

CHAPTER He-P 800 RESIDENTIAL CARE AND HEALTH FACILITY RULES

PART He-P 805 ASSISTED LIVING RESIDENCE-SUPPORTED RESIDENTIAL HEALTH CARE LICENSING

He-P 805.01 Purpose. The purpose of this part is to set forth the classification of and licensing requirements for assisted living residence - supported residential health care (ALR-SRHC) pursuant to RSA 151:2, I(e)(2) and as described in RSA 151:9, VII(a)(2).

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93, EXPIRED: 7-14-99

New. #8746, eff 10-25-06

He-P 805.02 Scope. This part shall apply to any individual, agency, partnership, corporation, government entity, association or other legal entity operating an assisted living residence at the supported residential health care level pursuant to RSA 151:9, VII(a)(2), except:

- (a) All entities which are owned or operated by the state of New Hampshire; and
- (b) Any home where the total number of licensed or certified beds does not exceed 3 when all the residents receive services:
  - (1) Under a current New Hampshire division of child, youth and families license pursuant to RSA 170-E:27 and 31; or
  - (2) In a certified community residence pursuant to RSA 126-A:20.

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93; ss by #6895, INTERIM, eff 11-26-98, EXPIRED: 3-26-99

New. #8746, eff 10-25-06

He-P 805.03 Definitions.

- (a) "Abuse" means "emotional abuse" or "physical abuse" as defined in this section.
- (b) "Activities of daily living (ADL)" means basic daily routine tasks such as eating, transferring, toileting, bathing, dressing and self-management, monitoring, or supervision of medications.
- (c) "Administer" means "administer" as defined by RSA 318:1, I, namely "an act whereby a single dose of a drug is instilled into the body of, applied to the body of, or otherwise given to a person for immediate consumption or use."
- (d) "Administrative remedy" means an action imposed upon a licensee in response to non-compliance with RSA 151 and He-P 805.
- (e) "Administrator" means the licensee or individual appointed by the licensee to be responsible for all aspects of the daily operation of the licensed premise.

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(f) “Admission” means the point in time when a resident, who has been accepted by a licensee for the provision of services, physically moves into the facility.

(g) “Agent” means an adult to whom authority to make health care decisions is delegated under an activated durable power of attorney for health care executed in accordance with RSA 137-J.

(h) “Applicant” means an individual, agency, partnership, corporation, government entity, association, or other legal entity seeking a license to operate an ALR-SRHC pursuant to RSA 151.

(i) “Assessment” means an evaluation of the resident to determine the care and services that are needed.

(j) “Assisted living residence-supported residential health care (ALR-SRHC)” means a long term care residence providing personal assistance at the supported residential care level pursuant to RSA 151:9, VII(a)(2).

(k) “Care plan” means a written guide developed by the licensee, in consultation with the resident, guardian, agent or personal representative, if any, as a result of the assessment process for the provision of care and services as required by He-P 805.16(j) - He-P 805.16(n).

(l) “Change of ownership” means the transfer of the controlling interest of an established ALR-SRHC to any individual, agency, partnership, corporation, government entity, association or other legal entity.

(m) “Chemical restraints” means any medication prescribed to control a resident’s behavior or emotional state without a supporting diagnosis or for the convenience of program staff.

(n) “Core services” means those services provided by the licensee that are included in the basic rate.

(o) “Commissioner” means the commissioner of the New Hampshire department of health and human services, or his or her designee.

(p) “Days” means calendar days unless otherwise specified in the rule.

(q) “Deficiency” means any action, failure to act or other set of circumstances that cause a licensee to be out of compliance with RSA 151 or He-P 805.

(r) “Department” means the New Hampshire department of health and human services.

(s) “Direct care personnel” means any person providing hands on care and services to a resident.

(t) “Directed plan of correction” means a plan developed and written by the department that specifies the actions the licensee must take to correct identified deficiencies.

(u) “Emergency plan” means a document outlining the responsibilities of personnel in an emergency.

(v) “Emotional abuse” means the misuse of power, authority, or both, verbal harassment, or unreasonable confinement which results or could result in the mental anguish or emotional distress of a resident.

(w) “Exploitation” means the illegal use of a resident’s person or property for another person’s profit or advantage, or the breach of a fiduciary relationship through the use of a person or person’s property for any purpose not in the proper and lawful execution of a trust, including, but not limited to, situations where a person obtains money, property, or services from a resident through the use of undue influence, harassment, duress, deception, or fraud.

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(x) “Guardian” means a person appointed in accordance with RSA 464-A to make informed decisions relative to the resident’s health care and other personal needs.

(y) “Household member” means the caregiver, all family members and any other individuals age 17 or older that reside at the licensed premises for more than 30 days.

(z) “Infectious waste” means those items specified by Env-Wm 2604.01.

(aa) “In-service” means an educational program, which is designed to increase the knowledge, skills, and overall effectiveness of personnel.

(ab) “Inspection” means the process followed by the department to determine an applicant’s or a licensee’s compliance with RSA 151 and He-P 805 or to respond to allegations of non-compliance with RSA 151 and He-P 805.

(ac) “License” means the document issued to an applicant at the start of operation as an ALR-SRHC which authorizes operation in accordance with RSA 151 and He-P 805, and includes the name of the licensee, the name of the business, the physical address, the license category, the effective date and license number.

(ad) “License certificate” means the document issued by the department to an applicant or licensee that, in addition to the information contained on a license, includes the name of the administrator, the type(s) of services authorized and the number of beds that the ALR-SRHC is licensed for.

(ae) “Licensed practitioner” means a:

- (1) Medical doctor;
- (2) Physician's assistant;
- (3) Advanced registered nurse practitioner;
- (4) Doctor of osteopathy; or
- (5) Doctor of naturopathic medicine.

(af) “Licensed premises” means the building that comprises the physical location that the department has approved for the licensee to conduct operations in accordance with its license.

(ag) “Licensee” means any person or other legal entity to which a license has been issued pursuant to RSA 151.

(ah) “Licensing classification” means the specific category of services authorized by a license.

(ai) “Mechanical restraint” means locked, secured or alarmed ALR-SRHC’s or units within an ALR-SRHC, or anklets, bracelets or similar devices that cause a door to automatically lock when approached, thereby preventing a resident from freely exiting the ALR-SRHC or unit within.

(aj) “Medication” means a substance available with or without a prescription, which is used as a curative or remedial substance.

(ak) “Neglect” means an act or omission that results or could result in the deprivation of essential services or supports necessary to maintain the minimum mental, emotional or physical health and safety of a resident.

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(al) “Nursing care plan” means a written guide developed by a nurse in consultation with the resident and guardian, agent, or personal representative, that lists the interventions necessary to meet the resident’s nursing needs.

(am) “Orders” means prescriptions, instructions for treatments, special diets or therapies given by a licensed practitioner, or other professional with prescriptive powers.

(an) “Over-the-counter medications” means non-prescription medications.

(ao) “Patient rights” means the privileges and responsibilities possessed by each resident provided by RSA 151:21.

(ap) “Personal assistance” means providing or assisting a resident in obtaining one or more of the following services:

(1) Assistance with activities of daily living such as grooming, toileting, eating, dressing, getting into or out of a bed or chair, walking, monitoring supervision or administration of medications;

(2) Assistance with other activities such as doing laundry, cleaning of living areas, food preparation, writing letters, obtaining appointments, using the telephone, or engaging in recreational or leisure activities;

(3) Supportive services such as recreational and leisure activities, transportation, social services, legal services, medical, dental, and other health care services, habilitation or rehabilitation services, respite services, or other services required to meet a resident's needs; or

(4) Monitoring a resident's activities to provide for the resident's and others' safety and well being, including general supervision or oversight of the physical and mental well-being of a person who needs assistance to maintain his or her residence in the facility, or who needs assistance to manage his or her personal or financial affairs, regardless of whether a guardian has been appointed for the person.

(aq) “Personal representative” means a person designated in accordance with RSA 151:19, V to assist the resident for a specific, limited purpose or for the general purpose of assisting the resident in the exercise of any rights.

(ar) “Personnel” means individual(s) who provide direct or indirect care or services, or both, to a resident(s).

(as) “Physical abuse” means the use of physical force that results or could result in physical injury to a resident.

(at) “Physical restraint” means the use of hands-on or other physically applied technique to physically limit the resident’s freedom of movement, which includes but are not limited to forced escorts, holding, prone restraints or other containment techniques.

(au) “Plan of correction (POC)” means a plan developed and written by the licensee, which specifies the actions that will be taken to correct identified deficiencies.

(av) “Pro re nata (PRN) medication” means medication taken as circumstances may require.

(aw) “Procedure” means a licensee's written, standardized method of performing duties and providing services.

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(ax) “Protective care” means the provision of resident monitoring services, including but not limited to:

- (1) Knowledge of resident whereabouts; and
- (2) Minimizing the likelihood of accident or injury.

(ay) “Resident” means any person admitted to or in any way receiving care, services or both from a facility licensed in accordance with RSA 151 and He-P 805.

(az) “Resident assessment tool (RAT)” means the document developed by the department to assess the needs of a resident or potential resident as required by RSA 151:5-a, I.

(ba) “Resident record” means a separate file maintained for each person receiving care and services, which includes all documentation required by RSA 151 and He-P 805 and as required by other federal and state law.

(bb) “Respite care” means the admission of a person from his or her primary residence to an ALR-SRHC, on either a planned or emergency basis, for a period not to exceed 21 days in order to relieve the primary caregiver from the demands of providing home-based care.

(bc) “Self administration with supervision” means the resident takes his or her own medication(s) after being prompted by personnel, but without requiring physical assistance from others.

(bd) “Self administration of medication” means an act whereby the resident takes his or her own medication(s) without the assistance of another person.

(be) “Self directed medication administration” means an act whereby a resident, who has a physical limitation that prohibits him or her from self-administering, directs personnel to physically assist in the medication process.

(bf) “Service” means a specific activity performed by the licensee, either directly or indirectly, to benefit or assist a resident.

(bg) “Significant change” means a visible or observable change in functional, cognitive or daily activity ability or limitations of the resident.

(bh) “State monitoring” means the placement of individuals by the department at an ALR-SRHC to monitor the operation and conditions of the facility.

(bi) “Temporary manager” means a person appointed by the department to assume responsibility for the day-to-day operation and administration of an ALR-SRHC.

(bj) “Therapeutic diet” means a diet ordered by a licensed practitioner or other licensed professional with prescriptive authority as part of the treatment for disease, clinical conditions, or increasing or decreasing specific nutrients in the food consumed by the resident.

(bk) “Unexplained absence” means an incident involving a resident leaving the premises of the ALR-SRHC without the knowledge of the ALR-SRHC personnel.

(bl) “Unusual incident” means an occurrence of any of the following while the resident is either in the ALR-SRHC or in the care of ALR-SRHC personnel:

- (1) The unanticipated death of the resident; or

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(2) A negative outcome, an accident, or other circumstance that has resulted in an injury that required treatment by a licensed practitioner.

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93; ss by #6895, INTERIM, eff 11-26-98, EXPIRED: 3-26-99

New. #8746, eff 10-25-06

He-P 805.04 Initial License Application Submission.

(a) Each applicant for a license shall comply with the requirements of RSA 151:4, I-III–a and submit the following to the department:

(1) A completed application form entitled “Application for Residential or Health Care License,” signed by the applicant or 2 of the corporate officers, affirming to the following:

“I affirm that I am familiar with the requirements of RSA 151 and the rules adopted thereunder and that the premises are in full compliance. I understand that providing false information shall be grounds for denial, suspension, or revocation of the license and the imposition of a fine.”

