare well-balanced palatable meals. Records of food purchased for preparation shall be on file for thirty (30) days.

b. Food shall 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.

c. At least three (3) meals per day shall be served with not more than a fifteen (15) hour span between the substantial evening meal and breakfast. Between-meal snacks to include an evening snack before bedtime shall be offered to all patients. Adjustments shall be made when medically indicated.

d. Foods 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 the 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 foods served, nutritional substitutions shall be offered.

e. All opened containers or left over food items shall be covered and dated when refrigerated.

5. Serving of food. When a patient cannot be served in the dining room, trays shall be provided for bedfast patients and shall rest on firm supports such as overbed tables. Sturdy tray stands of proper height shall be provided for patients able to be out of bed.

a. 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 within a reasonable length of time.

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

6. Sanitation. All facilities shall comply with all applicable provisions of KRS 219.011 to KRS 219.081 and 902 KAR 45:005 (Kentucky's Food Service Establishment Act and Food Service Code). The Division for Licensing and Regulation, Office of the Inspector General, Department for Human Resources shall carry out the provisions of this Act as they relate to inspections, follow-up and recommendations for issuance and revocation of food service permits.

(b) Housekeeping and maintenance services.

1. The facility shall maintain a clean and safe facility free of unpleasant odors. Odors shall be eliminated at their source by prompt and thorough cleaning of commodes, urinals, bedpans and other obvious sources.

2. An adequate supply of clean linen shall be on hand at all times. Soiled clothing and linens shall receive immediate attention and shall not be allowed to accumulate. Clothing or bedding used by one (1) patient shall not be used by another until it has been laundered or dry cleaned.

3. 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. Equipment or areas used to transport or store soiled linen shall not be used for handling or storing of clean linen.

4. Soiled linen shall be sorted and laundered in the soiled linen room in the laundry area. Handwashing facilities with hot and cold water, soap dispenser and paper towels shall be provided in the laundry area.

5. Clean linen shall be sorted, dried, ironed, folded, transported, stored and distributed in a sanitary manner.

6. Clean linen shall be stored in clean linen closets on each floor, close to the nurses' station.

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

8. Patients' personal clothing shall be laundered as often as is necessary. Laundering of patients' personal clothing shall be the responsibility of the facility unless the patient or the patient's family accepts this responsibility. Patient's personal clothing laundered by or through the facility shall be marked to identify the patient-owner and returned to the correct patient.

9. Maintenance. The premises shall be well kept and in good repair. Requirements shall include:

a. The facility shall insure that the grounds are well kept and the exterior of the building, including the

sidewalks, steps, porches, ramps and fences are in good repair.

b. The interior of the building including walls, ceilings, floors, windows, window coverings, doors, plumbing and electrical fixtures shall be in good repair. Windows and doors shall be screened.

c. 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.

d. 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. The compounds shall be stored under lock.

(c) Room accommodations.

1. Each patient shall be provided a standard size bed or the equivalent at least thirty-six (36) inches wide, 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 patients comfortable. Rubber or other impervious sheets shall be placed over the mattress cover whenever necessary. Beds occupied by patients shall be placed so that no patient may experience discomfort because of proximity to radiators, heat outlets, or by exposure to drafts.

2. The facility shall provide window coverings, bedside tables with reading lamps (if appropriate), comfortable chairs, chest or dressers with mirrors, a night light, and storage space for clothing and other possessions.

3. Patients shall not be housed in unapproved rooms or unapproved detached buildings.

4. Basement rooms shall not be used for sleeping rooms for patients.

5. Patients may have personal items and furniture when it is physically feasible.

6. There shall be a sufficient number of tables provided that can be rolled over a patient's bed or be placed next to a bed to serve patients who cannot eat in the dining room.

7. Each living room or lounge area and recreation area shall have an adequate number of reading lamps, and tables and chairs or settees of sound construction and satisfactory design.

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

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

Section 5. 902 KAR 20:025E, Extended care and recuperation center; services and operations, is hereby repealed.

FRANK W. BURKE, SR., Chairman

ADOPTED: November 11, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: November 13, 1981 at 1:30 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Frank W. Burke, Sr., Chairman, Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40621.

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

902 KAR 20:046. Facility specifications; nursing homes.

RELATES TO: KRS 216B.010 to 216B.130, 216B.990(1)(2)

PURSUANT TO: KRS 13.082, 216B.040, 216B.105(3)

NECESSITY AND FUNCTION: KRS 216B.040 and 216B.105(3) mandate 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 alteration and maintenance of existing nursing home facilities.

Section 1. Definitions. (1) "Board" means the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board.

(2) "Certificate of Need" means an authorization by the Board to proceed with any acquisition, initiation, construction or expansion pursuant to KRS Chapter 216B.

(3) "License" means an authorization issued by the Board for the purpose of operating a nursing home facility.

(4) "Licensure Agency" means the Division for Licensing and Regulation in the Office of the Inspector General, Department for Human Resources.

Section 2. Preparation and Approval of Plans and Specifications. (1) Before alterations are begun to existing buildings or any change in existing nursing home facilities, the licensee or applicant shall submit plans to the licensure agency for approval.

(2) All architectural, mechanical and electrical drawings shall bear either the seal of an architect registered in the Commonwealth of Kentucky or the seal of a professional engineer registered in the Commonwealth of Kentucky, or both.

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

(4) All such plans and specifications must be approved by the licensure agency prior to commencement of alteration or existing buildings.

(5) Plans and specifications in specific detail as required by the Kentucky Building Code shall be submitted together with architectural and/or engineering stamps as required by KRS Chapters 322 and 323, to the Department of Housing, Buildings and Construction for determining compliance with the Kentucky Building Code. All such plans and specifications must be approved by the Department of Housing, Buildings and Construction and appropriate local building permits shall be obtained prior to commencement of any alteration.

Section 3. 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 one-fourth (1/4) inch to 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: Plans of basement and floors.

(b) Outline specifications:

1. General description of the alteration, 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. 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. 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. Access to the work. Representatives of the appropriate state agencies shall 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 4. Compliance with Building Codes, Ordinances and Regulations. (1) Section 4 may be administered independently from other sections of this regulation.

(2) 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.

(3) The following requirements shall apply where applicable and as adopted by the respective agency authority:

(a) Requirements for safety pursuant to 815 KAR 10:020, as amended;

(b) Requirements for plumbing pursuant to 815 KAR 20:010 to 20:190, as amended;

(c) Requirements for air contaminants for incinerators pursuant to 401 KAR 59:020 and 401 KAR 61:010;

(d) Requirements for elevators pursuant to 803 KAR 4:010; and

(e) Requirements for making buildings and facilities accessible to and usable by the physically handicapped, pursuant to KRS 198B.260 and regulations promulgated thereunder.

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

(5) All facilities shall be currently approved by the Fire Marshal's Office in accordance with the Life Safety Code before relicensure is granted by the licensure agency.

Section 5. Facility Requirements and Special Conditions. (1) 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 standards 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.

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

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

(b) Patient 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 a 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;

(c) 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 eight (8) percent of patient room floor area;

(d) 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;

(e) 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 clothes rod and shelf;

(f) Cubicle curtains, or equivalent built-in devices for complete privacy for each patient in each multibed room and in tub, shower and toilet rooms;

(g) 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 toilet shall be three (3) feet by five (5) feet;

(b) Toilets must be easily usable by wheelchair patients. Grab bars shall be provided at all toilets;

(c) At least one (1) toilet for each sex shall be provided for training purposes and access by wheelchairs. It shall be accessible from the nursing corridor, may be part of the bathing area and shall have a minimum size, of 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) Staff lounge area. The area shall have personal storage space and a toilet room for staff;

(c) Visitors toilet room. The facility shall provide a toilet room for visitors. The staff toilet room may serve as the visitors toilet room if marked and accessible;

(d) Clean workroom for storage and assembly of supplies for nursing procedures containing work counter, sink, and small sterilizer;

(e) Soiled workroom containing clinical sink, work counter with two (2) compartment sink, waste receptacles, and soiled linen receptacles;

(f) 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.) The controlled substances locker must be under double lock and wired to warning light at nurses' station;

(g) Clean linen storage with enclosed storage space. (May be a designated area within the clean workroom.);

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

(i) Equipment storage room for storage of IV stands, inhalators, air mattresses, walkers, and similar bulky equipment;

(j) Patient baths. 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 or patient lift with a safety device 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;

(k) Stretcher and wheelchair parking area or alcove;

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

(m) 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.) These rooms shall include a lavatory, storage space, and space for a treatment table and have a minimum floor area of 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 (e.g., wall cabinet and closets).

Section 7. Therapy Units. (1) If the facility has a physical therapy unit the following shall be provided (depending on the program):

(a) Office. (May also serve for occupational therapy office.);

(b) Exercise and treatment areas with sink or lavatory and cubicle curtains around treatment areas;

(c) Hydrotherapy areas with cubicle curtains around treatment areas;

(d) Storage for supplies and equipment; and

(e) Toilet rooms located for convenient access by physical therapy patients. (May also serve occupational therapy patients.)

(2) If the facility has an occupational therapy unit it shall include:

(a) Office space. (May be shared with physical therapy office.);

(b) Therapy area with sink or lavatory;

(c) Storage for supplies and equipment;

(d) Toilet room. (Not required if other toilet facilities are convenient.)

(3) Personal care room with space for shampoo sink and barber chair. (Not required in facility of less than twenty-five (25) beds.)

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 storage, processing, and handling, otherwise the following shall be provided:

(1) Food preparation center with a lavatory but no mirror;

(2) Food serving facilities to accommodate patients and staff;

(3) Dishwashing room with commercial-type dishwashing equipment and a lavatory;

(4) Potwashing facilities;

(5) Refrigerated storage to accommodate three (3) day supply;

(6) Dry storage to accommodate 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 with storage for housekeeping supplies and equipment, floor receptor or service sink; and

(15) Toilet room which is conveniently accessible to dietary staff with a two (2) door separation from food preparation area or dining area.

Section 9. Administration Department. The facility shall have adequate administrative, public, and staff facilities (e.g., offices, lobby, toilet facilities) to accommodate the needs of the public, patients, and staff without interfering with the provision of medical care services.

Section 10. Laundry. The following shall be included:

(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 with commercial type equipment sufficient to take care of seven (7) days' needs within the workweek;

(6) Janitor's closet with storage for housekeeping supplies and equipment, floor receptor or service sink; and

(7) Storage for laundry supplies. (Subsections (5), (6), and (7) of this section need not be provided if laundry is processed outside the facility.)

Section 11. Storage and Service Areas. (1) Central storage room(s) with 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 (1) area.

(2) Locker rooms with toilets, 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 facilities 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. If the facility has an incinerator, it shall be in a separate room, in a designated area within the boiler room, or outdoors;

(i) Refuse room for holding trash prior to disposal located convenient to service entrance; and

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

Section 12. Details and Finishes. The facility shall be designed for maximum safety for the occupants to minimize the incidence of accidents. Hazards such as sharp corners shall be avoided. All details and finishes shall meet the following requirements:

(1) Details.

(a) 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 shall be provided on both sides of corridors used by patients in facilities 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) Thresholds and expansion joint covers, if used, shall be flush with the floor.

(g) Grab bars and accessories in patient toilet, shower, and bathrooms shall have sufficient strength and an-

chorage to sustain a load of 250 pounds for five (5) minutes.

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

(i) 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.

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

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

(l) 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.

(m) Ceiling heights.

1. The boiler room ceiling shall not be less than two (2) feet six (6) inches above the main boiler header and connecting piping with nine (9) feet headroom under piping for maintenance and access;

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

3. Ceilings in all other rooms shall not be less than eight (8) feet.

(n) 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.

(o) Noise reduction criteria. Provision shall be made to minimize sound transmission in:

1. Corridors in patient areas;

2. Nurses' stations;

3. Utility rooms;

4. Floor pantries; and

5. Lobbies and recreation areas.

(p) 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, 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.

(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 moisture-proof. 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. 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:

(1) Number of elevators. All facilities with patient beds or residential facilities located on any floor other than the first floor shall have at least one (1) hospital-type elevator and such additional elevators as determined by the licensure agency 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-retardant-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.

(3) Leveling. Elevators shall have automatic leveling of the two (2) way automatic maintaining type with accuracy within plus or minus one-half (1/2) inch.

Section 14. Foundations. 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) General. Prior to completion of the contract and final acceptance of the facility, the architect and/or engineer shall obtain certification from the contractor 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) 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 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) 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.

(3) Temperatures and ventilating systems.

(a) Temperatures. A minimum temperature of seventy-two (72) degrees Fahrenheit shall be provided for in all occupied areas in winter conditions. A maximum temperature of eighty-five (85) degrees Fahrenheit shall be provided for in occupied areas in summer 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 in Section 17, Table 1, 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 prac-

licable 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 Section 17, Table 1.

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 into 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 with Atmospheric Dust.

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

7. 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.

8. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and required temperatures in the facility.

(4) Plumbing and other piping systems.

(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 at a distance from the center line of the sink to be operational.

(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 shall be provided.

(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 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.	100-110	180*	140-180**

* Temperature may be reduced to 140 if chloritizer is used.

** If the temperature used is below 180 the facility shall utilize detergents and other additives to insure that the linens will be adequately cleaned.

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

(7) Plumbing approval. Prior to final approval of the plans and specifications by the 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) Electrical requirements of the Kentucky Building Code shall apply where applicable.

(2) The wiring in each facility shall be inspected by a certified electrical inspector and a certificate of approval shall be issued to the facility, prior to occupancy. However, the wiring in existing buildings shall be approved by a certified electrical inspector only when the building has not been previously so approved for health care occupancy or where the state Fire Marshal finds that a hazardous condition exists.

(3) Switchboard and power panels. All breakers and switches shall be indexed.

(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, 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) Lighting levels for the facility shall comply with the requirements of Section 17, Table 2.

(5) Receptacles. Convenience outlets.

(a) Bedroom. Each patient bedroom shall have duplex receptacles on each side of the head of each bed (for parallel adjacent beds, only one (1) receptacle is required between the beds), receptacles for luminaires, 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 (1) 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.

1. 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 sufficient kilowatt capacity to supply all electrical connections itemized in paragraph (d) below.

2. In facilities constructed prior to the effective date of this regulation which are supplied by at least two (2) dedicated and separate utility service feeders, an emergency generating set is not required.

(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; and

f. Night lights 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 non-flammable medical gas systems, if installed;

c. Fire pump, if installed;

d. Sewerage or sump lift pump, if installed;

e. At least one (1) duplex 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 (1) or more boilers and their necessary auxiliaries and controls, required for heating and sterilization; and

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 facility 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 17. Table 1—Pressure Relationships and Ventilation of Certain Nursing Home Areas. 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	—	1
Patient room corridor	O	—	2
Treatment room	O	Yes	2
Physical and hydrotherapy; if applicable	N	—	2
Dining and recreation areas	O	—	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	O	Yes	2
Dishwashing area	N	—	—
Dietary dry storage	O	—	—
Laundry, general	O	Yes	2
Soiled linen sorting and storage	N	—	—
Clean linen storage	P	—	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
Patient room	4	—
Patient area corridor	4	—
Treatment room	6	Yes
Physical therapy and hydrotherapy; if applicable	6	—
Dining and recreation areas	4	—
Soiled workroom	4	Yes
Clean workroom	4	—
Toilet room	10	Yes
Bedpan room; if applicable	10	Yes
Bathroom	10	Yes
Janitor's closet	10	Yes
Linen and trash chute room	10	Yes
Food preparation center	10	Yes
Dishwashing area	10	Yes
Dietary dry storage	2	—
Laundry, general	10	Yes
Soiled linen sorting and storage	10	Yes
Clean linen storage	2	—

Table 2. Lighting Levels for Nursing Homes 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.

