

CHAPTER 33-14-04 RESIDENTIAL CENTERS

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33-14-04-01. Standards for administration.

1. **Administrator.** In order to develop an adequate program of treatment and care it is essential that there be an administrator of maturity and experience to equip the administrator for the task. It is highly recommended that the administrator shall have had at least two years of previous professional work with the mentally retarded or administrative experience of similar duration with adequate programs of residential care. Professional preparation and experience in medicine, social work, or psychology are especially desirable.
2. **Finances.** A sound financial plan must be demonstrated. Adequate records must be kept of all income received and expended. An audit shall be performed annually and a copy of the audit report shall be submitted to the division of mental health and retardation of the state department of health. Financial records may be inspected by the division at any time. Financial records must be kept for a period of fifteen years.
3. **Insurance.** Adequate insurance, including liability insurance, must be maintained.
4. **Health clearance.** The residential care center shall secure a written report from a licensed physician or health department that all personnel at the time of employment and annually thereafter are free of communicable and infectious diseases, including tuberculosis. Persons with infectious and communicable diseases shall not be on duty in any center.
5. **Reports.** Licensees shall furnish to the division of mental health and retardation such reports as may be required.
 - a. **Injury and incident reports.** A written report shall be submitted to the division within three days concerning any serious injury or unusual incident involving a resident including name, age, sex, date of admission, diagnosis, date of incident or death, nature of incident, medical findings and treatment, name of attending physician, and final disposition.
 - b. **Death reports.** Reports of all deaths from unnatural causes, including those reported to the coroner, shall be submitted to the division either as a special report or by copy of the death certificate within thirty days of occurrence.

- c. Special reports. Any occurrences such as epidemic outbreaks, poisonings, reportable diseases, or other unusual occurrences which threaten the welfare, safety, or health of any resident admitted to any institution shall be immediately reported by telephone or telegram to the local health officer. The residential care center shall furnish such other pertinent information as the local or state department of health may require. The residential care center shall immediately submit an identical report to the division.
6. **Fire safety.** All residential care centers shall conform to the requirements established by the state fire marshal. An annual inspection shall be made by the state fire marshal, or the fire marshal's designee. A copy of the latest fire inspection clearance shall be on the premises.
7. **Disaster program.** All residential care centers shall adopt and maintain a written disaster program which shall provide plans for disasters occurring within and on the grounds of the center.
 - a. The written disaster program shall include:
 - (1) Administrative procedures.
 - (2) Plans for evacuation and continued care of residents.
 - b. The current plan shall be available on the premises and personnel shall be instructed in its implementation.
8. **Telephones.** All residential care centers shall have telephone service, including a telephone accessible to visitors. Each building housing residents shall have telephones or intercommunicating equipment.
9. **Waiting and visiting space and public toilets.** All residential care centers shall have ample waiting and visiting room space. Toilet facilities for the public shall include separate facilities for males and females.
10. **Admission policies.** All residential care centers shall have admission policies which are in writing and available to the public. No individual whose needs cannot be met by the facility shall be admitted to it. All admissions shall be in accordance with the facility's screening team's written policies.
11. **Personnel policies and practices.** All residential care centers shall have written policies and maintain accurate employee records.
12. **Records.** Records shall be kept on all residents admitted and shall be maintained after discharge or after a minor has reached eighteen years of age until such time as the statute of limitations no longer applies.
 - a. Maintenance of resident's records. The residential center shall maintain a separate clinical record for each resident admitted with all entries kept current, dated and signed. The record shall include:
 - (1) Identification and summary sheets including resident's name, social security number, marital status, age, sex, home address and religion; names, addresses and telephone numbers of referral agency, personal physician, dentist and next of kin or other responsible person; admitting diagnosis, final diagnosis, conditions on discharge, and disposition.
 - (2) Initial medical evaluation including medical history, physical examination, diagnosis.

- (3) The physician will make progress notes at each visit and the professional staff at the center shall write progress notes describing significant changes in the resident's behavior or at least monthly.
 - (4) Physician's orders, including all medication, treatment, diet, restorative, and special medical procedures required for the safety and well-being of the resident.
 - (5) Medication and treatment record including all medications, treatments, and special procedures performed for the safety and well-being of the resident.
 - (6) Laboratory and X-ray reports.
 - (7) Consultation reports.
 - (8) Dental reports.
 - (9) Social service notes.
 - (10) Resident care referral reports.
- b. Confidentiality of records. All information contained in the clinical records shall be treated as confidential and may be disclosed only to authorized persons.
 - c. Staff responsibility for records. The center shall assign one staff member to be responsible for assuring that records are maintained, completed, and preserved.