(2) A floor plan of the prospective ALR-SRHC;

(3) If applicable, proof of authorization from the New Hampshire secretary of state to do business in the state of New Hampshire in the form of one of the following:

- a. “Certificate of Authority,” if a corporation;
- b. “Certificate of Formation,” if a limited liability corporation; or
- c. “Certificate of Trade Name,” where applicable;

(4) The applicable fee of \$2.50 per bed, in accordance with RSA 151:5, I(a), payable in cash or, if paid by check or money order, in the exact amount of the fee made payable to the “Treasurer, State of New Hampshire;”

(5) A resume identifying the qualifications of the ALR-SRHC administrator;

(6) Copies of applicable licenses for the ALR-SRHC administrator; and

(7) Written local approvals as follows:

a. For an existing building, the following written local approvals shall be obtained no more than 90 days prior to submission of the application, from the following local officials or if there is no such official(s), from the board of selectmen or mayor:

1. The health officer verifying that the applicant complies with all applicable local health requirements and drinking water and wastewater requirements;
2. The building official verifying that the applicant complies with all applicable state building codes and local building ordinances;
3. The zoning officer verifying that the applicant complies with all applicable local zoning ordinances; and

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4. The fire chief verifying that the applicant complies with the state fire code, including the health care chapter of NFPA 101 as adopted by the department of safety, and local fire ordinances applicable for a health care facility; and

b. For a building under construction, the written approvals required by a. above shall be submitted at the time of the application based on the local official's review of the building plans and again upon completion of the construction project;

(8) A copy of the ALR-SRHC's admission agreement;

(9) A copy of the ALR-SRHC's standard disclosure form;

(10) ALR-Documentation that the water supply has been tested in accordance with RSA 485 and Env-Ws 313.01 and 314.01;

(11) For renewal of a license, documentation that every 3 years the water supply has been tested for bacteria and nitrates and determined to be at acceptable levels, in accordance with Env-Ws 313.01 for bacteria and Env-Ws 314.01 for nitrates; and

(12) A written disclosure from the applicant, including the officers of the board of directors for a corporation and the members of a limited liability corporation, licensee, administrator, and each household member, as applicable, containing a list of any:

a. Convictions in this or any other state;

b. Adjudications of juvenile delinquency;

c. Permanent restraining or protective orders;

d. Findings by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation;

e. An explanation of the circumstances surrounding disclosure of matters described in a. through d. above; and

(13) The results of a criminal records check from the NH Department of Safety for the applicant, including the officers of the board of directors for a corporation and the members of a limited liability corporation, licensee, administrator, and each household member, as applicable.

(b) Information disclosed regarding adjudication of juvenile delinquency, as required by (a)(12)b. above, shall be confidential and shall not be released except in a proceeding involving the question of licensure or revocation of a license, or pursuant to court order.

(c) The applicant shall mail or hand-deliver the documents to:

Department of Health and Human Services  
Health Facilities Administration  
129 Pleasant Street  
Concord, NH 03301

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93; ss by #6895, INTERIM, eff 11-26-98, EXPIRED: 3-26-99

New. #8746, eff 10-25-06

He-P 805.05 Processing of Applications and Issuance of Licenses.

- (a) An application for an initial license shall be complete when the department determines that all items required by He-P 805.04(a) have been received.
- (b) If an application does not contain all of the items required by He-P 805.04(a) the department shall notify the applicant in writing of the items required before the application can be processed.
- (c) Any licensing fee submitted to the department in the form of a check or money order and returned to the state for any reason, shall be processed in accordance with RSA 6:11-a.
- (d) Licensing fees shall not be transferable to any other application(s).
- (e) An inspection shall be completed in accordance with He-P 805.09 prior to the issuance of a license.
- (f) The department shall deny a licensing request in accordance with He-P 805.13(b) after reviewing the information in He-P 805.04(a)(12) and (13) above if, after review, it determines that the applicant, licensee, administrator or a household member has been convicted of a sexual assault or other violent crime, or poses a threat to the health, safety or well-being of a resident.

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93; ss by #6895, INTERIM, eff 11-26-98, EXPIRED: 3-26-99

New. #8746, eff 10-25-06

He-P 805.06 License Expirations and Procedures for Renewals.

- (a) A license shall be valid on the date of issuance and expire the following year on the last day of the month it was issued unless a completed application for renewal has been received.
- (b) Each licensee shall complete and submit to the department an application form pursuant to He-P 805.04(a)(1) at least 120 days prior to the expiration of the current license.
- (c) The licensee shall submit with the renewal application:
  - (1) The materials required by He-P 805.04(a)(1), (4), (11) and (12);
  - (2) The current license number;
  - (3) A request for renewal of any existing waiver previously granted by the department, in accordance with He-P 805.10(f), if applicable; and
  - (4) A statement identifying any variances applied for or granted by the state fire marshal, in accordance with Saf-C 6005.03-.04.
- (d) Following an inspection, a license shall be renewed if the department determines that the licensee:
  - (1) Submitted an application containing all the items required by (c) above, prior to the expiration of the current license;

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(2) If deficiencies were cited at the last licensing inspection or investigation, has submitted a POC that has been accepted by the department and implemented by the licensee; and

(3) Is found to be in compliance with RSA 151 and He-P 805 at the renewal inspection.

(e) Prior to issuing a license, the department shall review any of the information submitted in accordance with He-P 805.04(a)(12) above and deny a license renewal in accordance with He-P 805.05(f).

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93; ss by #6895, INTERIM, eff 11-26-98, EXPIRED: 3-26-99

New. #8746, eff 10-25-06

He-P 805.07 ALR-SRHC Construction, Modifications or Renovations.

(a) Sixty days prior to initiating construction, the ALR-SRHC shall provide to the department notice and plans drawn to scale for construction, renovation or structural alterations for the following:

(1) A new building;

(2) Alterations to a resident's bedroom as specified in He-P 805.24;

(3) Alterations that require approval from local or state authorities; and

(4) Alterations that might effect compliance with the health and safety, fire or building codes, including but not limited to, fire suppression, detection systems and means of egress.

(b) The department shall review plans for construction, renovation or structural alterations of an ALR-SRHC for compliance with all applicable sections of RSA 151 and He-P 805 and notify the applicant or licensee as to whether the proposed changes comply with these requirements.

(c) Department approval shall not be required prior to initiating construction, renovations or structural alterations, however an applicant or licensee who proceeds prior to receiving approval does so at their own risk.

(d) The ALR-SRHC shall comply with the applicable licensing rules.

(e) A licensee or applicant constructing, renovating, or structurally altering a building shall comply with the following:

(1) The state fire code, Saf-C 6000, including but not limited to the health care chapter of NFPA 101, as adopted under RSA 153; and

(2) The state building code as adopted under RSA 155-A:2.

(f) The completed building shall be subject to an inspection pursuant to He-P 805.09 prior to its use.

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93; ss by #6895, INTERIM, eff 11-26-98, EXPIRED: 3-26-99

New. #8746, eff 10-25-06

He-P 805.08 ALR-SRHC Requirements for Organizational or Service Changes.

(a) The ALR-SRHC shall provide the department with written notice at least 30 days prior to changes in any of the following:

- (1) Ownership;
- (2) Physical location;
- (3) Address;
- (4) Name;
- (5) Capacity; or
- (6) Services.

(b) The ALR-SRHC shall complete and submit a new application and obtain a new license prior to operating for:

- (1) A change in ownership;
- (2) A change in the physical location; or
- (3) An increase in capacity.

(c) When there is a change in the address without a change in location, the ALR-SRHC shall provide the department with a copy of the notification from the local, state or federal agency that requires the address change.

(d) The ALR-SRHC shall inform the department in writing as soon as possible prior to a change in administrator and provide the department with the following:

- (1) The information specified in He-P 805.04(a)(12) and (13);
- (2) A resume identifying the name and qualifications of the new administrator; and
- (3) Copies of applicable licenses for the new administrator.

(e) Upon review of the materials submitted in accordance with (d) above, the department shall make a determination as to whether the new administrator:

- (1) Does not meet any of the criteria identified in He-P 805.13(b)(10); and
- (2) Meets the qualifications for the position as specified in He-P 805.18 (k) and (l).

(f) If the department determines that the new administrator does not meet the qualifications, it shall so notify the program in writing so that a waiver can be sought or the program can search for a qualified candidate.

(g) When there is a change in the name, the ALR-SRHC shall submit to the department a copy of the certificate of amendment from the New Hampshire Secretary of State, if applicable.

(h) When there is to be a change in the services provided, the ALR-SRHC shall provide the department with a description of the service change and, where applicable, identify what additional personnel

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will be hired and their qualifications, how the new services will be incorporated into the infection control and quality improvement programs and describe what changes, if any, in the physical environment will be made.

(i) The department shall review the information submitted under (h) above and determine if the added services can be provided under the ALR-SRHC's current license.

(j) An inspection by the department shall be conducted prior to operation for changes in the following:

- (1) Ownership, unless the current licensee has no outstanding administrative actions in process and there will be no changes made by the new owner in the scope of services provided;
- (2) The physical location;
- (3) An increase in the number of beds or residents; or
- (4) A change in license category.

(k) A new license shall be issued for a change in ownership

(l) A revised license shall be issued for changes in any of the following:

- (1) Physical location;
- (2) Name; or
- (3) A change in services or the addition of new services.

(m) A license certificate shall be issued at the time of initial licensure.

(n) A revised license certificate shall be issued for any of the following:

- (1) A change of administrator;
- (2) An increase or decrease in the number of beds or residents;
- (3) A change in the scope of services provided; or
- (4) When a waiver has been granted.

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

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New. #8746, eff 10-25-06

He-P 805.09 Inspections.

(a) For the purpose of determining compliance with RSA 151 and He-P 805, as authorized by RSA 151:6 and RSA 151:6-a, the licensee shall admit and allow any department representative at any time to inspect the following:

- (1) The licensed premises;
- (2) All programs and services provided by the ALR-SRHC; and
- (3) Any records required by RSA 151 and He-P 805.

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(b) The department shall conduct an inspection to determine full compliance with RSA 151 and He-P 805 prior to:

- (1) The issuance of an initial license;
- (2) A change in ownership, except as allowed by He-P 805.08(j)(1);
- (3) A change in the physical location of the ALR-SRHC;
- (4) A change in the licensing classification, as defined in He-P 805.03(ah);
- (5) An increase in the number of beds;
- (6) Occupation of space after construction, renovations or alterations; or
- (7) The renewal of a license.

(c) In addition to (b) above, the department shall conduct an inspection to verify the implementation of any POC accepted or issued by the department as part of an annual inspection, or as a follow-up inspection focused on confirming the implementation of a POC.

(d) A notice of deficiencies shall be issued when, as a result of any inspection, the department determines that the ALR-SRHC is in violation of any of the provisions of He-P 805 or RSA 151.

(e) If deficiencies were cited, the licensee shall submit a POC, in accordance with He-P 805.12(c).

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93; ss by #6895, INTERIM, eff 11-26-98, EXPIRED: 3-26-99

New. #8746, eff 10-25-06

He-P 805.10 Waivers.

(a) Applicants or licensees seeking waivers of specific rules in He-P 805 shall submit a written request for a waiver to the commissioner that includes:

- (1) The specific reference to the rule for which a waiver is being sought;
- (2) A full explanation of why a waiver is necessary;
- (3) A full explanation of alternatives proposed by the applicant or license holder, which shall be equally as protective of public health and residents as the rule from which a waiver is sought; and
- (4) The period of time for which the waiver is sought.

(b) A waiver shall not exceed 12 months or the current license expiration date.

(c) A request for waiver shall be granted if the commissioner determines that the alternative proposed by the applicant or licensee:

- (1) Meets the objective or intent of the rule;
- (2) Does not negatively impact the health, safety or well-being of the residents; and

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(3) Does not affect the quality of resident services.

(d) The licensee's subsequent compliance with the alternatives approved in the waiver shall be considered equivalent to complying with the rule from which waiver was sought.

(e) Waivers shall not be transferable.

(f) When a licensee wishes to renew the waiver beyond the approved period of time, the licensee shall apply for a new waiver by submitting the information required by (a) above:

(1) When the licensee submits its application for license renewal pursuant to He-P 805.06(b) and (c); or

(2) At least 15 days prior to the expiration of the waiver if the waiver expires on a date other than the expiration date of the licensing certificate.

(g) The request to renew a waiver shall be subject to (b) through (f) above.

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93; ss by #6895, INTERIM, eff 11-26-98, EXPIRED: 3-26-99

New. #8746, eff 10-25-06

He-P 805.11 Complaints.

(a) The department shall investigate complaints that allege:

(1) A violation of RSA 151 or He-P 805;

(2) That an individual or entity is operating as an ALR-SRHC without being licensed; or

(3) That an individual or entity is advertising or otherwise representing the ALR-SRHC as having or performing services which they are not licensed to provide, pursuant to RSA 151:2, III.