Section 18. 902 KAR 20:045E, Nursing home facilities, construction and alteration, is hereby repealed.

FRANK W. BURKE, SR., Chairman

ADOPTED: November 11, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: November 13, 1981 at 1:45 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Frank W. Burke, Sr., Chairman, Kentucky Health Facilities and Health Services, Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40621.

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

902 KAR 20:048. Operations and services; nursing homes.

RELATES TO: KRS 216B.010 to 216B.130, 216B.990(1)(2)

PURSUANT TO: KRS 13.082, 216B.040, 216B.105(3)

NECESSITY AND FUNCTION: KRS 216B.040 and 216B.105(3) mandate 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 existing nursing homes and the services to be provided by existing nursing homes. This regulation does not address the establishment of new nursing homes.

Section 1. Scope of Operations and Services. Nursing homes are establishments with permanent facilities that include inpatient beds. Services provided include medical services, and continuous nursing services. Patients in a nursing home facility require inpatient care but do not currently require inpatient hospital services, and have a variety of medical conditions.

Section 2. Definitions. (1) "Activities of daily living" means activities of self-help (e.g., being able to feed, bathe and/or dress oneself), communication (e.g., being able to place phone calls, write letters and understanding instructions) and socialization (e.g., being able to shop, being considerate of others, working with others and participating in activities).

(2) "Administrator" means a person who is licensed as a nursing home administrator pursuant to KRS 216A.080.

(3) "Board" means the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board.

(4) "Facility" means a nursing home facility.

(5) "License" means an authorization issued by the Board for the purpose of operating a nursing home and offering nursing home services.

(6) "PRN medications" means medications administered as needed.

(7) "Qualified dietician" or "nutritionist" means:

(a) A person who has a bachelor of science degree in foods and nutrition, food service management, institutional management or related services and has successfully completed a dietetic internship or coordinated undergraduate program accredited by the American Dietetic Association (ADA) and is a member of the ADA or is registered as a dietician by ADA; or

(b) A person who has a masters degree in nutrition and is a member of ADA or is eligible for registration by ADA; or

(c) A person who has a bachelor of science degree in home economics and three (3) years of work experience with a registered dietician.

(8) "Protective devices" means devices that are designed to protect a person from falling, to include side rails, safety vest or safety belt.

(9) "Restraint" means any pharmaceutical agent or physical or mechanical device used to restrict the movement of a patient or the movement of a portion of a patient's body.

Section 3. Administration and Operation. (1) Licensee. The licensee shall be legally responsible for the facility and

for compliance with federal, state and local laws and regulations pertaining to the operation of the facility.

(2) Administrator.

(a) All facilities shall have an administrator who is responsible for the operation of the facility and who shall delegate such responsibility in his absence.

(b) The licensee shall contract for professional and supportive services not available in the facility as dictated by the needs of the patient. The contract shall be in writing.

(3) 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 require and maintain written recommendations or comments from consultants regarding the program and its development on a per visit basis.

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

(d) A written report of any incident or accident involving a patient (including medication errors or drug reactions), visitor or staff shall be made and signed by the administrator or nursing service supervisor, and any staff member who witnessed the incident. The report shall be filed in an incident file.

(4) Policies. The facility shall establish written policies and procedures that govern all services provided by the facility. The written policies shall include:

(a) Patient care and services to include physician, nursing, pharmaceutical (including medication stop orders policy), and residential services.

(b) Adult and child protection. The facility shall have written policies which assure the reporting of cases of abuse, neglect or exploitation of adults and children to the Department for Human Resources pursuant to KRS Chapter 209 and KRS 199.335.

(c) Use of restraints. The facility shall have a written policy that addresses the use of restraints and a mechanism for monitoring and controlling their use.

(d) Missing patient procedures. The facility shall have a written procedure to specify in a step-by-step manner the actions which shall be taken by staff when a patient is determined to be lost, unaccounted for or on other unauthorized absence.

(5) Patient rights. Patient rights shall be provided for pursuant to KRS 216.510 to 216.525.

(6) Admission.

(a) Patients shall be admitted only upon the referral of a physician. Additionally, the facility shall admit only persons who have a variety of medical conditions and require medical services, continuous medical services, and inpatient care but do not currently require inpatient hospital services. The facility shall not admit persons whose care needs exceed the capability of the facility.

(b) Upon admission the facility shall obtain the patient's medical diagnosis, physician's orders for the care of the patient and the transfer form. Within forty-eight (48) hours after admission the facility shall obtain a medical evaluation from the patient's physician including current medical findings, medical history and physical examination. The medical evaluation may be a copy of the discharge summary or history and physical report from a hospital or nursing facility, if done within five (5) days prior to admission.

(c) Before admission the patient and a responsible member of his family or committee shall be informed in writing of the established policies of the facility including fees, reimbursement, visitation rights during serious ill-

ness, visiting hours, type of diets offered and services rendered.

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

(7) Discharge planning. The facility shall have a discharge planning program to assure the continuity of care for patients being transferred to another health care facility or being discharged to the home.

(8) Transfer procedures and agreements.

(a) The facility shall have written transfer procedures and agreements for the transfer of patients to other health care facilities which can provide a level of inpatient care not provided by the facility. Any facility which does not have a transfer agreement in effect but which documents a good faith attempt to enter into such an agreement shall be considered to be in compliance with the licensure requirement. The transfer procedures and agreements shall specify the responsibilities each institution assumes in the transfer of patients and establish responsibility for notifying the other institution promptly of the impending transfer of a patient and arrange for appropriate and safe transportation.

(b) When the patient's condition exceeds the scope of services of the facility, the patient, upon physician's orders (except in cases of emergency), shall be transferred promptly to a hospital or a skilled nursing facility, or services shall be contracted for from another community resource.

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

(d) Except in an emergency, the patient, his next of kin, or guardian, if any, and the attending physician shall be consulted in advance of the transfer or discharge of any patient.

(e) When a transfer is to another level of care within the same facility, the complete medical record or a current summary thereof shall be transferred with the patient.

(f) If the patient is transferred to another health care facility or home to be cared for by a home health agency, a transfer form shall accompany the patient. The transfer form shall include at least: physician's orders (if available), current information relative to diagnosis with history of problems requiring special care, a summary of the course of prior treatment, special supplies or equipment needed for patient care, and pertinent social information on the patient and his family.

(9) Personnel.

(a) Job descriptions. Written job descriptions shall be developed for each category of personnel, to include qualifications, lines of authority and specific duty assignments.

(b) Employee records. 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, records of in-service training and ongoing education, and the employee's name, address and social security number.

(c) Staffing requirements.

1. The facility shall have adequate personnel to meet the needs of the patients on a twenty-four (24) hour basis.

The number and classification of personnel required shall be based on the number of patients and the amount and kind of personal care, nursing care, supervision and program needed to meet the needs of the patients as determined by medical orders and by services required by this regulation.

2. When the staff/patient ratio does not meet the needs of the patients, the Division for Licensing and Regulation shall determine and inform the administrator in writing how many additional personnel are to be added and of what job classification and shall give the basis for this determination.

3. A 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.

4. Volunteers shall not be counted to make up minimum staffing requirements.

5. The facility shall have a director of nursing service who is a registered nurse and who works full time during the day, and who devotes full time to the nursing service of the facility. If the director of nursing has administrative responsibility for the facility, there shall be an assistant director of nursing, 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 of nursing service, administration, rehabilitation nursing, psychiatric or geriatric nursing. The director of the nursing service shall be responsible for:

a. Developing and maintaining nursing service objectives, standards of nursing practice, nursing procedure manuals, and written job descriptions 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 personnel.

d. Participating in planning and budgeting for nursing care.

e. Participating in the development and implementation of patient care policies.

f. Coordinating nursing services with other patient care services.

g. Planning and conducting orientation programs for new nursing personnel and continuing in-service education for all nursing personnel.

h. Participating in the screening of prospective patients in terms of required nursing services and nursing skills available.

i. Assuring that a written monthly assessment of the patient's general condition is completed.

j. Assuring that a nursing care plan shall be established for each patient and that his plan shall be reviewed and modified as necessary.

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

l. Monthly reviewing of each patient's medications and notifying the physician when changes are appropriate.

6. Supervising nurse. Nursing care shall be provided by or under the direction of a full-time registered nurse. The supervising nurse may be the director of nursing or the assistant director of nursing and shall be trained or experienced in the areas of nursing administration and supervision, rehabilitative nursing, psychiatric or geriatric nursing. The supervising nurse shall make daily rounds to all nursing units performing such functions as visiting each

patient, and reviewing medical records, medication cards, patient care plans, and staff assignments, and whenever possible accompanying physicians when visiting patients.

7. Charge nurse. There shall be at least one (1) registered nurse or licensed practical nurse on duty at all times who is responsible for the nursing care of patients during her tour of duty. When a licensed practical nurse is on duty, a registered nurse shall be on call.

8. Pharmacist. The facility shall retain a licensed pharmacist on a full-time, part-time or consultant basis to direct pharmaceutical services.

9. Therapists.

a. If rehabilitative services beyond rehabilitative nursing care are offered, whether directly or through cooperative arrangements with agencies that offer therapeutic services, these services shall be provided or supervised by qualified therapists to include licensed physical therapists, speech pathologists and occupational therapists.

b. 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.

c. 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 subparagraph 9a of Section 3(9)(c) may be assigned duties appropriate to their training and experience.

10. Dietary. Each facility shall have a full-time person designated by the administrator, responsible for the total food service operation of the facility and on duty a minimum of thirty-five (35) hours each week.

11. Each facility shall designate a person for the following areas who will be responsible for:

a. Medical records;

b. Arranging for social services; and

c. Developing and implementing the activities program and therapeutic recreation.

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

(d) Health requirements. All employees shall have a test for tuberculosis either prior to or within the first week of employment and annually thereafter. No employee contracting an infectious disease shall appear at work until the infectious disease can no longer be transmitted.

(e) Orientation program. The facility shall conduct an orientation program for all new employees to include review of all facility policies (that relate to the duties of their respective jobs), services and emergency and disaster procedures.

(f) In-service training.

1. All employees shall receive in-service training and ongoing education to correspond with the duties of their respective jobs.

2. All nursing personnel shall receive in-service or continuing education programs at least quarterly.

(10) Medical 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 record. The records shall be held confidential. The records shall be in ink or typed

and shall be legible. Each entry shall be dated and signed. Each record shall include:

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; and date of admission.
 2. Admitting medical evaluation by a physician including current medical findings, medical history, physical examination and diagnosis. (The medical evaluation may be a copy of the discharge summary or history and physical report from a hospital, skilled nursing facility if done within five (5) days prior to admission.)
 3. The physician's dated and signed orders for medication, diet, and therapeutic services.
 4. Physician's progress notes describing significant changes in the patient's condition, written at the time of each visit.
 5. Findings and recommendations of consultants.
 6. A medication sheet which contains the date, time given, name of each medication dosage, name of prescribing physician and name of person who administered the medication.
 7. Nurse's notes indicating changes in patient's condition, actions, responses, attitudes, appetite, etc. Nursing personnel shall make notation of response to medications, response to treatments, mode and frequency of PRN medications administered, condition necessitating administration of PRN medication, reaction following PRN medication, visits by physician and phone calls to the physician, medically prescribed diets and preventive, maintenance or rehabilitative nursing measures.
 8. Written assessment of the patient's monthly general condition.
 9. Reports of dental, laboratory and x-ray services (if applicable).
 10. Changes in patient's response to the activity and therapeutic recreation program.
 11. A discharge summary, signed and dated by the attending physician within one (1) month of discharge from the facility.
- (b) Retention of records. After patient's death or discharge the completed medical record shall be placed in an inactive file and retained for five (5) years or in case of a minor, three (3) years after the patient reaches the age of majority under state law, whichever is the longest.

Section 4. Provision of Services. (1) Physician services.

(a) The health care of every patient shall be 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, rehabilitative services, diet, special procedures recommended for the health and safety of the patient, activities, plans for continuing care and discharge.

(b) Patients shall be evaluated by a physician at least once every thirty (30) days for the first sixty (60) days following admission. Subsequent to the sixtieth day following admission, the patients shall be evaluated by a physician every sixty (60) days unless justified and documented by the attending physician in the patient's medical record. There shall be evidence in the patient's medical record of the physician visits to the patient at appropriate intervals.

(c) There shall be evidence in the patient's medical record that the patient's attending physician has made ar-

range for the medical care of the patient in the physician's absence.

(d) Availability of physicians for emergency care. The facility shall have arrangements with one (1) or more physicians who will be available to furnish necessary medical care in case of an 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.

(2) Nursing services.

(a) 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 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:

1. Shall receive treatments, medication, and diets as prescribed;
2. Shall receive proper care to prevent decubiti and shall be kept comfortable, clean and well-groomed;
3. Shall be protected from accident and injury by the adoption of indicated safety measures;
4. Shall be treated with kindness and respect.

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

1. Rehabilitative nursing care initiated in the hospital shall be continued immediately upon admission to the facility.

2. Nursing personnel shall be taught rehabilitative nursing measures and shall practice them in their daily care of patients. These measures shall include:

- a. Maintaining good body alignment and proper positioning of bedfast patients;
- b. 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;
- c. 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;

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

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

(c) Dietary supervision. Nursing personnel shall assure that patients are served diets as prescribed. Patients needing help in eating shall be assisted promptly upon receipt of meals. 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.

(d) 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.

1. 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, what are the patient's preferences, what methods and approaches are most successful, and what modifications are necessary to insure best results.

2. Nursing care plans shall be available for use by all nursing personnel.

3. Nursing care plans shall be reviewed and revised as needed.

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

(3) Specialized rehabilitative services.

(a) Rehabilitative services shall be provided upon written order of the physician which indicates anticipated goals and prescribes specific modalities to be used and frequency of physical, speech and occupational therapy services.

(b) Therapy services shall include:

1. Physical therapy which includes:

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

b. 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.

2. Speech therapy which includes:

a. Service in speech pathology or audiology;

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

c. Determination and recommendation of appropriate speech and hearing services.

3. Occupational therapy services which include:

a. Assisting the physician in his evaluation of the patient's level of function by applying diagnostic and prognostic tests;

b. Guiding the patient in his use of therapeutic creative and self care activities for improving function.

(c) Therapists shall collaborate with the facility's medical and nursing staff in developing the patient's total plan of care.

(d) Ambulation and therapeutic equipment. Commonly used ambulation and therapeutic equipment necessary for services offered shall be available for use in the facility such 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.

(4) Personal care services. Personal care services shall include: assistance with bathing, shaving, cleaning and trimming of fingernails and toenails, cleaning of the mouth and teeth, and washing, grooming and cutting of hair.

(5) Pharmaceutical services.

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

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

(c) If the facility does not have a pharmacy department, it shall have provision for promptly obtaining prescribed drugs and biologicals from a community or institutional pharmacy holding a valid pharmacy permit issued by the Kentucky Board of Pharmacy, pursuant to KRS 315.035.

(d) 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 pharmacist shall dispense drugs from the drug supply, properly label them and make them available to appropriate licensed nursing personnel.

3. Provisions shall be made for emergency withdrawal of medications from the drug supply.

(e) An emergency medication kit approved by the facility's professional personnel shall be kept readily available. The facility shall maintain a record of what drugs are in the kit and document how the drugs are used.

(f) Medication services.

1. Conformance with physician's orders. All medications administered to patients shall be ordered in writing by the patient's physician. Telephone orders shall be given only to a licensed nurse or pharmacist 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 the facility's written policy on stop orders. The registered nurse or pharmacist and prescribing physician shall review the patient's medical profile at least every two (2) 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 to be released to patients on discharge only on the written authorization of the physician.

2. Administration of medications. All medications shall be administered by licensed medical or nursing personnel in accordance with the Medical Practice Act (KRS 311.530 to 311.620) and Nurse Practice Act (KRS Chapter 314) or by personnel who have completed a state approved training program. The administration of oral and topical medicines by certified medicine technicians shall be under the supervision of licensed medical or nursing personnel. Intramuscular injections shall be administered by a licensed nurse or a physician. If intravenous injections are necessary they shall be administered by a licensed physician or registered nurse. Each dose administered shall be recorded in the medical 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 (1) patient shall not be administered to any other patient.

d. Self-administration of medications by patients shall not be permitted except 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 medical record as well as on an incident report.

f. Up-to-date medication reference texts and sources of information shall be provided for use by the nursing staff (e.g., the American Hospital Formulary Service of the American Society of Hospital Pharmacists, Physicians Desk Reference or other suitable references).

3. Labeling and storing medications.

a. All medications shall be plainly labeled with the patient's name, the name of the drug, strength, name of pharmacy, prescription number, date, physician name, caution statements and directions for use except where ac-

cepted modified unit dose systems conforming to federal and state laws are used. The medications of each patient shall be kept and stored in their original containers and transferring between containers shall be prohibited. All medicines kept by the facility shall 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 shall be kept in a separate locked box of adequate size in the refrigerator in the medication area. Drugs for external use shall be stored separately from those administered by mouth and injection. Provisions shall also be made for the locked separate storage of medications of deceased and discharged patients until such medication is surrendered or destroyed in accordance with federal and state laws and regulations.

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. Cabinets shall be well lighted and sufficient size to permit storage without crowding.

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

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

4. Controlled substances. Controlled substances shall be kept under double lock (e.g., in a locked box in a locked cabinet). There shall be a controlled substances record, in which is recorded the name of the patient, the date, time, kind, dosage, balance remaining 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, or staff who supervised the self-administration. In addition, there shall be a recorded and signed schedule II controlled substances count daily, and schedule III, IV and V controlled substances count once per week by those persons who have access to controlled substances. All controlled substances which are left over after the discharge or death of the patient shall be destroyed in accordance with KRS 218A.230, or 21 CFR 1307.21, or sent via registered mail to the Controlled Substances Enforcement Branch of the Kentucky Department for Human Resources.

5. Use of restraints or protective devices. If a patient becomes disturbed or unmanageable, the patient's physician shall be notified in order to evaluate and direct the patient's care. No form of restraints or protective devices shall be used except under written orders of the attending physician.

a. Protective devices. Protective devices may be used to protect the patient from falling from a bed or chair. The least restrictive form of protective device shall be used which affords the patient the greatest possible degree of mobility. In no case shall a locking device be used.

b. Physical restraint. Restraints that require lock and key shall not be used. 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 the proper application and observation of this equipment. Restraints shall be checked at least every one-half ($\frac{1}{2}$) hour and released at least ten (10) minutes every two (2) hours. The checks and releases of restraints shall be recorded in the patient's medical record as they are completed. Such records shall document the rationale or justification for the use of the procedure, a description of

the specific procedures employed, and the physician's order. Restraints shall be used only as a therapeutic measure to prevent the patient from causing physical harm to self or others. Restraints shall not be used as a punishment, as discipline, as a convenience for the staff, or as a mechanism to produce regression. Restraints shall be comfortable and easily removed in case of an emergency.

c. Chemical restraints. 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.

6. Communicable diseases.

a. No patient shall knowingly be admitted to the facility with a communicable disease which is reportable to the health department, pursuant to KRS Chapter 214 and applicable regulations except a (non-infectious) tuberculosis patient under continuing medical supervision for his tuberculosis disease.

b. If, after admission, a patient is suspected of having a communicable disease that would endanger the health and welfare of other patients, the administrator shall assure that a physician is contacted and that appropriate measures are taken on behalf of the patient with the communicable disease and the other patients.

(6) Diagnostic services. The facility shall have provisions for obtaining required clinical laboratory, x-ray and other diagnostic services. Laboratory services may be obtained from a laboratory which is part of a licensed hospital or a laboratory licensed pursuant to KRS 333.030 and any regulations promulgated thereunder. Radiology services shall be obtained from a service licensed or registered pursuant to KRS 211.842 to 211.852 and any regulations promulgated thereunder. If the facility provides its own diagnostic services, the service 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 medical record.

(7) 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 in-service 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.

(8) Social services.

(a) 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.

1. 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.

2. As soon as possible after admission, there shall be an 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.

3. Where there are indications that financial help will be

needed, arrangements shall be made promptly for referral to an appropriate agency.

4. 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.

5. 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.

(b) 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.

1. The staff member responsible for social services shall participate in clinical staff conferences and confer with the attending physician at intervals during the patient's stay in the facility, and there shall be evidence in the record of such conferences.

2. The staff member and nurses responsible for the patient's care shall confer frequently and there shall be evidence of effective working relationships between them.

3. 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 medical record for the benefit of all staff involved in the care of the patient.

(9) 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 shall be made for purposeful activities which are suited to the needs and interests of patients.

(a) The activity leader shall use, to the fullest possible extent, community, social and recreational opportunities.

(b) Patients shall be encouraged but not forced to participate in such activities. Suitable activities are provided for patients unable to leave their rooms.

(c) Patients who are able and who wish to do so shall be assisted to attend religious services.

(d) Patients' request to see their clergymen shall be honored and space shall be provided for privacy during visits.

(e) Visiting hours shall be flexible and posted to permit and encourage visiting friends and relatives.

(f) 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.

(10) 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 the patient's safety.

(b) The facility shall arrange for appropriate transportation in case of medical emergencies.

(11) Residential services.

(a) 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. When a facility contracts for food service with an outside food management company, the company shall provide a qualified dietician on a full-time, part-time or consultant basis to the facility. The qualified dietician shall have continuing liaison with the medical and nursing staff of the facility for recommendations on dietetic policies affecting patient care. The company shall comply with all of the appropriate requirements for dietary services in this regulation.

1. Therapeutic diets. If the designated person responsible for food service is not a qualified dietician or nutritionist, consultation by a qualified dietician or qualified nutritionist shall be provided.

2. Dietary staffing. There shall be sufficient food service personnel employed and their working hours, schedules of hours, on duty and days off shall be posted. If any food service personnel are assigned duties outside the dietary department, the duties shall not interfere with the sanitation, safety or time required for regular dietary assignments.

3. Menu planning.

a. Menus shall be planned, written and rotated to avoid repetition. Nutrition needs shall be met in accordance with the current recommended dietary allowances of the Food and Nutrition Board of the National Research Council adjusted for age, sex and activity, and in accordance with physician's orders.

b. Meals shall correspond with the posted menu. Menus must be planned and posted one (1) week in advance. When changes in the menu are necessary, substitutions shall provide equal nutritive value and the changes shall be recorded on the menu and all menus shall be kept on file for thirty (30) days.

c. 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 dietician 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 conference.

4. Food preparation and storage.

a. There shall be at least a three (3) day supply of food to prepare well balanced palatable meals. Records of food purchased for preparation shall be on file for thirty (30) days.

b. Food shall 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.

c. At least three (3) meals per day shall be served with not more than a fifteen (15) hour span between the substantial evening meal and breakfast. Between-meal snacks to include an evening snack before bedtime shall be offered to all patients. Adjustments shall be made when medically indicated.

d. Foods 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 the 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 foods served, nutritional substitutions shall be offered.

e. All opened containers or left over food items shall be covered and dated when refrigerated.

5. Serving of food. When a patient cannot be served in the dining room, trays shall be provided for bedfast patients and shall rest on firm supports such as overbed tables. Sturdy tray stands of proper height shall be provided for patients able to be out of bed.

a. 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 within a reasonable length of time.

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

6. Sanitation. All facilities shall comply with all applicable provisions of KRS 219.011 to KRS 219.081 and 902 KAR 45:005 (Kentucky's Food Service Establishment Act and Food Service Code). The Division for Licensing and Regulation, Office of the Inspector General, Department for Human Resources shall carry out the provisions of this Act as they relate to inspections, follow-up and recommendations for issuance and revocation of food service permits.

(b) Housekeeping and maintenance services.

1. The facility shall maintain a clean and safe facility free of unpleasant odors. Odors shall be eliminated at their source by prompt and thorough cleaning of commodes, urinals, bedpans and other obvious sources.

2. An adequate supply of clean linen shall be on hand at all times. Soiled clothing and linens shall receive immediate attention and shall not be allowed to accumulate. Clothing or bedding used by one (1) patient shall not be used by another until it has been laundered or dry cleaned.

3. 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. Equipment or areas used to transport or store soiled linen shall not be used for handling or storing of clean linen.

4. Soiled linen shall be sorted and laundered in the soiled linen room in the laundry area. Handwashing facilities with hot and cold water, soap dispenser and paper towels shall be provided in the laundry area.

5. Clean linen shall be sorted, dried, ironed, folded, transported, stored and distributed in a sanitary manner.

6. Clean linen shall be stored in clean linen closets on each floor, close to the nurses' station.

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

8. Patients' personal clothing shall be laundered as often as is necessary. Laundering of patients' personal clothing shall be the responsibility of the facility unless the patient or the patient's family accepts this responsibility. Patient's personal clothing laundered by or through the facility shall be marked to identify the patient-owner and returned to the correct patient.

9. Maintenance. The premises shall be well kept and in good repair. Requirements shall include:

a. The facility shall insure that the grounds are well kept and the exterior of the building, including the sidewalks, steps, porches, ramps and fences are in good repair.

b. The interior of the building including walls, ceilings, floors, windows, window coverings, doors, plumbing and

electrical fixtures shall be in good repair. Windows and doors shall be screened.

c. 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.

d. 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. The compounds shall be stored under lock.

(c) Room accommodations.

1. Each patient shall be provided a standard size bed or the equivalent at least thirty-six (36) inches wide, 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 patients comfortable. Rubber or other impervious sheets shall be placed over the mattress cover whenever necessary. Beds occupied by patients shall be placed so that no patient may experience discomfort because of proximity to radiators, heat outlets, or by exposure to drafts.

2. The facility shall provide window coverings, bedside tables with reading lamps (if appropriate), comfortable chairs, chest or dressers with mirrors, a night light, and storage space for clothing and other possessions.

3. Patients shall not be housed in unapproved rooms or unapproved detached buildings.

4. Basement rooms shall not be used for sleeping rooms for patients.

5. Patients may have personal items and furniture when it is physically feasible.

6. There shall be a sufficient number of tables provided that can be rolled over a patient's bed or be placed next to a bed to serve patients who cannot eat in the dining room.

7. Each living room or lounge area and recreation area shall have an adequate number of reading lamps, and tables and chairs or settees of sound construction and satisfactory design.

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

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

Section 5. 902 KAR 20:047E, Nursing homes; operations and services, is hereby repealed.

FRANK W. BURKE, SR., Chairman

ADOPTED: November 11, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: November 13, 1981 at 1:30 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Frank W. Burke, Sr., Chairman, Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40621.

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

902 KAR 20:051. Operation and services; intermediate care.

RELATES TO: KRS 216B.010 to 216B.130, 216B.990(1)(2)

PURSUANT TO: KRS 13.082, 216B.040, 216B.105(3)

NECESSITY AND FUNCTION: KRS 216B.040 and 216B.105(3) mandate 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.

Section 1. Scope of Operations and Services. Intermediate care facilities are establishments with permanent facilities including inpatient beds. Services provided include twenty-four (24) hour supervision of patients, services including physician, nursing, pharmaceutical, personal care, activities and residential services. Patients in an intermediate care facility must have a physical or mental condition that requires intermittent nursing services along with continuous supervision of the activities of daily living.

Section 2. Definitions. (1) "Activities of daily living" means activities of self-help (e.g., being able to feed, bathe and/or dress oneself), communication (e.g., being able to place phone calls, write letters and understanding instructions) and socialization (e.g., being able to shop, being considerate of others, working with others and participating in activities).

(2) "Administrator" means a person who is licensed as a nursing home administrator pursuant to KRS 216A.080.

(3) "Board" means the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board.

(4) "Facility" means an intermediate care facility.

(5) "License" means an authorization issued by the Board for the purpose of operating an intermediate care facility and offering intermediate care services.

(6) "PRN medications" means medications administered as needed.

(7) "Protective devices" means devices that are designed to protect a person from falling, to include side rails, safety vest or safety belt.

(8) "Qualified dietician" or "nutritionist" means:

(a) A person who has a bachelor of science degree in foods and nutrition, food service management, institutional management or related services and has successfully completed a dietetic internship or coordinated undergraduate program accredited by the American Dietetic Association (ADA) and is a member of the ADA or is registered as a dietician by ADA; or

(b) A person who has a master's degree in nutrition and is a member of ADA or is eligible for registration by ADA; or

(c) A person who has a bachelor of science degree in home economics and three (3) years of work experience with a registered dietician.

(9) "Restraint" means any pharmaceutical agent or physical or mechanical device used to restrict the movement of a patient or the movement of a portion of a patient's body.

Section 3. Administration and Operation. (1) Licensee.

The licensee shall be legally responsible for the facility and for compliance with federal, state and local laws and regulations pertaining to the operation of the facility.

(2) Administrator.

(a) All facilities shall have an administrator who is responsible for the operation of the facility and who shall delegate such responsibility in his absence. The administrator shall not be the nursing services supervisor in a facility with more than sixty (60) beds.

(b) The licensee shall contract for professional and supportive services not available in the facility as dictated by the needs of the patient. The contract shall be in writing.

(3) 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 require and maintain written recommendations or comments from consultants regarding the program and its development on a per visit basis.

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

(d) A written report of any incident or accident involving a patient (including medication errors or drug reactions), visitor or staff shall be made and signed by the administrator or nursing service supervisor, and any staff member who witnessed the incident. The report shall be filed in an incident file.

(4) Policies. The facility shall establish written policies and procedures that govern all services provided by the facility. The written policies shall include:

(a) Patient care and services to include physician, nursing, pharmaceutical (including medication stop orders policy), and residential services.

(b) Adult and child protection. The facility shall have written policies which assure the reporting of cases of abuse, neglect or exploitation of adults and children to the Department for Human Resources pursuant to KRS Chapter 209 and KRS 199.335.

(c) Use of restraints. The facility shall have a written policy that addresses the use of restraints and a mechanism for monitoring and controlling their use.