(b) When practicable the complaint shall be in writing and contain the following information:

(1) The name and address of the ALR-SRHC, or the alleged unlicensed individual or entity;

(2) The name, address and telephone number of the complainant; and

(3) A description of the situation that supports the complaint and the alleged violation(s) of RSA 151 or He-P 805.

(c) For a licensed ALR-SRHC, the department shall:

(1) Provide written notification of the results of the investigation to the licensee along with an inspection report if deficiencies were found as a result of the investigation; and

(2) Notify any other federal, state or local agencies of suspected violations of their statutes or rules based on the results of the investigation, as appropriate.

(d) If the department determines that the complaint is unfounded or does not violate any statutes or rules, the department shall notify the licensee in writing and take no further action.

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(e) If the inspection results in deficiencies being cited, the licensee shall be required to submit a POC in accordance with He-P 805.12(c).

(f) For the unlicensed individual or entity, subsequent to inspection, the department shall provide written notification to the owner or person responsible that includes:

- (1) The date of inspection;
- (2) The reasons for the inspection; and
- (3) Whether or not the inspection resulted in a determination that the services being provided require licensing under RSA 151:2, IV.

(g) In accordance with RSA 151:7-a II, the owner or person responsible shall be allowed 7 days from the date of receipt of the notice required by (f) above to respond to a finding that they are operating without a license or submit a completed application for a license.

(h) If the owner of an unlicensed facility does not comply with (g) above, or if the department does not agree with the owner's response, the department shall:

- (1) Issue a written warning to immediately comply with RSA 151 and He-P 805; and
- (2) Provide notice stating that the individual has the right to appeal the warning in accordance with RSA 151:7-a III.

(i) Any person or entity who fails to comply after receiving a warning as described in (h) above shall be subject to an action by the department for injunctive relief under RSA 151:17.

(j) Complaint investigation files shall be confidential in accordance with RSA 151:13, and shall not be disclosed publicly, but shall be released by the department on written request only:

- (1) To the department of justice when relevant to a specific investigation;
- (2) To law enforcement when relevant to a specific criminal investigation;
- (3) When a court of competent jurisdiction orders the department to release such information; or
- (4) In connection with an adjudicative proceeding relative to the licensee.

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93; ss by #6895, INTERIM, eff 11-26-98, EXPIRED: 3-26-99

New. #8746, eff 10-25-06

He-P 805.12 Administrative Remedies.

(a) The department shall impose administrative remedies for violations of RSA 151, He-P 805 or other applicable licensing rules, including:

- (1) POC's upon a licensee;
- (2) Directed POC's upon a licensee;
- (3) Fines upon an unlicensed individual, an applicant or a licensee;

- (4) Monitoring; or
  - (5) Temporary management;
- (b) When administrative remedies are imposed, the department shall provide written notice, as applicable, which:
- (1) Identifies each deficiency;
  - (2) Identifies the specific remedy(s) that has been imposed; and
  - (3) Provides the following information:
    - a. The right to a hearing in accordance with RSA 541-A and He-C 200 prior to imposition of a fine; and
    - b. The automatic reduction of a fine by 25% if the fine is paid within 10 days of the date on the written notice from the department and the deficiency has been corrected, or a POC has been accepted and approved by the department.
- (c) A POC shall be developed and enforced in the following manner:
- (1) Upon receipt of a notice of deficiencies, the licensee shall submit a POC containing:
    - a. How the licensee intends to correct each deficiency;
    - b. What measures will be put in place, or what system changes will be made to ensure that the deficiency does not recur; and
    - c. The date by which each deficiency shall be corrected;
  - (2) The licensee shall submit a POC to the department within 21 days of the date on the letter that transmitted the inspection report;
  - (3) The department shall review each POC and accept each plan that:
    - a. Achieves compliance with RSA 151 and He-P 805;
    - b. Addresses all deficient practices as cited in the inspection report;
    - c. Prevents a new violation of RSA 151 or He-P 805 as a result of this implementation; and
    - d. Specifies the date upon which the deficiencies will be corrected;
  - (4) If the POC is acceptable, the department shall issue a license certificate or provide written notification of acceptance of the POC, whichever applies;
  - (5) If the POC is not acceptable, the department shall notify the licensee in writing of the reason for rejecting the POC;
  - (6) The licensee shall develop and submit a revised POC within 14 days of the date of the written notification from the department that states the original POC was rejected, unless, within the 14 day period, the licensee requests an extension, either via telephone or in writing, and the department grants the extension, based on the following criteria:

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- a. The licensee demonstrates that he or she has made a good faith effort to develop and submit the POC within the 14 day period but has been unable to do so; and
  - b. The department determines that the health, safety or well-being of a resident will not be jeopardized as a result of granting the waiver;
- (7) The revised POC shall comply with (1) above and be reviewed in accordance with (3) above;
- (8) If the revised POC is not acceptable to the department or is not submitted within 14 days of the date of the written notification from the department that states the original POC was rejected, the licensee shall be subject to a directed POC in accordance with He-P 805.12(d) and a fine in accordance with He-P 805.12(f)(12);
- (9) The department shall verify the implementation of any POC that has been submitted and accepted by:
- a. Reviewing materials submitted by the licensee;
  - b. Conducting a follow-up inspection; or
  - c. Reviewing compliance during the next inspection;
- (10) Verification of the implementation of any POC shall only occur after the date of completion specified by the licensee in the plan; and
- (11) If the POC has not been implemented by the completion date, at the time of the next inspection the licensee shall be:
- a. Notified by the department in accordance with He-P 805.11(c); and
  - b. Issued a directed POC in accordance with He-P 805.12(d) and a fine in accordance with He-P 805.12(f)(13).
- (d) The department shall develop and impose a directed POC that specifies corrective actions for the applicant or licensee to implement when:
- (1) As a result of an inspection, deficiencies were identified that require immediate corrective action to protect the health and safety of the residents and personnel;
  - (2) A revised POC is not submitted within 14 days of the written notification from the department; or
  - (3) A revised POC submitted by the licensee has not been accepted.
- (e) If at the time of the next inspection the directed POC referenced in (d) above has not been implemented by the completion date stated in the directed POC, the department shall, as appropriate:
- (1) Impose a fine;
  - (2) Deny the application for a renewal of a license; or
  - (3) Revoke the license in accordance with He-P 805.13.
- (f) The department shall impose fines as follows:

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- (1) For a failure to cease providing unlicensed services after being notified by the department of the need for a license, in violation of RSA 151:2, the fine shall be \$2000.00 for an applicant or unlicensed provider;
- (2) For a failure to cease operations after a denial of a license or after receipt of an order to cease and desist immediately, in violation of RSA 151:2 and RSA 541-A:30, the fine for an applicant, unlicensed provider or a licensee shall be \$2000.00;
- (3) For advertising services or otherwise representing themselves as having a license to provide services that they are not licensed to provide, in violation of RSA 151:2 III, the fine for an applicant, licensee or unlicensed provider shall be \$500.00;
- (4) For a failure to transfer a resident whose needs exceeds the services or programs provided by the ALR-SRHC, in violation of RSA 151:5-a, the fine for a licensee shall be \$500.00;
- (5) For admission of a resident whose needs exceed the services or programs authorized by the ALR-SRHC licensing classification, in violation of RSA 151:5-a, II and He-P 805.15(a) and (b), the fine for a licensee shall be \$1,000.00;
- (6) For a failure to comply with the directives of a warning issued by the department, in violation of RSA 151:7-a and He-P 805.11(i), the fine for an unlicensed provider or a licensee shall be \$500.00;
- (7) For a failure to submit a renewal application for a license prior to the expiration date, in violation of He-P 805.06 (b), the fine for a licensee shall be \$100.00;
- (8) For a failure to notify the department prior to a change of ownership, in violation of He-P 805.08(a)(1), the fine for a licensee shall be \$500.00;
- (9) For a failure to notify the department prior to a change in the physical location, in violation of He-P 805.08(a)(2), the fine for a licensee shall be \$500.00;
- (10) For a failure to allow access by the department to the ALR-SRHC's premises, programs, services or records, in violation of He-P 805.09(a)(1)-(2), the fine for an applicant, unlicensed individual or licensee shall be \$2000.00;
- (11) For a failure to provide to the department any records maintained by the licensee and required by He-P 805.09(a)(3), the fine for a licensee shall be \$2000.00;
- (12) For a failure to submit a POC or revised POC, within 21 or 14 days, respectively, of the date on the letter that transmits the inspection report, in violation of He-P 805.12(c)(2) and (6), the fine for a licensee shall be \$100.00;
- (13) For a failure to implement any POC that has been accepted or issued by the department, in violation of He-P 805.12(c)(11), the fine for a licensee shall be \$1000.00;
- (14) For a failure to establish, implement or comply with licensee policies, as required by He-P 805.14(b), the fine for a licensee shall be \$500.00;
- (15) For a failure to provide services or programs required by the licensing classification and specified by He-P 805.14(c), the fine for a licensee shall be \$500.00;
- (16) For exceeding capacity, in violation of He-P 805.14(n), the fine for a licensee shall be \$500.00;

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(17) For falsification of information contained on an application or of any records required to be maintained for licensing, in violation of He-P 805.14(t), the fine for an applicant or licensee shall be \$ 500.00 per offense;

(18) For a failure to meet the needs of the resident, in violation of He-P 805.15(e), the fine for a licensee shall be \$500.00;

(19) For employing an administrator or other personnel who do not meet the qualifications for the position, in violation of He-P 805.18(k)-(l), the fine for a licensee shall be \$500.00;

(20) When an inspection determines that a violation of RSA 151 or He-P 805 has the potential to jeopardize the health, safety or well-being of a resident, in addition to any other enforcement actions taken by the department, the fines assessed shall be as follows:

a. If the same deficiency is cited within 2 years of the original deficiency the fine for a licensee shall be \$1000.00; or

b. If the same deficiency is cited a third time within 2 years of being fined in a. above the fine for a licensee shall be \$2000.00.

(21) Each day that the individual or licensee continues to be in violation of the provisions of RSA 151 or He-P 805 shall constitute a separate violation and shall be fined in accordance with He-P 805.12.

(22) If the applicant or licensee is making good faith efforts to comply with (4), (5) and (15) above the department shall not issue a daily fine.

(g) Payment of any imposed fine to the department shall meet the following requirements:

(1) Payment shall be made in the form of check or money order made payable to the “Treasurer, State of New Hampshire” or cash in the exact amount due; and

(2) Cash, money order, or certified check shall be required when an applicant or licensee has issued payment to the department by check, and such check was returned for insufficient funds.

(h) The department shall impose state monitoring under the following conditions:

(1) Repeated poor compliance on the part of the facility in areas that may impact the health, safety or well-being of residents;

(2) Concern that the conditions in the ALR-SRHC have the potential to worsen; or

(3) Conditions exist for implementation for temporary management as described in (i) below but no temporary manager can be appointed.

(i) The department shall appoint a temporary manager to assume the operation of an ALR-SRHC when, following an inspection, the department determines that:

(1) The licensee has repeatedly failed to manage and operate the to ALR-SRHC in compliance with RSA 151 and He-P 805, and such ALR-SRHC practices have failed to meet the needs of its residents;

(2) The licensee has failed to develop or implement policies and procedures for infection control, sanitation or life safety codes, imposing harm or potential harm to all the residents; or

(3) The health, safety and well-being of the residents are at risk and emergency action is required.

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93; ss by #6895, INTERIM, eff 11-26-98, EXPIRED: 3-26-99

New. #8746, eff 10-25-06

He-P 805.13 Enforcement Actions and Hearings.

(a) Prior to taking enforcement action against an applicant or licensee, the department shall send to the applicant or licensee a written notice that sets forth:

- (1) The reasons for the proposed action;
- (2) The action to be taken by the department; and
- (3) The right of an applicant or licensee to a hearing in accordance with RSA 151:8, as applicable.

(b) The department shall deny an application or revoke a license if:

- (1) An applicant or a licensee violated a provision of RSA 151 or He-P 805 which poses a risk of harm to a resident's health, safety or well-being.
- (2) An applicant or licensee has failed to pay an administrative fine imposed by the department;
- (3) An applicant or licensee had a check returned to the department for insufficient funds and has not re-submitted the outstanding fee in the form of cash, money order or certified check;
- (4) After being notified of and given an opportunity to supply missing information, the applicant or licensee fails to submit an application that meets the requirements of He-P 805.04;
- (5) The applicant, licensee or any representative or employee of the applicant or licensee:
  - a. Provides false or misleading information to the department;
  - b. Prevents, interferes or fails to cooperate with any inspection or inspection conducted by the department; or
  - c. Fails to provide requested files or documents to the department.
- (6) The licensee failed to implement or continue to implement a POC that has been accepted or imposed by the department in accordance with He-P 805.12(c)(11) and 12(e);
- (7) The licensee is cited a third time under RSA 151 or He-P 805 for the same violation within the last 5 inspections;
- (8) A licensee, or its corporate officers, has had a license revoked and submits an application during the 5 year prohibition period specified in (i) below;
- (9) Upon inspection, the applicant's premises are not in compliance with RSA 151 or He-P 805;

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- (10) The department makes a determination that the applicant, administrator, licensee or a household member has been convicted or adjudicated of a sexual assault, or other violent crime or poses a threat to the health, safety or well-being of a resident; or
- (11) The applicant or licensee fails to employ a qualified administrator.
- (c) An applicant or licensee shall have 30 days after receipt of the notice of enforcement action to appeal.
- (d) If a written request is not made pursuant to (c) above, the action of the department shall become final.
- (e) The department shall order the immediate suspension of a license and the cessation of operations when it finds that the health, safety or well-being of a resident is in jeopardy and requires emergency action in accordance with RSA 541:A-30, III.
- (f) If an immediate suspension is upheld the licensee shall not resume operating until the department determines through inspection that compliance with RSA 151 and He-P 805 is achieved.
- (g) Hearings under this section shall be conducted in accordance with RSA 541-A and He-C 200.
- (h) RSA 541-A shall govern further appeals of department decisions under this section.
- (i) When an ALR-SRHC's license has been denied or revoked, the applicant, licensee or administrator shall not be eligible to reapply for a license or be employed as an administrator for at least 5 years if the denial or revocation specifically pertained to their role in the program.
- (j) The 5 year period referenced in (i) above shall begin on:
- (1) The date of the department's decision to revoke or deny the license, if no appeal is filed; or
  - (2) The date an order upholding the action of the department is issued, if that action has been appealed.
- (k) Notwithstanding (i) above, the department shall consider an application submitted after the decision to revoke or deny becomes final only under the following circumstances:
- (1) The applicant did not demonstrate a pattern of repeat violation of licensing rules or statute while the applicant was licensed; and
  - (2) The applicant demonstrates that circumstances have changed to the extent that the department now has good cause to believe that the applicant has the requisite degree of knowledge, skills and resources necessary to maintain compliance with the provisions of RSA 151 and He-P 805.

Source. #2261, eff 1-17-83; ss by #3193, eff 1-28-86; ss by #5317, EMERGENCY, eff 1-29-92, EXPIRED: 5-28-92

New. #5513, eff 11-25-92; ss by #5665, eff 7-14-93; ss by #6895, INTERIM, eff 11-26-98, EXPIRED: 3-26-99

New. #8746, eff 10-25-06

He-P 805.14 Duties and Responsibilities of the Licensee.

- (a) The licensee shall comply with all relevant federal, state and local laws, rules, codes and ordinances as applicable.

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- (b) The licensee shall have written policies and procedures setting forth:
  - (1) The rights and responsibilities of admitted residents in accordance with the patients bill of rights, and
  - (2) The policies described in He-P 805.14(j), He-P 805.16(c)(1)i., and He-P 805.19(d).
- (c) The licensee shall provide the following core services:
  - (1) Health and safety services to minimize the likelihood of accident or injury, with protective care and oversight provided 24 hours a day regarding:
    - a. The residents' functioning, safety and whereabouts; and
    - b. The residents' health status, including the provision of intervention as necessary or required;
  - (2) Emergency response and crisis intervention;
  - (3) Medication services in accordance with He-P 805.17;
  - (4) Food services in accordance with He-P 805.21;
  - (5) Housekeeping, laundry and maintenance services;
  - (6) On site activities designed to sustain and promote physical, intellectual, social and spiritual well-being of all residents;
  - (7) Assistance in arranging medical and dental appointments, including transportation to and from such appointments and reminding the residents of the appointments; and
  - (8) Personal supervision of residents when required to offset cognitive deficits that may pose a risk to self or others if the resident is not supervised.
- (d) The licensee shall provide access, as necessary, to the following services pursuant to RSA 151:2, IV and RSA 151:9, VII(a)(2):
  - (1) Nursing services, in accordance with RSA 326-B, including supervision and instruction of direct care personnel, relative to the delivery of nursing care;
  - (2) Rehabilitation services, including documentation of the licensed practitioner's order for the service, such as physical therapy, occupational therapy, and speech therapy; and
  - (3) Behavioral health care services.
- (e) The licensee shall provide access to community programs, such as religious services and cultural, social, educational and recreational activities on an on-going basis.
- (f) The licensee shall:
  - (1) Provide basic supplies necessary for residents to maintain grooming and personal hygiene, such as soap, shampoo, toothpaste, toothbrush and toilet paper; and
  - (2) Not be responsible for the cost of purchasing a specific brand of product at a resident's request.

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(g) The licensee shall educate personnel about the needs and services required by the residents under their care.

(h) Physical or chemical restraints shall only be used in the case of an emergency, pursuant to by RSA 151:21, IX.

(i) Immediately after the use of a physical or chemical restraint, the resident's guardian or agent, if any, and the department shall be notified of the use of restraints.

(j) The ALR-SRHC shall:

(1) Have policies and procedures on:

- a. What type of emergency restraints may be used;
- b. When restraints may be used; and
- c. What professional personnel may authorize the use of restraints; and

(2) Provide personnel with education and training on the limitations and the correct use of restraints.

(k) The use of mechanical restraints shall be allowed only as defined under He-P 805.03(ai).

(l) The following methods of mechanical restraints shall be prohibited:

(1) Full bed rails;

(2) Gates, if they prohibit a resident's free movement throughout the living areas of the ALR-SRHC;

(3) Half doors, if they prohibit a resident's free movement throughout the living areas of the ALR-SRHC;

(4) Geri chairs, when used in a manner that prevents or restricts a resident from getting out of the chair at will;

(5) Wrist or ankle restraints;

(6) Vests or pelvic restraints; or

(7) Other similar devices that prevent a resident's free movement.

(m) Licensees shall have responsibility for:

(1) Providing the following information to the department immediately by telephone, fax or e-mail and in writing within 72 hours, if the initial notice was made by telephone, or if additional information is available, of any unusual incident as defined in He-P 805.03(bl):

- a. The ALR-SRHC name;
- b. A description of the incident, including identification of injuries, if applicable;
- c. The name of the licensee(s) or personnel involved in, witnessing or responding to the unusual incident;
- d. The name of resident(s) involved in or witnessing the unusual incident;

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- e. The date and time of the unusual incident;
  - f. The action taken in direct response to the unusual incident;
  - g. If medical intervention was required, by whom and the date and time;
  - h. Whether the resident's guardian or agent, if any, or personal representative, or emergency contact person was notified;
  - i. The signature of the person reporting the unusual incident; and
  - j. The date and time the resident's licensed practitioner was notified, if applicable;
- (2) Providing the department immediately by telephone, fax or e-mail with the information required by (1) above, and in writing within 72 hours, if the initial notice was made by telephone, or if additional information is available, of the unanticipated death of any resident who was living at the ALR-SRHC and who dies within 10 days of an unusual incident as defined by He-P 805.03(b1);
- (3) Immediately notifying the local police department, the department and the guardian, agent, or personal representative, if any, when a resident has an unexplained absence after the licensee has searched the building and the grounds of the ALR-SRHC; and
- (4) Notifying the department with a written report within 72 hours describing the actions taken by personnel, the final outcome or continuation of the unusual incident and actions taken to prevent a reoccurrence.
- (n) The licensee shall comply with the patient's bill of rights as set forth in RSA 151:19-30.
- (o) The licensee shall not exceed the maximum number of residents or beds licensed by the department, unless authorized by the department, such as during an emergency.
- (p) The licensee shall give a resident a written notice as follows:
- (1) For an increase in the cost or fees for any ALR-SRHC services 30 days advanced notice; or
  - (2) For an involuntary change in room or bed location 14 days advanced notice, unless the change is required to protect the health, safety and well-being of the resident or other residents, in such case the notice shall be as soon as practicable.
- (q) In addition to the posting requirements specified in RSA 151:29, the licensee shall post the following documents in a public area:
- (1) The current license certificate issued in accordance with RSA 151:2;
  - (2) The most recent inspection report as specified in RSA 151:6-a;
  - (3) A copy of the patient's bill of rights specified by RSA 151:21;
  - (4) A copy of the licensee's policies and procedures relative to the implementation of resident's rights and responsibilities as required by RSA 151:20;
  - (5) Information on how to contact the office of the long-term care ombudsman; and
  - (6) The licensee's evacuation floor plan identifying the location of, and access to all fire exits.

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- (r) The licensee shall determine the smoking status of the ALR-SRHC.
- (s) If smoking is to be allowed, the licensee shall develop and implement smoking policies and designate smoking areas in accordance with RSA 155:66, RSA 155:68 and RSA 155:69 and He-P 805.25(f).
- (t) The licensee may hold or manage a resident's funds or possessions only when the facility receives written authorization in accordance with RSA 151:24 and RSA 151:21, VII, and such funds shall not be used for the benefit of the licensee, other residents or other household members.
- (u) The licensee shall not falsify any documentation required by law or provide false or misleading information to the department.
- (v) The licensee shall respond to a notice of deficiencies by providing a POC in accordance with He-P 805.12(c).
- (w) The licensee shall comply with all conditions of warnings and administrative remedies issued by the department and all court orders.

Source. #8746, eff 10-25-06

He-P 805.15 Resident Admission Criteria, Temporary Absence, Transfer, and Discharge Criteria.

- (a) The licensee shall only admit an individual or retain a resident whose needs are compatible with the facility and the services and programs offered, and whose needs can be met by the ALF-SRHC.
- (b) If an individual is admitted who requires lift equipment for transfers, all direct care personnel shall have been trained in the correct operation of such equipment.
- (c) If the ALR-SRHC admits or retains an individual who:
  - (1) Has a stage 3 or higher pressure area the ALR-SRHC shall have a nurse available at the ALR-SRHC as necessary to meet the needs of the resident;
  - (2) Requires 24 hour licensed nursing care or monitoring, it shall only be if the resident:
    - a. Requires short term medical care, which is less than 21 days, and the resident remains capable of self evacuation;
    - b. Requires hospice care; or
    - c. Qualifies as allowed by RSA 151:2, IV and RSA 151:9, VII(a)(2).
- (d) A licensee shall not deny admission to any person because that person does not have a guardian or an advanced directive, such as a living will or durable power of attorney for health care, established in accordance with RSA 137-H or RSA 137-J.
- (e) During a temporary absence the ALR-SRHC shall hold the resident's bed open in accordance with RSA 151:25.
- (f) The resident shall be transferred or discharged, as defined under RSA 151:19, VII, in accordance with RSA 151:21, V, for reasons including, but not limited to, the following:
  - (1) The resident's medical or other needs exceed the services offered by the licensee or are not otherwise met by third party providers that the licensee has contracted with;
  - (2) The resident cannot be safely evacuated in accordance with Saf-C 6000; or

- (3) The resident or the resident's guardian, if any, determines that the resident shall leave the facility.
- (g) The licensee shall develop a discharge plan with the input of the resident and the guardian or agent, if any.
- (h) The following documents shall accompany the resident upon transfer:
  - (1) The most recent resident assessment tool, care plan and quarterly progress notes;
  - (2) The most recent nursing assessment, if applicable;
  - (3) The most recent multi-disciplinary care plan, if applicable;
  - (4) Current medication records; and
  - (5) A licensed practitioner's order for transfer, if applicable.
- (i) The licensee shall give a resident a written notice 30-days in advance of transfers and discharges from the ALR-SRHC, as required by RSA 151:26.
- (j) If the transfer or discharge referenced in (i) above is required by the reasons listed in RSA 151:26, II(b) a written notice shall be given to the resident as soon as possible;

Source. #8746, eff 10-25-06

He-P 805.16 Required Services.