(d) Missing patient procedures. The facility shall have a written procedure to specify in a step-by-step manner the actions which shall be taken by staff when a patient is determined to be lost, unaccounted for or on other unauthorized absence.

(5) Patient rights. Patient rights shall be provided for pursuant to KRS 216.510 to 216.525.

(6) Admission.

(a) Patients shall be admitted only upon the referral of a physician. The facility shall admit only persons who have a physical or mental condition which requires intermittent nursing services and continuous supervision of activities of daily living. The facility shall not admit persons whose care needs exceed the capability of the facility.

(b) Upon admission the facility shall obtain the patient's medical diagnosis, physician's orders for the care of the patient and the transfer form. Within seventy-two (72) hours after admission the facility shall obtain a medical evaluation from the patient's physician including current medical findings, medical history and physical examination. The medical evaluation may be a copy of the discharge summary or history and physical report from a hospital or long-term facility if done within fourteen (14) days prior to admission.

(c) Before admission the patient and a responsible member of his family or committee shall be informed in writing of the established policies of the facility including

fees, reimbursement, visitation rights during serious illness, visiting hours, type of diets offered and services rendered.

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

(7) Discharge planning. The facility shall have a discharge planning program to assure the continuity of care for patients being transferred to another health care facility or being discharged to the home.

(8) Transfer procedures and agreements.

(a) The facility shall have written transfer procedures and agreements for the transfer of patients to other health care facilities which can provide a level of inpatient care not provided by the facility. Any facility which does not have a transfer agreement in effect but which documents a good faith attempt to enter into such an agreement shall be considered to be in compliance with the licensure requirement. The transfer procedures and agreements shall specify the responsibilities each institution assumes in the transfer of patients and establish responsibility for notifying the other institution promptly of the impending transfer of a patient and arrange for appropriate and safe transportation.

(b) When the patient's condition exceeds the scope of services of the facility, the patient, upon physician's orders (except in cases of emergency), shall be transferred promptly to a hospital or a skilled nursing facility, or services shall be contracted for from another community resource.

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

(d) Except in an emergency, the patient, his next of kin, or guardian, if any, and the attending physician shall be consulted in advance of the transfer or discharge of any patient.

(e) When a transfer is to another level of care within the same facility, the complete medical record or a current summary thereof shall be transferred with the patient.

(f) If the patient is transferred to another health care facility or home to be cared for by a home health agency, a transfer form shall accompany the patient. The transfer form shall include at least: physician's orders (if available), current information relative to diagnosis with history of problems requiring special care, a summary of the course of prior treatment, special supplies or equipment needed for patient care, and pertinent social information on the patient and his family.

(9) Personnel.

(a) Job descriptions. Written job descriptions shall be developed for each category of personnel, to include qualifications, lines of authority and specific duty assignments.

(b) Employee records. 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, records of in-service training and ongoing education, and the employee's name, address and social security number.

(c) Staffing requirements.

1. The facility shall have adequate personnel to meet the needs of the patients on a twenty-four (24) hour basis.

The number and classification of personnel required shall be based on the number of patients and the amount and kind of personal care, nursing care, supervision and program needed to meet the needs of the patients as determined by medical orders and by services required by this regulation.

2. When the staff/patient ratio does not meet the needs of the patients, the Division for Licensing and Regulation shall determine and inform the administrator in writing how many additional personnel are to be added and of what job classification and shall give the basis for this determination.

3. A 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.

4. Volunteers shall not be counted to make up minimum staffing requirements.

5. Supervision of nursing services shall be by a registered nurse or licensed practical nurse employed on the day shift seven (7) days per week. The supervisor shall have training in rehabilitative nursing. When a licensed practical nurse serves as the supervisor, consultation shall be provided by a registered nurse at regular intervals, not less than four (4) hours weekly. The responsibilities of the nursing services supervisor shall include:

a. Developing and maintaining nursing service objectives, standards of nursing practice, nursing procedure manuals, and written job descriptions 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 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 skills available.

h. Assuring that a written monthly assessment of the patient's general condition is completed.

i. Assuring that the establishment, review and modification of nursing care plans for each patient is done by licensed nursing personnel.

j. Assuring that all medications are administered by licensed personnel or by other personnel who have completed a state-approved training program.

k. Monthly reviewing of each patient's medications and notifying the physician when changes are appropriate.

6. The facility shall employ a licensed pharmacist on a full-time, part-time or consultant basis to direct pharmaceutical services.

7. Each facility shall have a full-time person designated by the administrator, responsible for the total food service operation of the facility and on duty a minimum of thirty-five (35) hours each week.

8. Each facility shall designate a person for the following areas who will be responsible for:

a. Medical records;

b. Arranging for social services; and

c. Developing and implementing the activities program and therapeutic recreation.

9. Supportive personnel, consultants, assistants and

volunteers shall be supervised and shall function within the policies and procedures of the facility.

(d) Health requirements. All employees shall have a test for tuberculosis either prior to or within the first week of employment and annually thereafter. No employee contracting an infectious disease shall appear at work until the infectious disease can no longer be transmitted.

(e) Orientation program. The facility shall conduct an orientation program for all new employees to include review of all facility policies (that relate to the duties of their respective jobs), services and emergency and disaster procedures.

(f) In-service training.

1. All employees shall receive in-service training and ongoing education to correspond with the duties of their respective jobs.

2. All nursing personnel shall receive in-service or continuing education programs at least quarterly.

(10) Medical 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 record. The records shall be held confidential. The records shall be in ink or typed and shall be legible. Each entry shall be dated and signed. Each record shall include:

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; and date of admission.

2. Admitting medical evaluation by a physician including current medical findings, medical history, physical examination and diagnosis. (The medical evaluation may be a copy of the discharge summary or history and physical report from a hospital, skilled nursing facility if done within fourteen (14) days prior to admission.)

3. The physician's dated and signed orders for medication, diet, and therapeutic services.

4. Physician's progress notes describing significant changes in the patient's condition, written at the time of each visit.

5. Findings and recommendations of consultants.

6. A medication sheet which contains the date, time given, name of each medication dosage, name of prescribing physician and name of person who administered the medication.

7. Nurse's notes indicating changes in patient's condition, actions, responses, attitudes, appetite, etc. Nursing personnel shall make notation of response to medications, response to treatments, mode and frequency of PRN medications administered, condition necessitating administration of PRN medication, reaction following PRN medication, visits by physician and phone calls to the physician, medically prescribed diets and preventive, maintenance or rehabilitative nursing measures.

8. Written assessment of the patient's monthly general condition.

9. Reports of dental, laboratory and x-ray services (if applicable).

10. Changes in patient's response to the activity and therapeutic recreation program.

11. A discharge summary, signed and dated by the attending physician within one (1) month of discharge from the facility.

(b) Retention of records. After patient's death or discharge the completed medical record shall be placed in

an inactive file and retained for five (5) years or, in case of a minor, three (3) years after the patient reaches the age of majority under state law, whichever is the longest.

Section 4. Provision of Services. (1) General requirements.

(a) Patient care 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. The equipment shall include:

1. Wheelchairs with brakes;
2. Walkers;
3. Bedside rails;
4. Bedpans and urinals (permanent or disposable);
5. Emesis basins and wash basins (permanent or disposable);
6. Footstools;
7. Bedside 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.

(b) Communicable diseases.

1. No patient shall knowingly be admitted to the facility with a communicable disease which is reportable to the health department, pursuant to KRS Chapter 214 and applicable regulations except a (non-infectious) tuberculosis patient under continuing medical supervision for his tuberculosis disease.

2. If, after admission, a patient is suspected of having a communicable disease that would endanger the health and welfare of other patients the administrator shall assure that a physician is contacted and that appropriate measures are taken on behalf of the patient with the communicable disease and the other patients.

(c) Use of restraints or protective devices.

1. If a patient becomes disturbed or unmanageable, the patient's physician shall be notified in order to evaluate and direct the patient's care.

2. No form of restraints or protective devices shall be used except upon written orders of the attending physician.

a. Protective devices. Protective devices may be used to protect the patient from falling from a bed or chair. The least restrictive form of protective device shall be used which affords the patient the greatest possible degree of mobility. In no case shall a locking device be used.

b. Physical restraint. Restraints that require lock and key shall not be used. 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 the proper application and observation of this equipment. Restraints shall be checked at least every one-half (½) hour and released at least ten (10) minutes every two (2) hours. The checks and releases of restraints shall be recorded in the patient's medical record as they are completed. Such records shall document the rationale or justification for the use of the procedure, a description of the specific procedures employed, and the physician's order. Restraints shall be used only as a therapeutic measure to prevent the patient from causing physical harm to self or others. Restraints shall not be used as a punishment, as discipline, as a convenience for the staff, or as a

mechanism to produce regression. Restraints shall be comfortable and easily removed in case of an emergency.

c. Chemical restraints. 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.

(2) Physician services. All patients shall be under the medical supervision of a licensed physician. These services shall include:

(a) Physician's visit for medical evaluation as often as necessary and in no case less often than every sixty (60) days, unless justified and documented by the attending physician in the patient's medical report.

(b) Physician services for medical emergencies available on a twenty-four (24) hour, seven (7) days-a-week basis.

(3) Nursing services. Nursing services shall include:

(a) The establishment of a nursing care plan for each patient. Each plan shall be reviewed and modified as necessary, or at least quarterly. Each plan shall include goals and nursing care needs;

(b) Rehabilitative nursing care to achieve and maintain the highest degree of function, self-care and independence. Rehabilitative measures shall be practiced on a twenty-four (24) hour, seven (7) day week basis. Those procedures requiring medical approval shall be ordered by the attending physician. Rehabilitative measures shall include:

1. Positioning and turning. Nursing personnel shall encourage and 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 or active range of motion.

3. Bowel and bladder training. Nursing personnel shall make every effort to train 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.

(c) Administration of medications including oral, rectal, hypodermic, and intramuscular;

(d) Written monthly assessment of the patient's general condition by licensed nursing personnel;

(e) Treatments such as: enemas, irrigations, catheterizations, applications of dressings or bandages, supervision of special diets;

(f) The recording of any changes, as they occur, in the patient's condition, actions, responses, attitudes, appetite, etc.

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

1. Procedures 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 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, unless medically contraindicated. If the patient cannot move himself, he shall have his position changed as often as necessary but not less than every two (2) hours.

(4) Pharmaceutical services.

(a) The facility shall provide appropriate methods and

procedures for obtaining, dispensing, and administering drugs and biologicals, developed with the advice of a licensed pharmacist or a pharmaceutical advisory committee which includes one (1) or more licensed pharmacists.

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

(c) If the facility does not have a pharmacy department, it shall have provision for promptly obtaining prescribed drugs and biologicals from a community or institutional pharmacy holding a valid pharmacy permit issued by the Kentucky Board of Pharmacy, pursuant to KRS 315.035.

(d) An emergency medication kit approved by the facility's professional personnel shall be kept readily available. The facility shall maintain a record of what drugs are in the kit and document how the drugs are used.

(e) Medication requirement and services.

1. 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 the facility's written policy on stop orders. The nurse or consultant and the prescribing physician shall review the patient's medical 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 shall be released to patients on discharge or visits only after being labeled appropriately and on the written authorization of the physician.

2. Administration of medications. All medications shall be administered by licensed nurses or personnel who have completed a state-approved training program. Each dose administered shall be recorded in the medical record. Intramuscular injections shall be administered by a licensed nurse or a physician. If intravenous injections are necessary they shall be administered by a licensed physician or registered nurse.

a. The nursing station shall have items required for the proper administration of medications.

b. Medications prescribed for one (1) patient shall not be administered to any other patient.

c. Self-administration of medications by patients shall not be permitted except on special order of the patient's physician and a predischARGE program under the supervision of a licensed nurse.

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 medical record as well as on an incident report.

3. The facility shall provide up-to-date medication reference texts for use by the nursing staff (e.g., Physician's Desk Reference).

4. Labeling and storing medications. All medications shall be plainly labeled with the patient's name, the name of the drug, strength, name of pharmacy, prescription number, date, physician name, caution statements and directions for use except where accepted modified unit dose systems conforming to federal and state laws are used. The medications of each patient shall be kept and stored in their original containers and transferring between containers shall be prohibited. All medicines kept by the facility shall 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 shall be kept in a separate locked box of adequate size in the refrigerator in the medication area. Drugs for external use shall be stored separately from those administered by mouth and injection. Provisions shall also be made for the locked separate storage of medications of deceased and discharged patients until such medication is surrendered or destroyed in accordance with federal and state laws and regulations.

5. Controlled substances. Controlled substances shall be kept under double lock (e.g., in a locked box in a locked cabinet). There shall be a controlled substances record, in which is recorded the name of the patient; the date, time, kind, dosage, balance remaining 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, or staff who supervised the self-administration. In addition, there shall be a recorded and signed schedule II controlled substances count daily, and schedule III, IV and V controlled substances count once per week by those persons who have access to controlled substances. All controlled substances which are left over after the discharge or death of the patient shall be destroyed in accordance with KRS 218A.230, or 21 CFR 1307.21, or sent via registered mail to the Controlled Substances Enforcement Branch of the Kentucky Department for Human Resources.

(5) Personal care services.

(a) All facilities shall provide services to assist patients to achieve and maintain good personal hygiene including the level of assistance necessary with:

1. Bathing of the body to maintain clean skin and freedom from offensive odors. In addition to assistance with bathing, the facility shall provide soap, clean towels, and wash cloths for each patient. Toilet articles such as brushes and combs shall not be used in common.

2. Shaving.

3. Cleaning and trimming of fingernails and toenails.

4. Cleaning of the mouth and teeth to maintain good oral hygiene as well as care of the lips to prevent dryness and cracking. All patients shall be provided with tooth brushes, a dentifrice, and denture containers, when applicable.

5. Washing, grooming, and cutting of hair.

(b) The staff shall encourage and assist the patients to dress in their own street clothing (unless otherwise indicated by the physician).

(6) Dental services. The facility shall assist patients in obtaining dental services. Conditions necessitating dental services shall be noted and such dental procedures and services provided shall be recorded in the patient's record.

(7) Social services. The facility shall provide or arrange for social services as needed by the patient.

(a) Social services shall be integrated with other elements of the plan of care.

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

(c) Social services records shall be maintained as an integral part of case record maintained on each patient.

(8) Activities and therapeutic recreation.

(a) All facilities shall provide a program to stimulate physical and mental abilities to the fullest extent, to encourage and develop a sense of usefulness and self respect and to prevent, inhibit or correct the development of symptoms of physical and mental regression due to illness or old age. The program shall provide sufficient variety to meet the needs of the various types of patients in the facility. When possible, the patient shall be included in the planning of activities.

(b) All facilities shall meet the following program requirements:

1. Staff. A person designated by the administrator shall be responsible for the program.

2. A program shall be developed for each patient and shall be incorporated in the patient's plan of care and revised according to the patient's needs. Changes in his response to the program shall be recorded in the medical record.

3. There shall be a planned and supervised activity period each day. The schedule shall be current and posted.

4. The program shall be planned for group and individual activities, both within and outside of the facility, weather permitting.

5. The person responsible for activities shall maintain 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.

6. A living or recreation room and outdoor recreational space shall be provided for patients and their guests.

7. The facility shall provide supplies and equipment for the activities program.

8. Reading materials, radios, games and TV sets shall be provided for the patients.

9. The program may 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 shall be acted upon as soon as possible, and an area of private consultation shall be made available.

10. The facility shall allow the patient to leave the facility to visit, shop, attend church, or other social activities provided this does not endanger his health or safety.

(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 the patient's safety.

(b) The facility shall arrange for appropriate transportation in case of medical emergencies.

(10) Residential care services. All facilities shall provide residential care services to all patients including: room accommodations, housekeeping and maintenance services, and dietary services. All facilities shall meet the following requirements relating to the provision of residential care services.

(a) Room accommodations.

1. Each patient shall be provided a standard size bed at least thirty-six (36) inches wide, 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 patients comfortable. Rubber or other impervious sheets shall be placed over the mattress cover whenever necessary. Beds occupied by patients shall be placed so that no patient may experience discomfort because of proximity to radiators, heat outlets, or by exposure to drafts.

2. The facility shall provide window coverings, bedside tables with reading lamps (if appropriate), comfortable chairs, chest or dressers with mirrors, a night light, and storage space for clothing and other possessions.

3. Patients shall not be housed in unapproved rooms or unapproved detached buildings.

4. Basement rooms shall not be used for sleeping rooms for patients.

5. Patients may have personal items and furniture when it is physically feasible.

6. There shall be a sufficient number of tables provided that can be rolled over a patient's bed or be placed next to a bed to serve patients who cannot eat in the dining room.

7. Each living room or lounge area and recreation area shall have an adequate number of reading lamps, and tables and chairs or settees of sound construction and satisfactory design.

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

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

(b) Housekeeping and maintenance services.

1. The facility shall maintain a clean and safe facility free of unpleasant odors. Odors shall be eliminated at their source by prompt and thorough cleaning of commodes, urinals, bedpans and other obvious sources.

2. An adequate supply of clean linen shall be on hand at all times. Soiled clothing and linens shall receive immediate attention and shall not be allowed to accumulate. Clothing or bedding used by one (1) patient shall not be used by another until it has been laundered or dry cleaned.

3. 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. Equipment or areas used to transport or store soiled linen shall not be used for handling or storing of clean linen.

4. Soiled linen shall be sorted and laundered in the soiled linen room in the laundry area. Handwashing facilities with hot and cold water, soap dispenser and paper towels shall be provided in the laundry area.

5. Clean linen shall be sorted, dried, ironed, folded, transported, stored and distributed in a sanitary manner.

6. Clean linen shall be stored in clean linen closets on each floor, close to the nurses' station.

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

8. Patients' personal clothing shall be laundered by the facility as often as is necessary. Patients' personal clothing shall be laundered by the facility unless the patient or the patient's family accepts this responsibility. Patients capable of laundering their own personal clothing and wishing to do so may, instead, be provided the facilities to do so. Patient's personal clothing laundered by the facility shall be marked to identify the patient-owner and returned to the correct patient.

9. Maintenance. The premises shall be well kept and in good repair. Requirements shall include:

a. The facility shall insure that the grounds are well kept and the exterior of the building, including the sidewalks, steps, porches, ramps and fences are in good repair.

b. The interior of the building including walls, ceilings, floors, windows, window coverings, doors, plumbing and electrical fixtures shall be in good repair. Windows and doors shall be screened.

c. 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.

d. 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. The compounds shall be stored under lock.

(c) 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. When a facility contracts for food service with an outside food management company, the company shall provide a qualified dietician on a full-time, part-time or consultant basis to the facility. The qualified dietician shall have continuing liaison with the medical and nursing staff of the facility for recommendations on dietetic policies affecting patient care. The company shall comply with all of the appropriate requirements for dietary services in this regulation.

1. Therapeutic diets. If the designated person responsible for food service is not a qualified dietician or nutritionist, consultation by a qualified dietician or qualified nutritionist shall be provided.

2. Dietary staffing. There shall be sufficient food service personnel employed and their working hours, schedules of hours, on duty and days off shall be posted. If any food service personnel are assigned duties outside the dietary department, the duties shall not interfere with the sanitation, safety or time required for regular dietary assignments.

3. Menu planning.

a. Menus shall be planned, written and rotated to avoid repetition. Nutrition needs shall be met in accordance with the current recommended dietary allowances of the Food and Nutrition Board of the National Research Council adjusted for age, sex and activity, and in accordance with physician's orders.

b. Meals shall correspond with the posted menu. Menus must be planned and posted one (1) week in advance. 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.

c. 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 dietician 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.

4. Food preparation and storage.

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

b. Food shall 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.

c. At least three (3) meals per day shall be served with not more than a fifteen (15) hour span between the substantial evening meal and breakfast. Between-meal snacks to include an evening snack before bedtime shall be offered to all patients. Adjustments shall be made when medically indicated.

d. Foods 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 the 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 foods served, nutritional substitutions shall be offered.

e. All opened containers or left-over food items shall be covered and dated when refrigerated.

5. Serving of food. When a patient cannot be served in the dining room, trays shall be provided for bedfast patients and shall rest on firm supports such as overbed tables. Sturdy tray stands of proper height shall be provided for patients able to be out of bed.

a. 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.

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

6. Sanitation. All facilities shall comply with all applicable provisions of KRS 219.011 to KRS 219.081 and 902 KAR 45:005 (Kentucky's Food Service Establishment Act and Food Service Code). The Division for Licensing and Regulation, Office of the Inspector General, Department for Human Resources shall carry out the provisions of this Act as they relate to inspections, follow-up and recommendations for issuance and revocation of food service permits.

Section 5. 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.

Section 6. 902 KAR 20:050E, Intermediate care facilities; operations and services, is hereby repealed.

FRANK W. BURKE, SR., Chairman

ADOPTED: November 11, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: November 13, 1981 at 1:30 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Frank W. Burke, Sr., Chairman, Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40621.

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

902 KAR 20:058. Operation and services; primary care center.

RELATES TO: KRS 216B.010 to 216B.130, 216B.990(1)(2)

PURSUANT TO: KRS 13.082, 216B.040, 216B.105(3)

NECESSITY AND FUNCTION: KRS 216B.040 and 216B.105(3) mandate 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.

Section 1. Scope of Operation and Services. A primary care center is a community-oriented organization with permanent facilities that provides the entry point into the health care delivery system to patients of all ages, in a defined geographic service area. A primary care center provides a variety of preventive, diagnostic, therapeutic and referral services 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.

Section 2. Definitions. (1) "Center" means a primary care center.

(2) "Qualified dietician" or "nutritionist" means:

(a) A person who has a bachelor of science degree in foods and nutrition, food service management, institutional management or related services and has successfully completed a dietetic internship or coordinated undergraduate program accredited by the American Dietetic Association (ADA) and is a member of the ADA or is registered as a dietician by ADA; or

(b) A person who has a master's degree in nutrition and is a member of ADA and is eligible for registration by ADA; or

(c) A person who has a bachelor of science degree in home economics and three (3) years of work experience with a registered dietician.

Section 3. Administration and Operations. (1) Licensee.

(a) The licensee shall be legally responsible for the center and for compliance with federal, state and local laws and regulations pertaining to the operation of the center.

(b) The licensee shall establish written policies, for the administration and operation of the service.

(2) Administrator. All centers shall have an administrator who shall be responsible for the operation of the center and shall delegate such responsibility in his absence.

(3) Policies.

(a) Administrative policies. The center shall have written administrative policies covering all aspects of the center's operation, including:

1. A description of organizational structure, staffing and allocation of responsibility and accountability;

2. A description of referral linkages with inpatient facilities and other providers;

3. Policies and procedures for the guidance and control of personnel performances;

4. A description of services included in the center's program;

5. A description of the administrative and patient care records and reports;

6. A policy for an expense and revenue accounting system following generally accepted accounting procedures; and

7. A policy to specify the provision of emergency medical service.

(b) Patient care policies. Patient care policies shall be developed by the staff physician(s) and other professional staff for all medical aspects of the center's program to include:

1. Written protocol(s) (i.e., standing orders, rules of practice, medical directives) applying to service provided by the center both for preventive health services as well as for illness and injury which explicitly direct the step-by-step collection of subjective and objective data from the patient. The protocols shall further direct data analysis and direct explicit medical action depending upon the data collected and also include the rationale for each decision

made. The protocols shall be signed by the licensed staff physician of the center.

2. The center shall have patient care policies for patients held in the center's holding-observation accommodations.

(c) A system shall be established such that, when feasible, 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.

(d) Patient rights policies. The center shall adopt written policies regarding the rights and responsibilities of patients. These patients' rights policies shall assure that each patient:

1. Is informed of these rights and of all rules and regulations governing patient conduct and responsibilities, including a procedure for handling patient grievances.

2. 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.

3. 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.

4. 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. Upon the patient's request 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.

5. Is assured confidential treatment of his records 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.

6. 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.

(4) Personnel.

(a) Primary care provider team. The center shall have one (1) or more full-time licensed physician(s) and one (1) or more full-time advanced registered nurse practitioner(s) or one (1) or more full-time registered nurse(s).

1. Physician. The physician, shall be in active practice, and shall be responsible for all medical aspects of the center, and shall provide direct medical services in accordance with the Medical Practice Act, KRS Chapter 311. Physicians employed by or having an agreement with the center to perform direct medical services shall be qualified to practice general medicine (e.g., general practitioners, family practitioners, obstetrician/gynecologists, pediatricians, and internists). 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. Nurses. The advanced registered nurse practitioner(s) and the registered nurse(s) shall provide services within their respective scope of practice pursuant to KRS Chapter 314.

(b) In-service training. All center personnel shall participate in ongoing in-service training programs relating to their respective job activities. These programs shall include thorough job orientation for new personnel, regular in-service training programs, emphasizing professional com-

petence and the human relationship necessary for effective health care.

(5) Medical records.

(a) The center shall maintain a type of family-centered medical records identifying all family members (a single patient may be considered a family unit). Medical records shall contain at least the following:

1. Medical and social history, including data obtainable from other providers;

2. Description of each medical visit or contact, to include condition or reason necessitating visit or contact, assessment, diagnosis, services provided, medications and treatments prescribed, and disposition made;

3. Reports of all laboratory, x-ray, and other test findings;

4. Documentation of all referrals made, to include reason for referral, to whom patient was referred, and any information obtained from referral source.

(b) Confidentiality of all patient records shall be maintained at all times.

(c) Transfer of records. The center shall establish systematic procedures to assist in continuity of care where the patient moves to another source of care, and the center shall, upon proper release, transfer medical records or an abstract thereof when requested.

(d) Retention of records. After patient's death or discharge the completed medical record shall be placed in an inactive file and retained for five (5) years or in case of a minor, three (3) years after the patient reaches the age of majority under state law, whichever is the longest.

(6) Linkage agreements.

(a) The center shall have linkages through written agreements with providers of other levels of care which may be medically indicated to supplement the services available in the center. These linkages shall include:

1. Hospitals; and

2. Emergency medical transportation services in the service area.

(b) 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 patient referred to the center.

(c) The written transfer agreements shall include designation of:

1. Responsibility for transfer of information;

2. Responsibility for provision of transportation;

3. Responsibility for sharing of services, equipment, and personnel;

4. Responsibility for provision of total care or portions thereof in relation to facility and agency capability.

(d) 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.

(7) Utilization review and medical audit. In order to determine the appropriateness of the services delivered, the center shall establish procedures for the 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 shall be a written plan for utilization review developed by the center including frequency of reviews and composition of the body conducting the review.

Section 4. Provision of Services. (1) Hours of operation and coverage. Scheduled hours of the center's operation

shall reasonably accommodate the various segments of the population served. Provisions shall be made for scheduled evening hours and/or weekend hours if needed.

(2) 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.

1. The center shall provide emergency medical services during the regularly scheduled hours for treatment of injuries and minor trauma.

2. The center shall post in a conspicuous area at the entrance, visible from the outside of the center, the hours that emergency medical services will be available in the center, and where emergency medical services not provided by the center can be obtained during and after the center's regular scheduled hours of operation.

(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.

(f) Laboratory, x-ray and treatment services shall be provided directly or arranged through other providers.

(3) Supplemental services.

(a) The center shall provide additional professional services to complement the basic services provided in the program of the center. At least two (2) of the following services shall be provided by the center at some time during the scheduled hours of operation, either directly or by contract on site. The center shall establish linkages with those supplemental services which currently exist in the service area and which are not provided directly or by contract by the center to include:

1. Pharmacy: licensed pharmacist;

2. Dentistry: licensed dentist;

3. Optometry: licensed optometrist or ophthalmologist;

4. Midwifery services: certified nurse midwife;

5. Family planning;

6. Nutrition: qualified dietitian or nutritionist;

7. Social service counseling: licensed social worker; and

8. Home health: licensed home health agency.

(b) Any center which does not have a linkage agreement with the above listed supplemental services but which documents a good faith attempt to enter into such a linkage agreement, shall be exempt from the linkage agreement requirement.

(4) 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). The extension shall comply with the minimum staffing requirements of subsection (b) of Section 3 of this regulation.

(a) The center shall have written policies and procedures pertaining to all aspects of the extension service, including patient care (including protocols) and patient 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 licensee 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.

(5) 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 shall not 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) The decision to hold a patient shall be the responsibility of a physician(s) on the medical staff of the center.

(c) A registered nurse shall be on duty at the center when a patient is held in the center's accommodations beyond regular scheduled hours.

(6) Plan of care. The center shall establish and periodically update a written plan of care of all patients and/or family units, reflecting staff discussion of all medical and social information obtained relative to the patient and his family.

(7) Telephone screening and referral. The center shall provide telephone screening and referral services for prospective patients after regularly scheduled hours of operation.

Section 5. 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.

Section 6. 902 KAR 20:059E, Primary care center; operation and services, is hereby repealed.

FRANK W. BURKE, SR., Chairman

ADOPTED: November 11, 1981

APPROVED: W. GRADY STUMBO, Secretary
RECEIVED BY LRC: November 13, 1981 at 1:30 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING
TO: Frank W. Burke, Sr., Chairman, Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40621.

DEPARTMENT FOR HUMAN RESOURCES

Bureau for Health Services

Certificate of Need and Licensure Board

902 KAR 20:078. Operations and services; group homes.

RELATES TO: KRS 216B.010 to 216B.130, 216B.990(1)(2)

PURSUANT TO: KRS 13.082, 216B.040, 216B.105(3)

NECESSITY AND FUNCTION: KRS 216B.040 and 216B.105(3) mandate 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 group homes and the services to be provided by group homes.

Section 1. Scope of Operations. A group home is a facility providing a homelike environment and specialized services in accordance with individualized habilitation plans to not less than four (4) nor more than eight (8) persons with mental retardation or developmental disabilities at a location not adjacent to or part of a mental health or mental retardation institution.

Section 2. Definitions. (1) "Mental retardation" means a significantly sub-average general intellectual functioning existing concurrently with deficiencies in adaptive behavior which is first manifested during the developmental period.

(2) "Developmental disability" means a severe chronic disability which is attributable to a mental or physical impairment or combination of mental and physical impairments manifested before the person attains the age of twenty-two (22) and is likely to continue indefinitely. This disability results in substantial limitations in areas of major life activity including self-care, receptive and expressive language, learning, mobility, capacity for independent living and economic sufficiency and requires individually planned and coordinated services of a lifelong or extended duration.