- (a) The licensee shall provide administrative services that include the appointment of a full-time, on-site administrator who:
  - (1) Is responsible for the day-to-day operations of the ALR-SRHC;
  - (2) Meets the requirements of He-P 805.18(k) and (l); and
  - (3) Designates, in writing, an alternate administrator who shall assume the responsibilities of the administrator in his or her absence.
- (b) At the time of application for admission, the licensee shall provide the resident a written copy of the residential service agreement pursuant to RSA 161- J:4.
- (c) In addition to (b) above, at the time of admission, the licensee shall provide a written copy to the resident and the guardian or agent, if any, or personal representative, and receive written verification of receipt for the following:
  - (1) An admissions contract including the following information:
    - a. The basic daily, weekly and monthly fee;
    - b. A list of the core services required by He-P 805.14(c) that are covered by the basic fee;
    - c. Information regarding the timing and frequency of cost of care increases;
    - d. The time period covered by the admissions contract;
    - e. The ALR-SRHC's house rules;

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- f. The grounds for immediate termination of the agreement, pursuant to RSA 151:21, V;
  - g. The ALR-SRHC's responsibility for resident discharge planning;
  - h. Information regarding nursing, other health care services or supplies not provided in the core services, to include:
    - 1. The availability of services;
    - 2. The ALR-SRHC's responsibility for arranging services; and
    - 3. The fee and payment for services, if known;
  - i. The licensee's policies and procedures regarding:
    - 1. Arranging for the provision of transportation;
    - 2. Arranging for the provision of third party services, such as a hairdresser or cable television;
    - 3. Acting as a billing agent for third party services;
    - 4. Monitoring third party services contracted directly by the resident and provided on the ALR-SRHC premises;
    - 5. Handling of resident funds pursuant to RSA 151:24 and He-P 805.14(s);
    - 6. Bed hold, in compliance with RSA 151:25;
    - 7. Storage and loss of the resident's personal property; and
    - 8. Smoking;
  - j. The licensee's medication management services; and
  - k. The list of grooming and personal hygiene supplies provided by the ALR-SRHC as part of the basic daily, weekly or monthly rate;
- (2) A copy of the most current version of the patients' bill of rights under RSA 151: 21 and the ALR-SRHC's policy and procedure for implementing the bill of rights pursuant to RSA 151:20, II;
- (3) A copy of the resident's right to appeal an involuntary transfer or discharge under RSA 151:26, II(5);
- (4) The ALR-SRHC's policy and procedure for handling reports of abuse, neglect or exploitation which shall be in accordance with RSA 161-F:46 and RSA 169-C:29;
- (5) Information on accessing the long-term care ombudsman;
- (6) Information on advanced directives; and
- (7) Whether or not personnel are trained in cardiopulmonary resuscitation (CPR), first aid or both.
- (d) The ALR-SRHC shall assess each resident's needs using the most recent version of the department's approved RAT.

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(e) All personnel who administer the RAT shall be trained to complete the RAT by the department or entities listed in RSA 151:5-c, III.

(f) The assessment described in (d) above shall:

- (1) Be completed in consultation with the resident and guardian or agent, if any;
- (2) Be completed no more than 30 days prior to admission to the ALR-SRHC; and
- (3) Be repeated every 6 months or after any significant change as defined in He-P 805.03(bg).

(g) If the RAT identifies the need for a nursing assessment, the nursing assessment shall be completed within 72 hours of the completion of the RAT.

(h) The nursing assessment, completed in accordance with (g) above, shall include:

- (1) A medication review;
- (2) A review of the resident's clinical record; and
- (3) Assessment for pain, vital signs, physical, cognitive, mental and behavioral status, as well as an assessment as to how the resident is psychologically adapting to his or her social environment.

(i) If the nursing assessment indicates a need for nursing care, the nursing care plan shall be written and include the date the problem or need was identified, the resident goal or approach to be taken, the date of reevaluation, and responsible person(s).

(j) The nursing care plan shall:

- (1) Be completed within 24 hours of the nursing assessment being completed;
- (2) Be updated following the completion of each future assessment;
- (3) Be made available to personnel who assist residents in the implementation of the plan; and
- (4) Address the needs identified by (i) above.

(k) If the nursing assessment or nursing care plan developed in accordance with (j) above is completed by a licensed practical nurse (LPN), the assessment and nursing care plan shall be reviewed and co-signed by the registered nurse (RN) or physician that is supervising the LPN prior to the implementation of the resident's care plan.

(l) A care plan as defined in He-P 805.03(k) shall be developed and revised based on needs identified by the RAT or nursing assessment.

(m) The care plan shall include:

- (1) The date the problem or need was identified;
- (2) A description of the problem or need;
- (3) The goal or objective of the plan;
- (4) The action or approach to be taken;
- (5) The responsible person(s) or position; and

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- (6) The date of reevaluation, review, or resolution.
- (n) The care plan shall be:
  - (1) Completed within 24 hours of the resident's admission for the initial assessment and within 24 hours of the completion of all other assessments;
  - (2) Reviewed and updated following the completion of each future assessment;
  - (3) Made available to personnel who assist residents in the implementation of the plan; and
  - (4) Inclusive of the needs identified by (j) above.
- (o) A care plan shall not be required if the resident does not require nursing services or protective care or oversight.
- (p) For individuals with care plans, progress notes shall be written at least every 90 days.
- (q) The care plan referenced in (m) above shall include, at a minimum:
  - (1) Care plan outcomes;
  - (2) Changes in the resident's physical, functional and mental abilities;
  - (3) Changes in behavior, such as eating habits, sleeping pattern, and relationships;
  - (4) Summary of protective care that has been provided; and
  - (5) Summary of assistance provided with ADLs.
- (r) For individuals with a nursing care plan, monthly progress notes shall include at a minimum:
  - (1) Nursing care plan outcomes;
  - (2) Changes in the resident's physical, functional and mental abilities;
  - (3) Changes in behavior, such as eating habits, sleeping pattern, and relationships;
  - (4) Summary of protective care that has been provided; and
  - (5) Summary of assistance provided with ADLs.
- (s) At the time of a resident's admission, the licensee shall obtain orders from a licensed practitioner for medications, prescriptions and diet.
- (t) The licensee shall have each resident obtain a health examination by a licensed practitioner within 30 days prior to admission or within 72 hours following admission to the ALR-SRHC.
- (u) The health examination referenced in (t) above shall include:
  - (1) Diagnoses, if any;
  - (2) The medical history;
  - (3) Medical findings, including the presence or absence of communicable disease;
  - (4) Vital signs;

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- (5) Prescribed and over-the-counter medications;
- (6) Allergies; and
- (7) Dietary needs.

(v) Each resident shall have at least one health examination every 12 months, unless the licensed practitioner determines that an annual physical examination is not necessary and specifies in writing an alternative time frame, or the resident refuses in writing.

(w) A resident may refuse all care and services.

(x) When a resident refuses care or services that could result in a threat to their health, safety or well-being, or that of others, the licensee or their designee shall:

- (1) Inform the resident of the potential results of their refusal;
- (2) Notify the licensed practitioner and guardian, if any, of the resident's refusal of care; and
- (3) Document in the resident's record the refusal of care and the resident's reason for the refusal.

(y) The licensee shall maintain an information data sheet in the resident's record and promptly give a copy to emergency medical personnel in the event of an emergency transfer to another medical facility.

(z) The information data sheet referenced in (y) above shall include:

- (1) Full name and the name the resident prefers, if different;
- (2) Name, address and telephone number of the resident's next of kin, guardian or agent, if any;
- (3) Diagnosis;
- (4) Medications, including last dose taken and when the next does is due;
- (5) Allergies;
- (6) Functional limitations;
- (7) Date of birth;
- (8) Insurance information;
- (9) Advanced directives; and
- (10) Any other pertinent information not specified in (1)-(9) above.

(aa) Accidents, injuries and unusual incidents shall be documented and include:

- (1) The date and time of the occurrence;
- (2) A description of the occurrence, including identification of injuries, if applicable;
- (3) The actions taken;
- (4) The signature of the person reporting the unusual incident; and
- (5) If medical intervention was required, the date and time that the emergency contact person and guardian or agent, if any, and the licensed practitioner were notified.

Source. #8746, eff 10-25-06

He-P 805.17 Medication Services.

(a) All medications shall be administered in accordance with the orders of the licensed practitioner or other professional with prescriptive powers.

(b) Medications, treatments and diets ordered by the licensed practitioner or other professional with prescriptive powers shall be available to give to the resident within 24 hours or in accordance with the licensed practitioner's direction.

(c) The licensee shall have a written policy and system in place instructing how to:

- (1) Obtain any medication ordered for immediate use at the ALR-SRHC;
- (2) Reorder medications for use at the ALR-SRHC; and
- (3) Receive and record new medication orders.

(d) For each prescription medication being taken by a resident, the licensee shall maintain one of the following:

- (1) The original written order in the resident's record, signed by a licensed practitioner or other professional with prescriptive powers; or
- (2) A copy of the original written order in the resident's record, signed by a licensed practitioner or other professional with prescriptive powers.

(e) Each medication order shall legibly display the following information:

- (1) The resident's name;
- (2) The medication name, strength, prescribed dose and route, if different then by mouth;
- (3) The frequency of administration;
- (4) The indications for usage for all medications that are used PRN; and
- (5) The dated signature of the ordering practitioner.

(f) For PRN medications the ordering practitioner or a pharmacist shall indicate, in writing, the indications for use and any special precautions or limitations to use of the medication, including the maximum allowed dose in a 24-hour period.

(g) Each prescription medication shall legibly display the following information unless it is an emergency medication as allowed by (ar) below:

- (1) The resident's name;
- (2) The medication name, strength, the prescribed dose and route of administration;
- (3) The frequency of administration;
- (4) The indications for usage of all pro re nata (PRN) medications;
- (5) The date ordered;

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(6) The name of the prescribing practitioner; and

(7) The expiration date of the medication(s).

(h) Pharmaceutical samples shall be used in accordance with the licensed practitioners written order and labeled by the licensed practitioner, the administrator, licensee or their designee with the resident's name and are exempt from (g)(2)-(6) above.

(i) The label of all medication containers maintained in the ALR-SRHC shall match the current written orders of the licensed practitioner unless authorized by (l) or (ar) below.

(j) Only a pharmacist shall make changes to prescription medication container labels.

(k) Any change or discontinuation of medications taken at the ALR-SRHC shall be pursuant to a written order from a licensed practitioner or other professional with prescriptive powers.

(l) When the licensed practitioner or other professional with prescriptive powers changes the dose of a medication and personnel of the ALR-SRHC are unable to obtain a new prescription label:

(1) The original container shall be clearly and distinctly marked, for example, with a colored sticker that does not cover the pharmacy label, in a manner consistent with the ALR-SRHC's written procedure, indicating that there has been a change in the medication order;

(2) Personnel shall cross out the previous order on the daily medication record, indicating that the dose has been changed, and write the new order in the next space available on the medication record; and

(3) The change in dosage, without a change in prescription label as described in (1) and (2) above, shall be allowed for a maximum of 90 days from the date of the new medication order or until the medications in the marked container are exhausted or, in the case of PRN medications, until the expiration date on the container, whichever occurs first.

(m) The licensee shall require that all telephone orders for medications, treatments, and diets are immediately transcribed and signed by the individual receiving the order.

(n) The transcribed order referenced in (m) above shall be counter-signed by the authorized prescriber within 30 days of receipt.

(o) Over-the-counter medications shall be handled in the following manner:

(1) The licensee shall obtain written approval from the resident's licensed practitioner annually; and

(2) Over-the-counter medication containers shall be marked with the name of the resident using the medication and taken in accordance with the directions on the medication container or as ordered by a licensed practitioner.

(p) The medication storage area for medications not stored in the resident's room shall be:

(1) Locked and accessible only to authorized personnel;

(2) Clean and organized with adequate lighting to ensure correct identification of each resident's medication(s); and

(3) Equipped to maintain medication at the proper temperature.

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(q) All medication at the ALR-SRHC shall be kept in the original containers as dispensed by the pharmacy and properly closed after each use except as authorized by (ad)(5) below.

(r) Topical liquids, ointments, patches, creams, or powder forms of products shall be stored in such a manner that cross contamination with oral, optic, ophthalmic and parenteral products shall not occur.

(s) If controlled substances, as defined by RSA 318-B, are stored in a central storage area in the ALR-SRHC, they shall be kept in a separately locked compartment within the locked medication storage area accessible only to authorized personnel.