(3) "Normalization principle" is the utilization of means which are as culturally normative as possible in order to establish and maintain personal behavior and characteristics which are as culturally normative as possible.

(4) "Qualified mental retardation or developmental disability professional" means:

(a) A physician with specialized training or one (1) year of experience in treating persons with mental retardation or developmental disabilities; or

(b) A psychologist with a doctoral or master's degree from an accredited program with specialized training or one (1) year of experience in treating persons with mental retardation or developmental disabilities; or

(c) An educator with at least a bachelor's degree in education and with specialized training or one (1) year of experience in working with persons with mental retardation or developmental disabilities; or

(d) A social worker with at least a bachelor's degree from an accredited program and with specialized training or one (1) year of experience working with persons having mental retardation or developmental disabilities, or a field other than social work and at least three (3) years of social work experience under the supervision of a qualified social worker; or

(e) A licensed physical therapist or an 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 who has specialized training or one (1) year of experience in treating persons with mental retardation or developmental disabilities; or

(f) A speech pathologist or audiologist who has been granted a certificate of clinical competence by 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 persons with mental retardation or developmental disabilities; or

(g) A registered nurse who has specialized training or one (1) year of experience in treating persons with mental retardation or developmental disabilities; or

(h) A therapeutic recreation specialist who is a graduate of an accredited program and licensed or registered by the state if required; or

(i) A rehabilitation counselor who is certified by the Committee on Rehabilitation Counselor Certification.

Section 3. Administration and Operations. (1) Licensee. The licensee shall be legally responsible for the group home and for compliance with federal, state and local laws and regulations pertaining to the operation of the home.

(2) Manager. The group home shall have a manager who is responsible for the full-time operation of the home and for implementing programs as delineated. The manager shall be at least twenty-one (21) years of age and a high school graduate or equivalent.

(3) In the absence of the manager, responsibility shall be delegated to a similarly qualified staff person, to be on site when residents are present for implementation of the program.

(4) Advisory board. Each group home 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 an advisory board and shall meet at least quarterly. The advisory board shall be composed of at least three (3) members and shall include representatives from each of the following groups:

(a) Mental retardation/developmental disability representative from regional mental health/mental retardation board;

(b) Parents or guardians of an individual with mental retardation or developmental disability or a consumer advocate knowledgeable of the needs of group home residents; and

(c) A qualified mental retardation or developmental disability professional.

(5) Policies. The licensee shall develop with the input of the advisory board:

(a) Written outline of the objectives and goals it is striving to achieve. Such outline shall be available for distribution to staff, consumer groups and the interested public.

(b) Written policies which include:

1. Current routine operational procedures;

2. Procedures for the protection of resident's rights;

3. Procedures for the protection of the resident's financial interests; and

4. Procedures for the reporting of cases of abuse, neglect or exploitation of adults and children to the Department for Human Resources pursuant to KRS Chapter 209 and KRS 199.335.

(6) The licensee shall incorporate the normalization principle into its objectives and shall implement programs consistent with this principle.

(7) The licensee shall establish job descriptions and qualifications for all group home personnel and shall delegate necessary authority for the daily management of the group home program.

(8) The licensee shall conduct a program evaluation annually.

(9) The way residents are represented to the public shall be appropriate to the purposes and programs of the group home and these terms shall not emphasize mental retardation or deviancy.

(10) The advisory board shall appoint a services committee which shall be responsible for:

(a) All decisions pertaining to resident admissions, transfers and discharges.

(b) Assuring that a comprehensive habilitation plan is established for each resident on an individual basis.

(11) The services committee shall:

(a) Be composed of the manager and two (2) other persons both of whom shall be qualified mental retardation and developmental disability professionals.

(b) Utilize appropriate evaluations in determining eligibility for admission based on 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 habilitation plan.

(12) 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 or her tuberculosis disease. Within thirty (30) days prior to or within fourteen (14) days after admission, all residents must have a physical examination.

(13) For all individuals who are admitted to the group home, the services committee shall assure that the following information is a part of the resident's record:

- (a) Persons to contact in case of emergency;
- (b) Next of kin;
- (c) Legal competency status and presence or absence of committee; and
- (d) Financial resources.

Section 4. Personnel. (1) The group home shall employ an adequate number of supervisory and direct care personnel and establish an on-call procedure to assure that the home has staff present when residents are present.

(2) Volunteers may be utilized but not substituted for the employment of full- or part-time staff.

(3) The group home shall provide an orientation program for all employees to include:

- (a) History or retardation;
- (b) Normalization principle;
- (c) Habilitation planning techniques; and
- (d) Basic first aid.

(4) A regular inservice program for the entire staff shall be conducted at least four (4) times a year. Volunteers may participate in such program.

Section 5. Services. (1) Within thirty (30) days after admission to the facility the services committee shall establish a comprehensive habilitation plan for each resident. The resident's habilitation plan shall be reviewed at least every ninety (90) days. In all cases, whether children or adults, the resident or resident's representatives shall participate in the development of the comprehensive habilitation plan.

(a) Such plan shall address the following:

- 1. Sensorimotor needs;
- 2. Communicative needs;
- 3. Social needs;
- 4. Emotional needs;
- 5. Educational needs; and
- 6. Vocational training needs.

(b) The individual habilitation plan shall outline the responsible parties for meeting each of the above listed needs.

(c) Each resident's habilitation plan shall be maintained as an integral part of the resident's records.

(2) Availability of services. The licensee shall assure that a comprehensive array of services is available as needed by each resident of the group home. These services shall be

obtained from agencies through a written agreement. The following components shall be available:

(a) Medical services, including emergency medical services and an annual physical examination. For women this examination shall include gynecological services.

(b) Dental services to include at least two (2) visits annually.

(c) Psychological and psychiatric services, to be available as needed according to the resident's habilitation plan.

(d) Physical therapy.

(e) Social services, to include individual, group and family counseling as appropriate, according to individual needs.

(f) Occupational rehabilitative services, to include vocational counseling, planning and training as appropriate, according to individual needs.

(g) Speech therapy and/or audiology services, as needed.

(h) Public education for school age persons in accordance with Public Law 94-142.

(i) Recreational opportunities to provide the resident with adequate physical fitness and constructive leisure time activities.

Section 6. Physical Standards. The ultimate aim of the environment and design for 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 his or her environment. To this end the following shall be required:

(1) Location.

(a) Group homes can be located in urban, suburban or rural settings, but shall not be isolated from the mainstream of their community, and must be in an area zoned for residential use where applicable. The residence shall have the style and appearance of neighborhood houses.

(b) The group home shall be located within thirty (30) minutes driving time of resident's day program locations, medical and other professional services; and the usual array of essential merchants: groceries, clothing stores, drug stores, etc. The home shall be located within sixty (60) minutes driving time of a hospital.

(c) Group homes shall not be located in house trailers or motor homes.

(2) Resident accommodations:

(a) The residence shall house no less than four (4) nor more than eight (8) 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) Bedrooms shall contain no more than two (2) beds with a minimum of sixty (60) square feet in single rooms and eighty (80) square feet in multiple rooms. Beds shall be no less than thirty-three (33) inches wide and six (6) feet long. Bunk beds shall not be used.

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

(e) Closet space and drawer space shall be provided for personal belongings.

(f) Residents shall not be housed in rooms, 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.

(g) Appropriate sanitary toilet and bathing facilities shall be conveniently available for resident use with one (1) toilet, lavatory and shower/tub for each six (6) persons residing in the home, including residents and staff.

(h) Adequate ventilation in all resident use areas shall be maintained. Each resident bedroom shall have an exterior screened window which may be opened.

(i) If a private source of water is used the group home shall annually obtain written certification from an appropriate agency that the supply is safe and sanitary. An ample supply of hot and cold running water shall be available at all times.

(j) The group home shall have adequate lighting by natural or artificial means in each hall, stairway, entryway, vestibule, resident area, kitchen, and bathroom.

(k) A heating system which can maintain an even temperature, and is capable of maintaining seventy-two (72) degrees Fahrenheit in resident used areas shall be provided.

(l) 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.

(m) Adequate laundry facilities shall be available in the home or a conveniently located laundromat may be used.

(n) Telephone service shall be provided to the residents. This service shall be accessible to the residents and shall afford a degree of privacy.

(o) Resident staff living quarters. Resident staff living quarters shall provide privacy. Resident staff includes managers.

(3) 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 shall conform to safety requirements pursuant to 815 KAR 10:020, as amended.

(c) The group home shall conform to requirements for plumbing pursuant to 815 KAR 20:010 to 20:019, as amended.

(d) The group home shall conform to requirements for making buildings and facilities accessible to and usable by the physically handicapped pursuant to KRS 198B.260 and regulations promulgated thereunder.

(e) The group home shall comply with applicable state and local laws relating to sanitation including insect and rodent control.

Section 7. Resident Care and Safety. (1) Dietary.

(a) The group home shall provide at least three (3) meals per day with not more than a fifteen (15) hour span between the substantial evening meal and breakfast. One (1) or more of these meals may be provided outside the group home depending upon the resident's habilitation 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 off the floor in such a manner as to be protected from dust, insects, rodents, birds, or other forms of contamination. All 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 of forty-five (45) degrees Fahrenheit or below. A thermometer that is easily readable shall be placed in each refrigerator and freezer.

(2) Housekeeping and sanitation.

(a) The facility shall be kept in good repair, 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.

(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 lids.

(3) Emergency procedures.

(a) Each group home shall have a fire control and evacuation plan to be practiced at least quarterly with all staff and residents 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, the fire department, and a physician for emergencies shall be posted by all telephones 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 prescription medications administered to residents shall be noted in writing, with the date, time and dosage, and signed by the person administering the medication. All medications shall be plainly labeled with the patient's name, the name of the drug, strength, name of pharmacy, prescription number, date, physician name, caution statement and directions for use.

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

(c) Medications in the home shall be kept in a locked cabinet. Controlled substances shall be kept under double lock (e.g., in a locked box in a locked cabinet). There shall be a controlled substances record, in which is recorded the name of the patient; the date, time, kind, dosage, balance remaining 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, or staff who supervised the self-administration.

(d) Self-administration of prescription medications shall be allowed only upon the written instructions of the client's attending physician.

(e) Each individual who requires prescription medication shall receive medical supervision which includes regular evaluation of the individual's response to the medication including appropriate monitoring and laboratory assessment.

(f) The group home shall comply with all federal and state laws and regulations relating to the procurement, storage, dispensing, administration and disposal of drugs subject to the Federal Controlled Substance Act.

(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 freedom of worship.

(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 personal belongings.

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

(7) Residents shall be allowed free movement within the group home and shall have access to all common living areas.

(8) Residents shall have access to the community.

Section 9. 902 KAR 20:077E, Group home standards; operations and services, is hereby repealed.

FRANK W. BURKE, SR., Chairman

ADOPTED: November 11, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: November 13, 1981 at 1:30 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Frank W. Burke, Sr., Chairman, Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40621.

DEPARTMENT FOR HUMAN RESOURCES

Bureau for Health Services

Certificate of Need and Licensure Board

902 KAR 20:091. Facilities specifications, operation and services; community mental health-mental retardation center.

RELATES TO: KRS 216B.010 to 216B.130, 216B.990(1)(2)

PURSUANT TO: KRS 13.082, 216B.040, 216B.105(3)

NECESSITY AND FUNCTION: KRS 216B.040 and 216B.105(3) mandate 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, services, and facility specifications of community mental health-mental retardation centers.

Section 1. Scope of Operations and Services. A community mental health-mental retardation center provides a comprehensive range of accessible and coordinated mental health-mental retardation services, including direct services and indirect mental health and mental retardation services, to the population of a designated regional service area as required by KRS 210.370 to 210.480.

Section 2. Definitions. (1) "Clinical psychologist" means a clinical psychologist certified or licensed pursuant to KRS Chapter 319.

(2) "Licensee" means the governing body legally responsible for the community mental health center.

(3) "Psychiatric nurse" means a registered nurse who:

(a) Has a master's of science degree in nursing with a specialty in psychiatric or mental health nursing; or

(b) Is a graduate of a four (4) year educational program with a bachelor of science degree in nursing and a minimum of one (1) year of experience in a mental health setting; or

(c) Is a graduate of a three (3) year program with two (2) years of experience in a mental health setting; or

(d) Is a graduate of a two (2) year educational program with an associate degree in nursing with three (3) years of experience in a mental health setting.

(4) "Qualified social worker" means a social worker with a master's degree from an accredited school of social work who is licensed or exempt from licensure pursuant to KRS Chapter 335.

(5) "Center" means the community mental health-mental retardation center.

(6) "Designated regional service area" means the geographical area to be served by the community mental health-mental retardation center as approved by the Secretary of the Department for Human Resources.

Section 3. Administration and Operation. (1) Licensee.

(a) The licensee shall be legally responsible for the center, for the establishment of administrative policies, and for compliance with federal, state, and local laws and regulations pertaining to the operation of the center.

(b) In order to obtain a license or to renew a license to operate a center the licensee shall comply with the requirements of this regulation and the requirements of all statutes and regulations applicable to the services and programs offered by the center (e.g., alcohol and drug abuse programs licensed pursuant to 902 KAR 3:005 to 902 KAR 3:200).

(2) Executive director. The licensee shall designate an executive director, qualified by training and experience, who shall be responsible for the total program of the center and its affiliates in accordance with the center's written policies and for evaluation of the program as it relates to the client's needs.

(3) Policies. The licensee shall establish written policies for the administration and operation of the center which shall be available to staff and which shall include:

(a) A description of the organizational structure which describes responsibilities, functions and interrelations of all units and lines of administrative and clinical authority;

(b) Appropriate methods and procedures for the storage, dispensing and administering of drugs and biologicals;

(c) Grievance procedures for clients;

(d) Confidentiality and use of client records in accordance with federal, state, and local statutes and regulations; and

(e) Personnel policies including:

1. Job descriptions and qualifications for each type of personnel;

2. Wage scales, hours of work, vacation and sick leave;

3. Plans for orientation of all personnel to the policies and objectives of the center and for on-the-job training, where necessary; and

4. Periodic evaluation of employee performance.

(4) Medical records. A medical record shall be maintained for each individual receiving services.

(a) All entries shall be current, dated, signed, and indexed according to the service received.

(b) All medical records shall be retained for a minimum of five (5) years or, in the case of a minor, three (3) years after the client reaches the age of majority, whichever is longer.

(c) All client records shall be kept in locked files and treated as confidential. Information contained in client records shall be disclosed only to authorized persons.

(d) Each medical record shall contain: an identification sheet; information on the purpose for seeking service, a history of findings and treatments rendered, screening information pertaining to the problem, staff notes on services provided, pertinent medical, psychiatric and social information; disposition; assigned status; assigned therapists; and a termination study recapitulating findings and events during treatment, clinical impressions, and condition on termination.

(5) Personnel. Minimum staffing requirements for a community mental health center shall include the following full-time personnel:

(a) A program director who is a psychiatrist, certified or licensed psychologist, psychiatric nurse or a qualified social worker. The program director may also be the executive director;

(b) A board-certified or board-eligible psychiatrist who shall be responsible for treatment planning and provide psychiatric service as indicated by client needs, and shall supervise and coordinate all planning functions in the continual development and improvement of the psychiatric service elements (may be more than one (1) psychiatrist if hours worked are equivalent to a full-time position);

(c) A clinical psychologist who shall provide evaluation and screening services for client as well as individual or group therapy;

(d) A psychiatric nurse who shall provide or supervise nursing service for psychiatric care;

(e) A qualified social worker who shall provide social services as required; and

(f) A person who shall assure that medical records are maintained and that information is immediately retrievable.

Section 4. Services. (1) The center shall provide services in the designated regional service area directly or through contract.

(2) Direct services. The center shall provide a sufficiently wide range of treatments to meet the clients' needs such as: individual, family, or group therapy, play therapy, behavior modification, or chemotherapy.

(3) Treatment plan. Each client receiving direct treatment under the auspices of a community mental health center shall have an individual treatment plan signed by a physician. The treatment plan shall establish a diagnosis and indicate services required, as well as short-term and long-term goals.

(4) The center shall provide:

(a) A therapeutic program for those persons who require less than twenty-four (24) hour a day care, but more than outpatient care (i.e., partial hospitalization, or day care). A psychiatrist shall be present on a regularly scheduled basis to provide consultant services to staff.

(b) Inpatient services through affiliation with a licensed community hospital for persons requiring full-time inpatient care. Any center which does not have an affiliation contract in effect but documents a good faith effort to enter into such a contract shall be considered to be in compliance with this requirement.

(c) Outpatient services on a regularly scheduled basis with arrangements made for non-scheduled visits during times of increased stress or crisis. The outpatient services shall provide diagnosis and evaluation of psychiatric problems and referrals to other services or agencies as indicated by the client's needs.

(d) Emergency services for the immediate evaluation and care of persons in crisis situations on a twenty-four (24) hour a day, seven (7) day a week basis. All components of the emergency service shall be coordinated into a unified program so that clients receiving emergency services can be readily transferred to other services of the center as client needs dictate.

(e) Consultation and education services for individuals and various community agencies and groups to increase the visibility, identifiability, and accessibility of the center and to promote mental health through the distribution of relevant mental health knowledge.

(5) The center shall have a utilization and review plan for the evaluation of the service needs of each client. The need for continuing any service element for each individual 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 appropriate.

(6) Medications. Treatments involving medications and chemotherapy shall be administered under the direction of a licensed physician and:

(a) Records of all medication and chemotherapy used in treatment shall be in the staff notes on a special medications chart in the medical record;

(b) A copy of the prescriptions, with a limit of no more than three (3) refills, shall be kept in the medical record;

(c) Blood and other laboratory tests and examinations shall be performed in accordance with accepted medical practice on all individuals receiving medications prescribed or administered by the center;

(d) Drug supplies shall be stored under proper sanitary, temperature, light and moisture conditions;

(e) All medications kept by the center shall be properly labeled;

(f) Medications shall be stored in originally received containers unless transferred to other containers by a pharmacist or other person licensed to do so; and

(g) All medications kept in the center shall be kept in a locked cabinet. Controlled substances shall be kept under double lock (e.g., in a locked box in a locked cabinet). There shall be a controlled substances record, in which is recorded the name of the patient, the date, time, dosage, balance remaining 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, or staff who supervised the self-administration. Nursing medication cabinets shall be kept locked and access shall be restricted to designated medication nurses.

Section 5. Facility Specifications. (1) The facilities housing community mental health-mental retardation centers shall be general purpose buildings of safe and substantial construction and shall be in compliance with applicable state and local laws relating to zoning, construction, plumbing, safety, and sanitation. The following requirements shall apply where applicable and as adopted by the respective agency authority:

(a) Requirements for safety pursuant to 815 KAR 10:020, as amended; and

(b) Requirements for making buildings and facilities accessible to and usable by the physically handicapped, pursuant to KRS 198B.260 and regulations promulgated thereunder.

(2) Prior to occupancy, the facility shall have final approval from appropriate agencies.

(3) All facilities shall be currently approved by the Fire Marshal's Office in accordance with the Life Safety Code, before relicensure is granted by the licensure agency.

Section 6. 902 KAR 20:090E, Community mental health-mental retardation center services, and 902 KAR 20:095E, Community mental health-mental retardation center facilities, are hereby repealed.

FRANK W. BURKE, SR., Chairman

ADOPTED: November 11, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: November 13, 1981 at 1:30 p.m.

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DEPARTMENT FOR HUMAN RESOURCES

Bureau for Health Services

Certificate of Need and Licensure Board

902 KAR 20:145. Operations and services; rural health clinics.

RELATES TO: KRS 216B.010 to 216B.130, 216B.990(1)(2)

PURSUANT TO: KRS 13.082, 216B.040, 216B.105(3)

NECESSITY AND FUNCTION: KRS 216B.040 and 216B.105(3) authorize the Certificate of Need and Licensure Board to regulate health facilities and health services. This regulation sets forth the requirements for the operation and services of rural health clinics.

Section 1. Scope of Operations and Services. A rural health clinic is a health facility located in a rural area that has a shortage of health manpower as provided by the Rural Health Clinic Services Act of 1977 (Public Law 95-210). Rural Health clinics provide a broad range of diagnostic and treatment services, on an outpatient basis for a variety of health conditions. The clinic does not have to be free-standing, but may be an integral and subordinate part of a licensed health facility, or health service.

Section 2. Administration and Operation. (1) The licensee shall be legally responsible for the operation of the

clinic and for compliance with federal, state, and local laws and regulations pertaining to the operation of the clinic.

(2) The rural health clinic shall be under the medical direction of a physician.

(3) The licensee shall establish written policies, lines of authority, and designate the person who will be principally responsible for the daily operation of the clinic.

(4) The licensee shall develop patient care policies with the advice of a group of professional personnel that include one (1) or more physicians and one (1) or more advanced registered nurse practitioners. At least one (1) member shall not be a member of the rural health clinic staff. The policies shall include:

(a) A description of the services the rural health clinic provides directly and those provided through agreement;

(b) Guidelines for the medical management of health problems which include the conditions requiring medical consultation and/or patient referral, and the maintenance of health records;

(c) Procedures to be followed in the storage, handling, and administration of drugs and biologicals; and

(d) Procedures for review and evaluation of the services provided by the clinic at least annually.

(5) Personnel. The rural health clinic shall have a staff that includes at least one (1) physician and at least one (1) advanced registered nurse practitioner. The clinic shall employ such other staff or ancillary personnel that are necessary to provide the services essential to the clinic's operation.

(a) The physician shall:

1. Be responsible for all medical aspects of the center and shall provide direct medical services in accordance with the Medical Practice Act, KRS Chapter 311. In addition, the physician shall provide medical direction, supervision, and consultation to the staff;

2. In conjunction with the advanced registered nurse practitioner(s), participate in developing, executing, and periodically reviewing the rural health clinic's written policies and services;

3. Periodically review the rural health clinic's patient records, provide medical orders, and provide medical care services to patients of the rural health clinic; and

4. Be present for consultation weekly, and be immediately available (within one (1) hour) through direct telecommunication for consultation, assistance with medical emergencies, or patient referral.

(b) The advanced registered nurse practitioner shall:

1. Participate in the development, execution and periodic review of the written policies governing the services the rural health clinic provides;

2. Participate with the physician in periodic review of patient health records;

3. Provide services in accordance with rural health clinic policies, established protocols, the Nurse Practice Act (KRS Chapter 314), and with regulations promulgated thereunder:

a. Arrange for, or refer patients to needed services that cannot be provided at the rural health clinic;

b. Assure that adequate patient health records are maintained and transferred when patients are referred.

(6) The rural health clinic shall have linkage agreements or arrangements with each of the following:

(a) Inpatient hospital care;

(b) Physician services in a hospital, patient's home, or long term care facility;

(c) Additional and specialized diagnostic and laboratory services that are not available at the rural health clinic;

- (d) Home health agency;
- (e) Local health department;
- (f) Emergency medical services; and
- (g) Pharmacy services.

(7) The rural health clinic shall maintain a clinical record system in accordance with written policies and procedures. A member of the professional staff shall be designated to be responsible for maintaining the records and for insuring that the records are systematically organized, readily accessible and accurately documented.

(8) For each patient receiving health care services, the rural health clinic shall maintain a record that includes, as applicable:

(a) Identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient for each patient contact;

(b) Reports of physical examinations, diagnostic and laboratory test results, and consultative findings;

(c) All orders, reports of treatments rendered and medications given and other pertinent information necessary to monitor the patient's progress;

(d) Signatures of the physician or other health care professionals on each order written or treatment provided.

(9) The rural health clinic shall maintain the confidentiality of medical record information and provide safeguards against loss, destruction, or unauthorized use. Written policies and procedures shall govern the use and removal of records from the clinic and the condition for release of information.

(10) Medical records shall be retained for a minimum of five (5) years or in the case of a minor, three (3) years after the patient reaches the age of majority under state law, whichever is the longer.

(11) The rural health clinic shall carry out or arrange for an annual evaluation of its total program, shall consider the findings of the evaluation, and take corrective action, if necessary. The evaluation shall include:

(a) The utilization of clinic services including at least the number of patients served and the volume of services;

(b) A representative sample of both active and closed clinical records;

(c) The rural health clinic's health care policies.

Section 3. Services. (1) The rural health clinic shall develop and maintain written protocols (i.e. standing orders, rules of practice, and medical directives) which apply to services provided by the center and which explicitly direct the step-by-step collection of subjective and objective data from the patient. The protocols shall further direct data analysis, direct explicit medical action depending upon the data collected and include rationale for each decision made. The protocols shall be signed by the staff physician.

(2) The rural health clinic staff shall furnish those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care delivery system. These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.

(3) The rural health clinic shall provide basic laboratory services essential to the immediate diagnosis and treatment of the patient, including:

(a) Chemical examinations of urine by stick or tablet methods or both (including urine ketones);

(b) Microscopic examinations of urine sediment;

(c) Hemoglobin or hematocrit;

(d) Blood sugar;

(e) Gram stain;

(f) Examination of stool specimens for occult blood;

(g) Pregnancy tests;

(h) Primary culturing for transmittal to a hospital laboratory or licensed laboratory; and

(i) Test for pinworms.

(4) The rural health clinic shall provide medical emergency procedures as a first response to common life-threatening injuries and acute illness, and have available the drugs and biologicals commonly used in life-saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.

(5) The clinic shall post in a conspicuous area at the entrance, visible from the outside of the clinic, the hours that emergency medical services will be available in the clinic, and where emergency medical services not provided by the clinic can be obtained during and after the clinic's regular scheduled hours of operation.

FRANK W. BURKE, SR., Chairman

ADOPTED: November 12, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: November 13, 1981 at 1:30 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Frank W. Burke, Sr., Chairman, Kentucky Health Facilities and Health Services, Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40621.

DEPARTMENT FOR HUMAN RESOURCES Bureau for Social Insurance

904 KAR 2:100. Home energy assistance program; eligibility, criteria.

RELATES TO: KRS 194.050

PURSUANT TO: KRS 13.082, 194.050

NECESSITY AND FUNCTION: The Department for Human Resources is authorized by KRS 194.050 to administer a program to provide assistance for eligible low income households within the Commonwealth of Kentucky to offset the rising costs of home energy that are excessive in relation to household income. This regulation sets forth the eligibility and payments criteria for each of two (2) components of energy assistance, regular and crisis, under the Home Energy Assistance Program (HEAP).

Section 1. Application. Each household requesting assistance shall be required to complete an application and provide such information as may be deemed necessary to determine eligibility and payment amount in accordance with the procedural requirements prescribed by the department.

Section 2. Definitions. Terms used in HEAP are defined as follows: (1) "Principal residence" is that place where a person is living voluntarily and not on a temporary basis; the place he/she considers home; the place to which, when absent, he/she intends to return; and such place is identifiable from other residences, commercial establishments, or institutions.

(2) "Energy" is defined to include electricity, gas, and any other fuel such as coal, wood, oil, bottled gas, etc., that is used to sustain reasonable living conditions.

(3) "Household" is defined as one (1) or more persons who share common living arrangements in a principal residence within the Commonwealth of Kentucky.

(4) A "fully vulnerable household" is any household which pays all energy costs directly to the energy provider or any household which rents nonsubsidized housing whose energy costs are included in the rent payment.

(5) "Regular component" is that portion of benefits reserved as energy assistance for heating for households containing at least one (1) member who is elderly (age sixty (60) or older) or disabled (as defined by Titles II, XVI, and XIX of the Social Security Act).

(6) "Crisis component" is that portion of benefits reserved for use as emergency energy assistance after the regular component is terminated for eligible households in emergency or crisis situations.

Section 3. Eligibility Criteria. A household must meet the following conditions of eligibility for receipt of a HEAP payment:

(1) The household must be fully vulnerable for energy cost.

(2) For purposes of determining eligibility, the amount of continuing and non-continuing earned and unearned gross income including lump sum payments received by the household during the calendar month preceding the month of application will be considered. Income received on an irregular basis will be prorated.

(3) Gross income for the calendar month preceding the month of application must be at or below the applicable amount shown on the income scale for the appropriate size household. Excluded from consideration as income are payments received by a household from a federal, state, or local agency designated for a special purpose and which the applicant must spend for that purpose, payments made to others on the household's behalf, loans, reimbursements for expenses, incentive payments (WIN and CETA) normally disregarded in AFDC, federal payments or benefits which must be excluded according to federal law, and Supplemental Medical Insurance premiums.

Income Scale

Family Size	Monthly	Yearly
1	\$359	\$4,310
2	474	5,690
3	589	7,070
4 or more	704	8,450

(4) Applicants for the crisis component must attest financial inability to obtain or retain energy for heating and that the applicant is or will be without energy for heat within the next fifteen (15) days or has received a final termination notice.

(5) The household must have total liquid assets at the time of application of not more than \$3,000. Excluded assets are cars, household or personal belongings, primary residence, cash surrender value of insurance policies, and prepaid burial policies.

Section 4. Payment Levels. Payment amounts are set at a level to serve a maximum number of households while providing a reasonably adequate payment relative to energy costs. The highest level of assistance will be provided

to households with lowest incomes and highest energy costs in relation to income, taking into account family size.

(1) For the regular component, payments to eligible households will be made for the full benefit amount based on type of energy for heating, monthly household income, and household size as specified in the following benefit scales.

Benefit Scales

Scale A.

Energy Sources: LP Gas (Propane), Fuel Oil, Electricity

Monthly Household Income	Payment Amount	
	Household Size 1 and 2	Household Size 3 or more
\$ 0-\$250	\$225	\$250
\$251-\$500	\$189	\$213
over \$500	\$150	\$175

Scale B.

Energy Sources: Wood, Natural Gas, Coal

Monthly Household Income	Payment Amount	
	Household Size 1 and 2	Household Size 3 or more
\$ 0-\$250	\$175	\$200
\$251-\$500	\$138	\$163
over \$500	\$100	\$125

(2) Benefit amounts for crisis component applicants shall not exceed the amount required to alleviate the crisis, subject to the maximums in the above benefit scales. Payment shall be made for only one (1) crisis per household. Payment amounts shall be determined by whether the energy provider uses a continuous (e.g., monthly, bi-monthly) or noncontinuous (e.g., gets payment at time of each delivery) billing cycle and by whether the applicant has arrearages as follows:

(a) If the energy provider uses a continuous billing cycle, arrearages plus current month charges billed will be paid not to exceed the maximum per household.