(t) The licensee shall develop and implement written policies and procedures regarding a system for maintaining counts of controlled drugs.

(u) Except as required by (w) below, any contaminated, expired or discontinued medication shall be destroyed within 30 days of the expiration date, the end date of a licensed practitioner's orders or the medication becomes contaminated, whichever occurs first.

(v) Controlled drugs shall be destroyed only in accordance with state law.

(w) Destruction of controlled drugs under (u) above shall:

(1) Be accomplished in the presence of at least 2 people; and

(2) Be documented in the record of the resident for whom the drug was prescribed.

(x) Medication(s) may be returned to pharmacies for credit only as allowed by the law.

(y) When a resident is going to be absent from the ALR-SRHC at the time medication is scheduled to be taken, the medication container shall be given to the resident if the resident is capable of self-administering, as described in (ac) and (ad) below.

(z) If a resident is going to be absent from the ALR-SRHC at the time medication is scheduled to be taken and the resident is not capable of self-administering, the medication container shall be given to the person responsible for the resident while the resident is away from the ALR-SRHC.

(aa) Upon discharge or transfer, the licensee shall make the resident's current medications available to the resident and the guardian or agent, if any.

(ab) A written order from a licensed practitioner shall be required annually for any resident who is authorized to carry emergency medications, including but not limited to nitroglycerine and inhalers.

(ac) Residents shall receive their medications by one of the following methods:

(1) Self-administered medication as allowed by (ad) below;

(2) Self-directed administration of medication as allowed by (ae) below;

(3) Self-administered with supervision as allowed by (af) and (ag) below; or

(4) Administered by individuals authorized by law.

(ad) For residents who self-administer medication as defined in 805.03(bd) the licensee shall:

(1) Obtain a written order from a licensed practitioner on an annual basis:

a. Authorizing the resident to self-administer medications without supervision;

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- b. Authorizing the resident to store the medications in their room; and
- c. Identifying the medications that may be kept in the resident's room;

(2) Evaluate the resident on a six month basis or sooner, based on a significant change in the resident, to ensure they maintain the physical and mental ability to self-administer;

(3) Have the resident store the medication(s) in his or her room by keeping them in a locked drawer or container to safeguard against unauthorized access and making sure that this arrangement will maintain the medications at proper temperatures;

(4) Have a copy of the key to access the locked medication storage area in the resident's room; and

(5) Allow the resident to fill and utilize a medication system that does not require that medication remain in the container as dispensed by the pharmacist.

(ae) The licensee shall allow the resident to self-direct administration of medications as defined in He-P 803.05.03(be) if the resident:

(1) Has a physical limitation due to a diagnosis that prevents them from self-administration;

(2) Receives evaluations every 6 months or sooner, based on a significant change in the resident, to ensure the resident maintains the physical and mental ability to self-direct administration of medications;

(3) Obtains an annual written verification of their physical limitation and self-directing capabilities from their licensed practitioner and requests the ALR-SRHC to file the verification in their resident record; and

(4) Verbally directs personnel to:

a. Assist them with preparing the correct dose of medication by pouring, applying, crushing, mixing or cutting; and

b. Assist the resident to apply, ingest or instill the ordered dose of medication.

(af) If a resident self-administers medication with supervision, as defined in He-P 805.03(bc), personnel may be permitted to:

(1) Remind the resident to take the correct dose of his or her medication at the correct time;

(2) Place the medication container within reach of the resident;

(3) Remain with the resident to observe the resident taking the appropriate amount and type of medication as ordered by the licensed practitioner;

(4) Record on the resident's daily medication record that they have supervised the resident taking his or her medication; and

(5) Document in the resident's record any observed or reported side effects, adverse reactions, and refusal to take medications and or medications not taken.

(ag) If a resident self-administers medication with supervision, personnel shall not physically handle the medication in any manner.

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(ah) Medication administered by individuals authorized by law to administer medications shall be:

- (1) Prepared immediately prior to administration; and
- (2) Prepared, identified, and administered by the same person in compliance with RSA 318-B and RSA 326-B.

(ai) Personnel shall remain with the resident until the resident has taken the medication.

(aj) If a nurse delegates the task of medication administration to an individual not licensed to administer medications, the nurse shall:

- (1) Only delegate medications that are administered by mouth;
- (2) Document in the individual's personnel file the evaluation method and tools used to determine that the individual receiving the delegation of medication administration has the necessary skills to administer medication;
- (3) Document in the individual's personnel file that the individual continues to be delegated the task of administering medication, based on the nurse's ongoing evaluation;
- (4) Document in the individual's personnel file any notice that the delegation of medication administration has been rescinded, if applicable; and
- (5) Document in the resident's record the:
  - a. Specific medication to be administered;
  - b. Dosage, route and specific time that the medication is to be administered;
  - c. The names of personnel to whom the nurse has delegated responsibility for the administration of medications; and
  - d. The results of the nurse's assessment, completed no more than 30 days prior to the delegation occurring, that determined that the resident's condition is stable and that the resident is appropriate for receipt of medication administration via nurse delegation.

(ak) A licensed nursing assistant (LNA) who is not licensed as a medication nurse assistant in accordance with RSA 326-B may administer the following when under the direction of the licensed nurse employed by the ALR-SRHC:

- (1) Medicinal shampoos and baths;
- (2) Glycerin suppositories and enemas; and
- (3) Medicinal topical products to intact skin as ordered by the licensed practitioner.

(al) Except for those residents who self-administer medication, the licensee shall maintain a written record for each medication taken by the resident at the ALR-SRHC that contains the following information:

- (1) Any allergies or allergic reactions to medications
- (2) The medication name, strength, dose, frequency and route of administration;
- (3) The date and the time the medication was taken;

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(4) The signature, identifiable initials and job title of the person who administers, supervises or assists the resident taking medication;

(5) For PRN medications, the reason the resident required the medication and the effect of the PRN medication; and

(6) Documented reason for any medication refusal or omission;

(am) Personnel who are not otherwise licensed practitioners, nurses or medication nursing assistants and who assist a resident with self administration with supervision, self directed administration or administration of medication via nurse delegation shall complete, at a minimum, a 4-hour medication supervision education program covering both prescription and non-prescription medication.

(an) The medication supervision education program shall be taught by a licensed nurse, licensed practitioner or pharmacist, whether in-person or through other means such as electronic media.

(ao) The medication supervision education program required by (am) above shall include:

(1) Infection control and proper hand washing techniques;

(2) The 5 rights which are:

- a. The right resident;
- b. The right medication;
- c. The right dose;
- d. Administered at the right time; and
- e. Administered via the right route;

(3) Documentation requirements;

(4) General categories of medications such as antihypertensives or antibiotics;

(5) Desired effects and potential side effects of medications; and

(6) Medication precautions and interactions.

(ap) The administrator may accept documentation of training required by (am) above if it was previously obtained by the applicant for employment at another licensed ALR-SRHC.

(aq) Non-prescription stock medications shall only be accessed and administered by the licensed nurse or medication nurse assistant on duty.

(ar) An ALR-SRHC shall use emergency drug kits only in accordance with board of pharmacy rule Ph 705.03 under circumstances where the ALR-SRHC:

(1) Has a director of nursing who is a RN licensed in accordance with RSA 326-B; and

(2) Has a contractual agreement with a medical director who is licensed in accordance with RSA 329 and a consultant pharmacist who is licensed in accordance with RSA 318.

(as) The licensee shall develop and implement a system for reporting any observed adverse reactions to medication and side effects, or medication errors such as incorrect medications, within 24 hours of the adverse reaction or medication error.

(at) The written documentation of the report in (as) above shall be maintained in the resident's record.

Source. #8746, eff 10-25-06

He-P 805.18 Personnel.

(a) The licensee shall ensure that sufficient numbers of qualified personnel are present in the ALR-SRC to meet the needs of residents at all times.

(b) There shall be at least one awake personnel member on duty at all times while residents are in the facility.

(c) Notwithstanding (b) above, for those ALR-SRHCs with 8 or fewer beds, an awake personnel member shall not be required during the night if:

(1) There is an electronic communication system whereby the resident can contact and awaken the sleeping personnel member via an intercom or other communication system in the personnel member's room;

(2) The ALR-SRHC has residents with dementia, and the licensee has installed a wander prevention system; and

(3) The ALR-SRHC meets the needs of the resident at all times as identified in their RAT.

(d) For facilities with 9 or more residents, at least one awake personnel member shall be on duty at all times while residents are in the ALR-SRHC.

(e) All applicants for a license shall obtain a criminal records check from the New Hampshire Department of Safety in accordance with RSA 151:3-c.

(f) For all applicants for employment and all household members 18 years of age or older, the licensee shall:

(1) Obtain and review a criminal records check from the New Hampshire Department of Safety; and

(2) Review the results of the criminal records check in accordance with (g) below and verify the qualifications of all applicants prior to employment.

(g) Unless a waiver is granted in accordance with (h) below, the licensee shall not offer employment for any position or allow a household member to continue to reside in the residence if the individual:

(1) Has been convicted for sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation;

(2) Has been found by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation of any person; or

(3) Otherwise poses a threat the health, safety or well-being of the residents.

(h) The department shall grant a waiver of (g) above if, after reviewing the underlying circumstances, it determines that the person does not pose a threat to the health, safety or well-being of residents.

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(i) If the information identified in (g) above regarding any employee is learned after the person is hired or an individual becomes a household member, the licensee shall immediately notify the department.

(j) The department shall review the information in (g) above and notify the licensee that the individual can no longer be employed if, after investigation, it determines that the individual poses a threat to the health, safety or well-being of a resident.

(k) For an ALR-SRHC licensed for 17 or more beds, all administrators appointed after the effective date of these rules shall be at least 21 years of age and have one of the following combinations of education and experience:

- (1) A bachelor's degree from an accredited institution and 2 years of experience working in a health related field;
- (2) A New Hampshire license as an RN, with at least 2 years experience working in a health related field;
- (3) An associate's degree from an accredited institution plus 4 years experience in a health related field; or
- (4) A New Hampshire license as an LPN, with at least 4 years experience working in a health related field;

(l) For an ALR-SRHC licensed for 16 or fewer beds, all administrators appointed after the effective date of these rules shall be at least 21 years of age and have one of the following combinations of education and experience:

- (1) A bachelor's degree from an accredited institution and 1 year of experience working in a health related field;
- (2) A New Hampshire license as an RN, with at least 1 years experience working in a health related field;
- (3) An associate's degree from an accredited institution plus 2 years experience in a health related field;
- (4) New Hampshire license as an LPN, with at least 2 years experience working in a health related field; or
- (5) Be a high school graduate or have a GED with 6 years experience in a health related field with at least 2 of those years as direct care personnel in a long-term care setting within the last 5 years.

(m) All administrators shall obtain and document in accordance with (v)(7) and (v)(8) below, 12 hours of continuing education related to the operation and services of the ALR-SRHC each annual licensing period.

(n) All personnel shall be at least 18 years of age if working as direct care personnel unless they are:

- (1) A licensed nursing assistant working under the supervision of a nurse in accordance with Nur 700; or
- (2) Involved in an established educational program working under the supervision of a nurse.

(o) The licensee shall inform personnel of the line of authority at the ALR-SRHC.

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(p) All personnel shall follow the orders of the licensed practitioner for each resident and encourage residents to follow the practitioner's order.

(q) Prior to having contact with residents or food, personnel shall:

(1) Submit to the licensee the results of a physical examination or a health screening and submit results of a 2-step tuberculosis (TB) test, Mantoux method, or other method approved by the Centers for Disease Control, conducted not more than 12 months prior to employment;

(2) Be allowed to work while waiting for the results of the second step of the TB test when the results of the first step are negative for TB; and

(3) Comply with the requirements of the Centers for Disease Control Guidelines for Preventing the Transmission of Tuberculosis in Health Facilities/Settings (2005) if the person has either a positive TB test, or has had direct contact or potential for occupational exposure to M. tuberculosis through shared air space with persons with infectious tuberculosis.

(r) Personnel, volunteers or independent contractors hired by the licensee who will have direct care contact with residents, as defined in He-P 805.03(s), or food who have a history of TB or a positive skin test shall have a symptomatology screen in lieu of a TB test.