(b) If the energy provider uses a noncontinuous billing cycle, payment will be made for the delivery of fuel not to exceed the maximum. Arrearages will not be paid unless there is no other available vendor, and the available vendor will deliver fuel only on receipt of payment for arrearages. In such instances payment for arrearages plus current delivery may not exceed the maximum per household.

(3) If the applicant incurs an indirect fuel cost through a rent payment, the amount of the payment shall be the amount of rent owed for arrearages and the current month, not to exceed the maximum in the benefit chart.

Section 5. Payment Methods. Payments to eligible households will be made as follows:

(1) Payment authorization under the regular component is of two (2) types:

(a) If the recipient utilizes an energy provider who has a continuous billing cycle, payment is authorized by a two-party check paid payable to the provider and the recipient, except that a direct provider payment may be authorized if necessary to obtain energy.

(b) When there is no continuous billing cycle or heating is included as an undesignated portion of rent, payment shall be made by a check payable to the recipient.

(2) Payment authorization under the crisis component is made by two-party check to the provider/landlord and recipient unless the provider/landlord refuses to accept a two-party check. In this instance, the check shall be made payable to the recipient only.

(3) At the recipient's discretion, the total benefit may be made in separate authorizations to facilitate payment to more than one (1) provider (e.g., when the recipient heats with both a wood stove and electric space heaters). However, the total amount of the payments may not exceed maximums. The household will decide how to divide payment if more than one (1) provider is used.

Section 6. Right to a Fair Hearing. Any individual has a right to request and receive a fair hearing in accordance with 904 KAR 2:055.

Section 7. Time Standards. The department shall make an eligibility determination promptly after receipt of a completed and signed application but not to exceed thirty (30) days.

Section 8. Effective Dates. The following shall be the implementation and termination dates for HEAP:

(1) Applications for the regular component shall be accepted beginning January 4, 1982, and ending no later than January 15, 1982, at the close of business.

(2) Applications for the crisis component shall be accepted beginning January 18, 1982.

(3) Applications shall be processed in the order taken until funds are expended. HEAP shall be terminated by the Secretary when actual and projected program expenditures have resulted in utilization of available funds.

(4) HEAP may be reactivated after termination under the same terms and conditions as shown in this regulation should additional federal funds be made available for that purpose.

Section 9. Allocation of Funds. (1) Fifteen (15) percent of the total HEAP allocation shall be reserved for weatherization assistance.

(2) Sixty (60) percent of benefit funds shall be reserved for use in the regular component. Funds shall be allocated for use in each Area Development District (ADD) based on the number of Supplemental Security Income recipients in the ADD. Funds unobligated by the close of business January 15, 1982, shall be available for use in the crisis component.

(3) Forty (40) percent of benefit funds shall be reserved for use in the crisis component. Funds shall be allocated for use in each Area Development District based on the number of households with income at or below 100 percent of poverty level.

(4) As prescribed by the Secretary, up to \$150,000 of benefit funds may be set aside for use in select geographic areas, for the purpose of purchasing alternative means of energy. To the extent this benefit is provided a recipient, it will replace the benefit that household would otherwise receive.

Section 10. Energy Provider Responsibilities. Any provider accepting payment from HEAP for energy provided to eligible recipients is required to comply with the following:

(1) Reconnection of utilities and/or delivery of fuel must be accomplished upon certification for payment;

(2) The household must be charged in the normal billing process the difference between the actual cost of the home

energy and the amount of payment made through this program. For balances remaining after acceptance of the HEAP payment, the customer must be offered the opportunity for a deferred payment arrangement or a level payment plan;

(3) HEAP recipients shall not be treated differently than households not receiving benefits; and

(4) The household on whose behalf benefits are paid shall not be discriminated against, either in the costs of goods supplied or the services provided.

(5) A landlord shall not increase the rent of recipient households on the basis of receipt of this payment.

Section 11. 904 KAR 2:088 and 2:088E, Home energy assistance program, are hereby repealed.

WILLIAM L. HUFFMAN, Commissioner

ADOPTED: November 13, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: November 13, at 2:20 p.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 Division for Unemployment Insurance

904 KAR 5:240. Eligibility standards for extended benefits.

RELATES TO: KRS 341.710

PURSUANT TO: KRS 13.082, 194.050, 341.115

NECESSITY AND FUNCTION: This regulation sets additional criteria for establishing eligibility for extended unemployment insurance benefits; and implements the mandatory federal requirements set forth in Public Law 96-499.

Section 1. An individual shall be ineligible for payment of extended benefits for any week of unemployment in his eligibility period if the secretary finds that during such period:

(1) He fails to accept any offer of suitable work (as defined in Section 5 of this regulation) or fails to apply for any suitable work to which he was referred by the state agency; or

(2) He failed to actively engage in seeking work as prescribed under Section 3 of this regulation.

Section 2. Duration of Ineligibility. Any individual who has been found ineligible for extended benefits by reason of the provisions in Section 1 of this regulation shall be denied benefits beginning with the first day of the week following the week in which such failure occurred and until he has been employed during at least four (4) subsequent weeks (whether or not consecutive) and has earned remuneration equal to not less than four (4) times the extended weekly benefit amount.

Section 3. Active Search for Work. For the purpose of subsection (2) of Section 1 of this regulation an individual shall be treated as actively engaged in seeking work during any week if:

- (1) The individual has engaged in a systematic and sustained effort to obtain work during such week; and
- (2) The individual furnishes tangible evidence that he has engaged in such effort during such week.

Section 4. Referral by the Employment Service. The employment service shall refer any claimant entitled to extended benefits under this Act to any suitable work which meets the criteria prescribed in Section 5 of this regulation.

Section 5. Suitable Work. No work shall be deemed to be suitable work for an individual, nor a disqualification imposed for refusal thereof, which does not accord with the labor standard provisions required by 3304(a)(5) of the Internal Revenue Code of 1954, set forth in KRS 341.100.

(1) For purposes of this regulation, the term "suitable work" means, with respect to any individual, any work which is within such individual's capabilities, provided, however, that the gross average weekly remuneration payable for the work must exceed the sum of:

(a) The individual's extended weekly benefit amount as determined under KRS 341.720; plus

(b) The amount, if any, of supplemental unemployment benefits (as defined in Section 501(e)(17)(D) of the Internal Revenue Code of 1954) payable to such individual for such week; and further

(c) Pays wages not less than the higher of:

1. The minimum wage provided by Section 6(a)(1) of the Fair Labor Standards Act of 1938, without regard to any exemption; or

2. The applicable state or local minimum wage;
(d) Provided, however, that no individual shall be denied extended benefits for failure to accept an offer of or apply for any job which meets the definition of suitability as described above if:

1. The position was not offered to such individual in writing, or listed with the employment service;

2. Such failure could not result in a denial of benefits under the definition of suitable work for regular benefit claimants in KRS 341.100, to the extent that the criteria of suitability in that section are not inconsistent with the provisions of this regulation;

3. The individual furnishes satisfactory evidence to the Commissioner that his or her prospects for obtaining work in his or her customary occupation within a reasonably short period are good. If such evidence is deemed satisfactory for this purpose, the determination of whether any work is suitable with respect to such individual shall be made in accordance with the definition of suitable work for regular benefit claimants in KRS 341.100 without regard to the definition specified by this paragraph.

WILLIAM L. HUFFMAN, Commissioner

ADOPTED: November 6, 1981

APPROVED: W. GRADY STUMBO, Secretary

RECEIVED BY LRC: November 9, 1981 at 9:45 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Secretary, Department for Human Resources, DHR Building, 275 East Main Street, Frankfort, Kentucky 40621.

ADMINISTRATIVE REGULATION REVIEW SUBCOMMITTEE

Minutes of the November 5, 1981 Meeting

(Subject to subcommittee approval at the December meeting.)

The Administrative Regulation Review Subcommittee held its monthly meeting on Thursday, November 5, 1981, at 10 a.m., in Room 327 of the Capitol. Present were:

Members: Representative William T. Brinkley, Chairman; Senators James Bunning and Helen Garrett; and Representatives James E. Bruce and Albert Robinson.

Guests: James True, Monte Gross, and Dave Nicholas, Department of Finance; Dorothy Miller, Board of Examiners of Social Work; Charles McCoy, Department of Labor; William Criscillis and Doug Wheeler, Department of Agriculture; Leon Townsend, Sharon Fields, Donna Smith, Greg Lawther, Terry Morrison, Janet Straub, Sharon Rodriguez and Ked Fitzpatrick, Department for Human Resources; Martha Hall, Department for Natural Resources; Gary Bale, Department of Education; Rhonda Franklin, Robert Goodwin and Jack Dyer, Auditor's Office; Rick Jones, Department of Banking; Richard Lewis and Catherine Staib, Department of Alcoholic Beverage Control; Carl Larsen and George Geoghegan, Kentucky Harness Racing Commission; Phil Thomas and John Tinsley, Department of Transportation; Bill Gray and Don McCormick, Department of Fish and Wildlife; Judith Walden and Gerald Williams, Department of Housing, Buildings and Construction; James Nickerson, Governor's Office; Eric McClain, American Dairy Association of Kentucky; Vivian

Martin, Doris Stilwell, and Charles Causby, National Association of Social Workers; Ann Snelling, Board of Registration for Professional Engineers and Land Surveyors; Mack Morgan and John Hinkle, Kentucky Retail Federation; Ernest Williams, U.S. Department of Labor; Ken Hart, Ky./Ind. Coal Producers Association; Denny Nunnelley, Woodford County Sheriff; John Leinenbach, Blue Grass Chapter—AGC; Jack Farley and Elizabeth Atinay, Architectural Barriers Advisory Commission; Bill Curlen.

LRC Staff: Susan Harding, Cindy De Reamer, O. Joseph Hood, Garnett Evins and Vincent Straub.

Chairman Brinkley announced that a quorum was present and called the meeting to order. On motion of Senator Bunning, seconded by Representative Robinson, the minutes of the October 7 meeting were approved.

The following regulations were deferred until the December 3 meeting for further study:

DEPARTMENT OF FINANCE

Board of Examiners of Social Work

201 KAR 23:070. Specialty certification.

DEPARTMENT OF TRANSPORTATION

Bureau of Vehicle Regulation

Motor Vehicle Dealers

601 KAR 20:070. Suitable premises; signs, multi-businesses.

PUBLIC PROTECTION AND REGULATION CABINET**Department of Alcoholic Beverage Control****Advertising Distilled Spirits and Wine**

804 KAR 1:030. Prohibited statements.

804 KAR 1:100. General advertising practices.

804 KAR 1:101. Repeal of 804 KAR 1:010, 804 KAR 1:020, 804 KAR 2:025, and 804 KAR 3:070.

Advertising Malt Beverages

804 KAR 2:015. Prohibited statements.

Licensing

804 KAR 4:220. Riverboats.

Alcoholic Beverage Control Board

804 KAR 6:010. Procedures.

Representative Robinson moved that the following proposed regulation be accepted by the subcommittee, motion seconded by Representative Bruce:

**DEPARTMENT OF HOUSING,
BUILDINGS AND CONSTRUCTION****Kentucky Building Code**

815 KAR 7:050. Accessibility standards for the physically disabled.

On a roll call vote the motion failed and the regulation was rejected. (Roll call: Yea: Representative Robinson; Nay: Senator Bunning; Pass: Senator Garrett and Representative Bruce.

No action was taken by the subcommittee on the following emergency regulations:

DEPARTMENT FOR HUMAN RESOURCES**Bureau for Social Insurance****Medical Assistance**

904 KAR 1:011E. Technical eligibility requirements.

904 KAR 1:045E. Payments for mental health centers.

Public Assistance

904 KAR 2:046E. Adverse action; conditions.

Food Stamp Program

904 KAR 3:040E. Issuance procedures.

The following regulations were approved by the subcommittee and ordered filed:

AUDITOR OF PUBLIC ACCOUNTS**Audits**

45 KAR 1:020. Audits of county budgets and county fee officials. (As Amended)

DEPARTMENT OF FINANCE**Property**

200 KAR 6:035. Leased properties.

Division of Occupations and Professions**Board of Registration for Professional Engineers and Land Surveyors**

201 KAR 18:040. Fees. (As Amended)

CABINET FOR DEVELOPMENT**Department of Fish and Wildlife Resources****Fish**

301 KAR 1:145. Gear allowed for commercial fishing.

Game

301 KAR 2:086. Limits and seasons for taking migratory birds.

Department of Agriculture**Referendums**

302 KAR 1:040. Manufacturing grade milk.

302 KAR 1:050. Grade A milk.

**DEPARTMENT FOR NATURAL RESOURCES
AND ENVIRONMENTAL PROTECTION****Bureau of Environmental Protection****Existing Source Standards**

401 KAR 61:165. Existing primary aluminum reduction plants.

DEPARTMENT OF EDUCATION**Bureau of Instruction****Instructional Services**

704 KAR 3:281. Repeal of 704 KAR 3:280. (Deferred from October meeting.)

PUBLIC PROTECTION AND REGULATION CABINET**Department of Labor****Labor**

803 KAR 1:090. Handicapped, sheltered workshop, and student employee's wages.

Department of Banking Securities**Credit Unions**

808 KAR 3:030. Conduct of examination of records.

State Racing Commission**Thoroughbred Racing Rules**

810 KAR 1:013. Entries, subscriptions and declarations.

Kentucky Harness Racing Commission**Harness Racing Rules**

811 KAR 1:200. Administration of purses and payments.

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

902 KAR 20:018. Renal dialysis facilities; operation and services.

902 KAR 20:031. Personal care homes; facility specifications.

902 KAR 20:036. Operation and services of personal care homes.

902 KAR 20:041. Operation and services of family care homes.

902 KAR 20:056. Intermediate care; facility specifications.

902 KAR 20:066. Programs for day health care.

902 KAR 20:081. Home health agencies; operations and services.

902 KAR 20:101. Ambulatory surgical center; facility specifications.

902 KAR 20:106. Ambulatory surgical center; operation and services.

902 KAR 20:111. Medical alcohol emergency detoxification centers.

Milk and Milk Products

902 KAR 50:040. Hauler requirements. (As Amended)

Bureau for Social Insurance**Medical Assistance**

904 KAR 1:044. Mental health center services.

904 KAR 1:080. Payments for provider based rural health clinic services.

904 KAR 1:082. Provider based rural health clinic services.

904 KAR 1:084. Payment for medical assistance services furnished out of state. (As Amended)

Food Stamp Program

904 KAR 3:080. Contingency plan.

On motion of Senator Bunning, seconded by Representative Robinson the meeting was adjourned at 12:40 p.m. to meet again on Thursday, December 3 at 10 a.m., room to be arranged at later date.

Administrative Register ^{of} kentucky

Cumulative Supplement

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NOTE: Emergency regulations expire upon being repealed, replaced or sine die adjournment of the next regular session of the General Assembly.

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807 KAR 5:041E	739	3-4-81	904 KAR 1:024E	804	4-1-81	Amended	220	10-1-80
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807 KAR 5:066E	753	3-4-81	Amended	913	9-2-81	904 KAR 1:022		
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902 KAR 14:005E	396	10-14-80	201 KAR 19:040			Amended	357	11-6-80
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