(s) Within the first 7 days of employment personnel, volunteers and independent contractors who have direct care contact or who prepare and serve food, shall receive a tour of the ALR-SRHC and an orientation that explain the following:

(1) The residents' rights in accordance with RSA 151:20;

(2) The ALR-SRHC's complaint procedures;

(3) The duties and responsibilities of the position;

(4) The medical emergency procedures;

(5) The emergency and evacuation procedures;

(6) The infection control procedures as required by He-P 805.22;

(7) The procedures for food safety for personnel involved in preparation, serving and storing of food; and

(8) The mandatory reporting requirements including RSA 161-F:46 and RSA 169-C:29.

(t) The licensee shall provide all personnel with an annual continuing education or in-service education training, which at a minimum contains the following:

(1) The licensee's resident's rights and complaint procedures required under RSA 151;

(2) The licensee's infection control program; and

(3) The licensee's written emergency plan.

(u) The licensee shall provide an annual review of its policies and procedures for self-administration of medication, self-administration of medication with supervision and self-directed medication administration to all direct care personnel.

(v) The personnel file for each individual shall include the following:

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- (1) A completed application for employment or a resume;
  - (2) Proof that the individual meets the minimum age requirements;
  - (3) A statement signed by each individual that he or she has received a copy of and received training on the implementation of the licensee's policy setting forth the residents rights and responsibilities as required by RSA 151:21;
  - (4) A copy of the results of the criminal record check as described in (f) above
  - (5) A job description signed by the individual that identifies the:
    - a. Position title;
    - b. Qualifications and experience; and
    - c. Duties required by the position;
  - (6) Record of satisfactory completion of the orientation program required by (s) above;
  - (7) Information as to the general content and length of all in-service or educational programs attended;
  - (8) Record of satisfactory completion of all required education programs required by (k) - (n) above;
  - (9) A copy of each current New Hampshire driver's license if the personnel member transports residents;
  - (10) Documentation that the required physical examinations, health screenings, TB test results, and radiology reports of chest x-rays, if required, have been completed by the appropriate health professionals; and
  - (11) The statement required by (w) below.
- (w) All personnel shall sign a statement at the time the initial offer of employment is made and then annually thereafter stating that they:
- (1) Do not have a felony conviction in this or any other state;
  - (2) Have not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation or pose a threat to the health, safety or well-being of a resident; or
  - (3) Have not had a finding by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation of any person.
- (x) An individual need not re-disclose any of the matters in (w) above if the documentation is available and the department has previously reviewed the material and determined that the individual can continue employment.
- (y) The licensee shall maintain separate personnel records that:
- (1) Contain the information required by (v) above; and
  - (2) Are protected and stored in a secure and confidential manner.

Source. #8746, eff 10-25-06

He-P 805.19 Resident Records.

- (a) The licensee shall maintain a legible, current and accurate record for each resident based on services provided at the ALR-SRHC.
- (b) At a minimum, resident records shall contain the following:
- (1) A copy of the resident's residential service agreement and all documents required by He-P 805.16(c);
  - (2) Identification data, including:
    - a. Vital information including the resident's name, date of birth, and marital status;
    - b. If the individual is receiving respite care as described in He-P 805.20, the resident's home address and phone number;
    - c. Resident's religious preference, if known;
    - d. Resident's veteran status;
    - e. Name, address and telephone number of an emergency contact person;
  - (3) The name and telephone number of the resident's licensed practitioner(s);
  - (4) For individuals contracted by the ALR-SRHC or the resident to provide services at the ALR-SRHC, their name, employer, business address and telephone number;
  - (5) Resident's health insurance information;
  - (6) Copies of any executed legal orders and directives, such as guardianship orders issued under RSA 464-A, a durable power of attorney for healthcare, or a living will;
  - (7) A record of the health examination(s) in accordance with He-P 805.16(s) and (t);
  - (8) Written, dated and signed orders for the following:
    - a. All medications, treatments and special diets; and
    - b. Laboratory services and consultations performed at the ALR-SRHC;
  - (9) Results of any laboratory tests, X-rays or consultations performed at the ALR-SRHC;
  - (10) All assessments and care plans, documentation that the resident and the guardian or agent, if any, has participated in the development of the care plan;
  - (11) All admission and progress notes;
  - (12) If services are provided at the ALR-SRHC by individuals not employed by the licensee, documentation that includes the name of the agency providing the services, the date services were provided, the name of the person providing services and a brief summary of the services provided;
  - (13) Documentation of any alteration in the resident's daily functioning such as:

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- a. Signs and symptoms of illness; and
  - b. Any action that was taken including practitioner notification;
- (14) Documentation of medical or specialized care;
  - (15) Documentation of unusual incidents;
  - (16) The consent for release of information signed by the resident, guardian or agent, if any;
  - (17) Discharge planning and referrals;
  - (18) Transfer or discharge documentation, including notification to the resident, guardian or agent, if any, of involuntary room change, transfer or discharge, if applicable;
  - (19) The medication record as required by He-P 813.17(af)(4) and (5), (al) and (at);
  - (20) Information data sheet, which contains the information required by He-P 805.16(x);
  - (21) Documentation of nurse delegation as required by He-P 805.17(aj)(2)-(5); and
  - (22) Documentation of a resident's refusal of any care or services.
- (c) Resident records and resident information shall be kept confidential and only provided in accordance with law.
- (d) The licensee shall develop and implement a written policy and procedure document that specifies the method by which release of information from a resident's record shall occur.
- (e) When not being used by authorized personnel, resident records shall be safeguarded against loss or unauthorized use or access.
- (f) Records shall be retained for 4 years after discharge, except that when the resident is a minor, records shall be retained until the person reaches the age of 19, but no less than 4 years after discharge.
- (g) The licensee shall arrange for storage of, and access to, resident records as required by (f) above in the event the ALR-SRHC ceases operation.

Source. #8746, eff 10-25-06

He-P 805.20 Respite Care In ALR-SRHC.

- (a) The licensee shall only admit an individual for respite care services when the needs of the individual are compatible with the services and programs offered by the facility and the facility can meet the needs of the individual in accordance with He-P 805.15.
- (b) When a temporary admission to an ALR-SRHC occurs and the individual is scheduled for a stay of no more than 21 consecutive days as agreed upon by the individual and the licensee as part of a discharge plan, the licensee shall:
- (1) Obtain written verification signed by the resident, guardian or agent, if any, or personal representative, indicating they have been given a copy of the resident rights and responsibilities as required by RSA 151:20, I;
  - (2) Obtain a signed admissions contract listing the services that shall be provided;

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(3) Be permitted to use the prescription label on the medication container as the licensed practitioner's order provided that:

- a. The medication is in the original bottle as dispensed by the pharmacy;
- b. The pharmacy label has not been altered in any manner;
- c. The prescription label indicates that the medication is still current; and
- d. The medication container contains all the same pills or has been labeled by the pharmacy verifying that the bottle contains all the same prescription;

(4) Complete the RAT prior to or immediately on admission;

(5) Identify the resident's allergies, if any, diagnoses and history of wandering or unexplained absences; and

(6) Obtain advanced directives information, if available.

(c) For planned recurrent respite care the resident shall be discharged but may be readmitted using the same admission documents completed within the previous 6 months, as long as there are no identified changes in the resident's condition or care needs.

(d) If the resident exceeds the 21-day time period, they shall no longer be considered respite care and a complete admission shall occur within 72 hours.

Source. #8746, eff 10-25-06

He-P 805.21 Food Services.

(a) The licensee shall provide food services that meet:

- (1) The US Department of Agriculture recommended dietary allowance as specified in the 2005 Dietary Guidelines for Americans;
- (2) The nutritional needs of each resident; and
- (3) The special dietary needs associated with health or medical conditions for each resident as identified on the RAT.

(b) Each resident shall be offered at least 3 meals in each 24-hour period when the resident is in the licensed premise unless contraindicated by the resident's care plan.

(c) There shall be no more than 14 hours between the evening meal and breakfast except if:

- (1) The licensee offers snacks at bedtime;
- (2) The resident agrees, in writing, to allow more than 14 hours between the evening meal and breakfast; or
- (3) The resident refuses to eat a specific meal.

(d) Snacks shall be available between meals and at bedtime if not contraindicated by the resident's care plan.

(e) If a resident refuses the item(s) on the menu, a substitute shall be offered.

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- (f) Each day's menu shall be posted in a place accessible to food service personnel and residents.
- (g) A dated record of menus as served shall be maintained for at least the previous 4 weeks.
- (h) The licensee shall provide therapeutic diets to residents only as directed by a licensed practitioner or other professional with prescriptive authority.
- (i) If a resident has a pattern of refusing to follow a prescribed diet, personnel shall document the reason for the refusal in the resident's medical record and notify the resident's licensed practitioner.
- (j) For the purposes of emergency preparedness, each licensee shall have the following supplies of foods maintained on the premises for the licensed capacity:
  - (1) Enough refrigerated, perishable foods for a 3-day period;
  - (2) Enough non-perishable foods for a 7-day period; and
  - (3) Enough drinking water for a 3-day period.
- (k) All food and drink provided to the residents shall be:
  - (1) Safe for human consumption and free of spoilage or other contamination;
  - (2) Stored, prepared and served in a manner consistent with safe food handling practices for the prevention of food borne illnesses, including those set forth in He-P 2300;
  - (3) Served at the proper temperatures;
  - (4) Labeled, dated and stored at proper temperatures; and
  - (5) Stored so as to protect it from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.
- (l) The use of outdated, unlabeled food or canned goods that have damage to their hermetic seal shall be prohibited and such goods shall be immediately discarded.
- (m) All food not in the original package shall be stored in labeled and dated containers designed for food storage.
- (n) All work surfaces shall be cleaned and sanitized after each use.
- (o) All dishes, utensils and glassware shall be in good repair, cleaned and sanitized after each use and properly stored.
- (p) All food service equipment shall be kept clean and maintained according to manufacturer's guidelines.
- (q) Food service areas shall not be used to empty bedpans or urinals or as access to toilet and utility rooms.
- (r) If soiled linen is transported through food service areas, the linen shall be in an impervious container.
- (s) Garbage or trash in the kitchen area shall be placed in lined containers with covers.
- (t) All ALR-SRHC personnel involved in the preparing and serving of food shall wash their hands and exposed portions of their arms with liquid soap and running water before handling or serving food.

Source. #8746, eff 10-25-06

He-P 805.22 Infection Control.

(a) The ALR-SRHC shall develop and implement an infection control program that educates and provides procedures for the prevention, control, and investigation of infectious and communicable diseases.

(b) The infection control program shall include written procedures for:

(1) Proper hand washing techniques;

(2) The utilization of universal precautions, as specified by the United States Centers for Disease Control Guidelines for Isolation Precautions in Hospitals (1993);

(3) The management of residents with infectious or contagious diseases or illnesses;

(4) The handling, storage, transportation and disposal of those items identified as infectious waste in Env-Wm 2604; and

(5) The reporting of infectious and communicable diseases as required by He-P 301.

(c) The infection control education program shall address at a minimum the:

(1) Causes of infection;

(2) Effects of infections;

(3) Transmission of infections; and

(4) Prevention and containment of infections.

(d) Personnel infected with a disease or illness transmissible through food, fomites or droplets, shall not work in food service or provide direct care in any capacity until they are no longer contagious.

(e) Personnel infected with scabies or lice shall not provide direct care to residents or work in food services until such time as they are no longer infected.

(f) Personnel with a newly positive tuberculosis test or a diagnosis of suspected active pulmonary or laryngeal tuberculosis shall be excluded from the ALR-SRHC until a diagnosis of tuberculosis is excluded or until the person is receiving tuberculosis treatment and has been determined to be noninfectious by a licensed practitioner.

(g) Personnel with an open wound who work in food service or provide direct care in any capacity shall cover the wound at all times by an impermeable, durable, tight fitting bandage.

(h) Each licensee caring for residents with infectious or contagious diseases shall have available appropriate isolation accommodations, equipment, rooms and personnel as specified by the United States Center for Disease Control Guidelines (1993).

(i) The licensee shall immunize all consenting residents for influenza and pneumococcal disease and all consenting personnel for influenza in accordance with RSA 151:9-b and report immunization data to the department's immunization program.

Source. #8746, eff 10-25-06

He-P 805.23 Sanitation.

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- (a) The licensee shall maintain a clean, safe and sanitary environment, both inside and outside.
- (b) The furniture, floors, ceilings, walls, and fixtures shall be clean, sanitary and in good repair.
- (c) A supply of potable water shall be available for human consumption and food preparation, pursuant to Env-Ws 315 and 316.
- (d) A supply of hot and cold running water shall be available at all times and precautions, such as temperature regulation, shall be taken to prevent a scalding injury to the residents.
- (e) Hot water shall be of a high enough temperature to ensure sanitation and food safety when used for laundry and food preparations.
- (f) All resident bathing and toileting facilities shall be cleaned and disinfected as often as necessary to prevent illness or contamination.
- (g) Cleaning solutions, compounds and substances considered hazardous or toxic materials, as defined in RSA 147-A:2 VII, shall be distinctly labeled and legibly marked so as to identify the contents and stored in a place, such as a locked box, separate from food, medications and resident supplies.
- (h) Toxic materials shall not be used in a way that contaminates food, equipment or utensils or in any way other than in full compliance with the manufacturer's labeling.
- (i) Only individuals authorized under RSA 430:33 may apply pesticides, as defined by RSA 430:29, XXVI, in food storage, food preparation or dining areas.
- (j) Solid waste, garbage and trash shall be stored in a manner to make it inaccessible to insects and rodents, outdoor animals and facility pets.
- (k) In-house trash and garbage receptacles shall be emptied in a timely manner and lined, or cleaned and disinfected after emptying or when visibly soiled.
- (l) Trash receptacles in food service areas shall be covered.
- (m) Laundry and laundry rooms shall meet the following requirements:
  - (1) Laundry and laundry rooms shall be kept separate from kitchen and dining areas;
  - (2) Clean linen shall be stored in a clean area and shall be separated from soiled linens at all times;
  - (3) Soiled materials, linens and clothing shall be transported in a laundry bag, sack or container and washed in a sanitizing solution used in accordance with the manufacturer's recommendations; and
  - (4) Soiled linens and clothing which are considered contaminated with infectious waste under Env-Wm 2604 shall be handled as infectious waste.
- (n) Laundry rooms and bathrooms shall have non-porous floors.
- (o) Sterile or clean supplies shall be stored in dust and moisture-free storage areas.
- (p) Any ALR-SRHC that has its own water supply and whose water has been tested and has failed to meet the acceptable levels identified in this section, or as required by the department of environmental services shall notify the department.

Source. #8746, eff 10-25-06

He-P 805.24 Physical Environment.

(a) The physical environment shall be maintained, inside and outside, so as to provide for the health, safety, well-being and comfort of resident(s) and personnel, including reasonable accommodations for residents and personnel with mobility limitations.

(b) Equipment providing heat within an ALR-SRHC including, but not limited to, gas furnace or boiler, oil furnace or boiler, wood stove or pellet stove shall:

(1) Maintain a temperature as follows, except where residents have control of the thermostat in their own room:

a. Be at least 65 degrees Fahrenheit at night; and

b. Be at least 70 degrees Fahrenheit during the day if the resident(s) are present; and

(2) Be serviced once a year or as recommended by the manufacturer with written documentation of such service retained for at least 4 years.

(c) Electric heating systems shall be exempt from (a)(2) above.

(d) Portable space heating devices shall be prohibited, unless the following are met:

(1) Such devices are used only in employee areas where personnel are present and awake at all times; and

(2) The heating elements of such devices do not exceed 212 degrees Fahrenheit;

(e) Unvented fuel-fired heaters shall not be used in any ALR-SRHC.

(f) Plumbing shall be sized, installed, and maintained in accordance with the state plumbing code as adopted under RSA 329-A:15 and RSA 155-A.

(g) Ventilation shall be provided in all enclosed living areas by means of a mechanical ventilation system or one or more screened windows that can be opened.

(h) Each resident bedroom shall have natural lighting provided by at least one operable window with a screen to the outside, which is of a size equivalent to or greater than 8% of the room's gross square footage.

(i) The number of sinks, toilets, tubs or showers shall be in a ratio of 1 for every 6 individuals, unless household members and personnel have separate bathroom facilities not used by residents.

(j) All showers and tubs shall have slip resistant floors and surfaces which are intact, easily cleanable, and impervious to water.

(k) All hand-washing facilities shall be provided with hot and cold running water.

(l) In an ALR-SRHC licensed for 16 or fewer residents, there shall be at least 80 square feet per room with a single bed and 160 square feet per room with 2 beds, exclusive of space required for closets, wardrobe and toilet facilities.

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(m) In an ALR-SRHC licensed for 17 or more residents, there shall be at least 100 square feet for each resident in each private-bedroom and at least 80 square feet for each resident in a semi-private bedroom, exclusive of space required for closets, wardrobes and toilet facilities;

(n) Bedrooms in an ALR-SRHC licensed prior to the effective date of these rules shall:

- (1) Be exempt from (l) and (m) above;
- (2) Provide at least 80 square feet per resident in a private room; and
- (3) Provide at least 70 square feet per resident in a semi-private room.

(o) The space requirements in (l), (m) and (n) above shall be exclusive of space required for closets, wardrobes, and bathroom.

(p) Each bedroom shall:

- (1) Contain no more than 2 beds;
- (2) Have its own separate entry to permit the resident to reach his/her bedroom without passing through the room of another resident;
- (3) Have a side hinge door and not a folding or sliding door or a curtain;
- (4) Not be used simultaneously for other purposes;
- (5) Be separated from halls, corridors and other rooms by floor to ceiling walls; and
- (6) Be located on the same level as the bathroom facilities, if the resident has impaired mobility as identified by the RAT.

(q) The licensee shall provide the following for the residents' use, as needed:

- (1) A bed appropriate to the needs of the resident;
- (2) A firm mattress that complies with Saf-C 6000;
- (3) Clean linens, blankets and a pillow;
- (4) A bureau;
- (5) A mirror;
- (6) A bedside table;
- (7) A lamp;
- (8) A chair;
- (9) A closet or storage space for personal belongings; and
- (10) Window blinds, shades or curtains that provide privacy;

(r) The resident may use his or her own personal possessions provided they do not pose a risk to the resident or others.

(s) The licensee shall provide the following rooms to meet the needs of residents:

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- (1) One or more living rooms or multi-purpose rooms; and
  - (2) Dining facilities with a seating capacity capable of meeting the needs of all residents.
- (t) Each licensee shall have a communication system in place so that all residents can effectively contact personnel when they need assistance with care or in an emergency.
- (u) Lighting shall be available to allow residents to participate in activities such as reading, needlework or handicrafts.
- (v) All bathroom, bedroom and closet door latches or locks shall be designed for easy opening from the inside and outside in an emergency.
- (w) Screens shall be provided for:
- (1) Doors;
  - (2) Windows; or
  - (3) Other openings to the outside.
- (x) Doors that are self-closing and remain closed when not in use shall be exempt from the requirement in (w) above.

Source. #8746, eff 10-25-06

He-P 805.25 Emergency and Fire Safety.

- (a) All ALR-SRHC's shall meet the health care chapter of NFPA 101 as adopted by the commissioner of the department of safety in Saf-C 6000.
- (b) All ALR-SRHC's shall have:
- (1) Smoke detectors on every level and in every bedroom that are interconnected and either hardwired, powered by the ALR-SRHC's electrical service, or wireless, as approved by the state fire marshal for the ALR-SRHC;
  - (2) At least one ABC type fire extinguisher on every level; and
  - (3) An approved carbon monoxide monitor on every level.
- (c) An emergency and fire safety program shall be developed and implemented to provide for the safety of residents and personnel.
- (d) Immediately following any fire or emergency situation, licensees shall notify the department by phone to be followed by written notification within 72 hours, with the exception of:
- (1) A false alarm or emergency medical services (EMS) transport for a non-emergent reason; or
  - (2) Emergency EMS transport related to pre-existing conditions;
- (e) The written notification required by (d) above shall include:
- (1) The date and time of the incident;
  - (2) A description of the location and extent of the incident, including any injury or damage;

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- (3) A description of events preceding and following the incident;
  - (4) The name of any personnel or residents who were evacuated as a result of the incident, if applicable;
  - (5) The name of any personnel or residents who required medical treatment as a result of the incident, if applicable; and
  - (6) The name of the individual the licensee wishes the department to contact if additional information is required.
- (f) If the licensee has chosen to allow smoking, a designated smoking area shall be provided which has, at a minimum:
- (1) A dedicated ventilation system, so that smoke or odors cannot escape or be detected outside the designated smoking room;
  - (2) Walls and furnishings constructed of non-combustible materials; and
  - (3) Metal waste receptacles and safe ashtrays.
- (g) Each licensee shall develop a written emergency plan that covers:
- (1) Loss of electricity;
  - (2) Loss of water;
  - (3) Loss of heat;
  - (4) Bomb threat;
  - (5) Severe weather;
  - (6) Fire;
  - (7) Gas leaks;
  - (8) Unexplained resident absences; and
  - (9) Any situation that requires evacuation of the ALR-SRHC.
- (h) Each licensee shall:
- (1) Annually review and revise, as needed, its emergency plan;
  - (2) Submit its emergency plan to the local emergency management director for review and approval when initially written and whenever the plan is revised; and
  - (3) Maintain documentation on-site which establishes that the emergency plan has been approved as required under (2) above.
- (i) Each ALR-SRHC that has been pre-approved, in writing by the local emergency management director, as an emergency shelter may accept on an emergency basis, residents of their local community provided that:
- (1) They have a generator capable of supplying the entire facility;

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(2) They have sufficient personnel and food to meet the needs of both the residents and any evacuees; and

(3) They make arrangements to transfer the evacuee as soon as practicable if they learn after accepting the evacuee that they cannot meet his or her needs.

(j) Evacuation drills shall be conducted monthly as follows:

(1) Each employee shall participate in at least one drill every calendar quarter; and

(2) Each drill shall include the transmission of a fire alarm signal and simulation of emergency fire conditions.

(k) For personnel who are unable to participate in the scheduled drill described in (j) above, on the day they return to work the administrator or designee shall, if applicable, instruct them as to any changes in the facility fire and emergency plan and document such instruction in their personnel file.

(l) Personnel who are unable to participate in a drill in accordance with (j) and (k) above shall participate in a drill within the next quarter.

(m) Per-diem or temporary personnel shall not be the only person awake unless they have:

(1) Participated in at least 2 actual fire drills in the facility in the past year; and

(2) Participated in the facility's orientation program pursuant to He-P 805.18(s).

(n) The timing of monthly drills shall be at varying times to include all shifts and all residents and individuals in the ALR-SRHC at the time of the drill.

(o) All emergency and evacuation drills shall be documented and include the following information:

(1) The names of the participating personnel and residents;

(2) The time, date, month, and year the drill was conducted;

(3) The exits utilized if the ALR-SRHC does not comply with the health care chapter of the state fire code;

(4) The total time necessary to evacuate the ALR-SRHC, if required;

(5) The time needed to complete the drill; and

(6) Any problems encountered and corrective actions taken to rectify problems.

(p) The state fire marshal shall be the ultimate authority relative to the health care chapter of NFPA 101 as adopted by the commissioner of the department of safety in Saf-C 6000.

Source. #8746, eff 10-25-06

APPENDIX

Rule	Specific State or Federal Statutes the Rule Implements
He-P 805.01-He-P 805.03	RSA 151:9, I; RSA 151:9, VII(a)(2)
He-P 805.04	RSA 151:4, I – III-a and IV; RSA 151:9, I(c);
He-P 805.05-He-P 805.06	RSA 151:4, I – III-a; RSA 151:5; RSA 151:7, I; RSA 151:9, I(c) & (d)
He-P 805.07	RSA 151:9, I; RSA 151:3-a; RSA 151:6, II; RSA 151:9, I(a)
He-P 805.08-He-P 805.10	RSA 151:9, I and I(b); RSA 151:6, I; RSA 151:6-a; RSA 151:9, I(a) & (e)
He-P 805.11	RSA 151:6, I; RSA 151:9, I(e)
He-P 805.12-He-P 805.13	RSA 151:7, II – IV; RSA 151:7-a; RSA 151:8; RSA 151:9, I(f), (g), (h) & (l); RSA 151:16-a
He-P 805.14-He-P 805.25	RSA 151:9, I and I(a); RSA 151:9, VII(a)(1) & (2)
He-P 805.25(a) and (p)	NFPA 101