13. Restraints.

- a. Restraints or seclusion should be used only when all reasonable methods have failed and then should be used only for as brief a period as reasonably possible.
- b. Restraints may be applied only by written order of the attending physician. In case of an emergency a verbal order may be accepted, but must be placed in writing on the resident's record within twelve hours.
- c. When restraints or seclusion is used, a record shall be kept which will show:
 - (1) Name, age, and sex of resident.
 - (2) Type of procedure and device.
 - (3) Justification.
 - (4) Name of authorizing doctor.
 - (5) Date and hour placed in restraint or seclusion.
 - (6) Date and hour removed from restraint or seclusion.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-02. Staff.

At least one staff member shall be in any building in which residents are present at all times. Sufficient nursing and attendant staff are to be available for adequate care of residents at all times.

- 1. Arrangements must be demonstrated for the provision of adequate physician's services, including psychiatric and pediatric. If the director is not a physician, there must be services

provided by a physician who will give regular health supervision and participate in the training of the staff. North Dakota Century Code section 25-16-03 requires medical examination of residents at least every six months.

2. Psychological services shall be provided and are to be under the direction of a psychologist licensed to practice psychology in North Dakota in conformity with the North Dakota licensure laws for psychologists. North Dakota Century Code section 25-16-03 requires psychological examination of residents at least every six months.
3. Social services are to be provided and shall be under the direction of a social worker.
4. Nursing services from registered nurses shall be provided as required by the program. This is especially important when the severely handicapped or those with serious medical problems are admitted to the center. When a professional nurse is included as a part of the staff, the nurse shall provide nursing services and participate in orientation and training of staff.
5. Qualified occupational, recreational, and speech therapists as well as qualified teachers shall be utilized as required.
6. A dietitian must be utilized in the food service. In the event that the center's program is not large enough to justify including a dietitian as a part of the staff, part-time services of a dietitian or dietetic consultation from the state department of health may be utilized.
7. Provisions shall be made for dental examinations and dental treatment by a dentist. A dentist shall assist the residential care center in developing an adequate program of oral hygiene.
8. Professional staff is to be utilized in the orientation and training of personnel.
9. Staff shall possess sufficient maturity and educational achievement to utilize the orientation and training program and to participate in a meaningful treatment and care program for the residents.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-03. Recreational activities.

1. Every residential care center shall provide and conduct programs of purposeful activities in accord and with the interests, abilities, and needs of the residents.
2. Designated indoor and outdoor areas shall be provided to adequately meet the recreational needs of residents.
3. Facilities for children shall provide playgrounds and playrooms, adequately equipped with apparatus, games, etc.
4. Facilities for children of school age shall provide programs of education and training acceptable to the department of public instruction. If school facilities are utilized which are not on the premises, transportation which is in accordance with the needs of the resident shall be provided.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-04. Maintenance.

1. **Paramedical and adjunct services.**

- a. Mentally retarded persons who wear glasses, braces, or other appliances shall wear them as directed by the person who prescribed them and the center shall record these instructions in the resident's record and see that they are carried out.
- b. Adequate facilities shall be made available to provide treatment (such as orthopedic and physiotherapy) by qualified personnel for residents who are physically handicapped in addition to being mentally retarded.
- c. The center shall have an independent training program which makes every effort to help each resident achieve the resident's fullest potential for independence whether this be independence in self-care or for more complex activities leading to the goal of independent living.
- d. Pharmacy. Where a pharmacy is operated, a registered pharmacist shall be in charge.

2. Medications.

- a. All medicines, poisons, and other drugs shall be plainly labeled. They shall be stored in a specifically designated and well-illuminated area and made accessible only to responsible persons.
- b. Medications requiring refrigeration shall be stored in a separate refrigerator or a separate section of a refrigerator.
- c. The specific name of the drug shall be plainly indicated on the container.
- d. All medication ordered for residents shall be administered and recorded in accordance with the written order of the attending physician.
- e. Custody of all medications, drugs, and poisons shall be the responsibility of registered nurses or supervisory personnel.
- f. Responsibility for administration of one's own medications by any resident can only be given as part of an approved treatment plan and recorded as such in the resident's record.
- g. There shall be compliance with state and federal regulations and laws governing use of drugs and narcotics.

3. Food service.

- a. Diet plans shall be developed by a qualified dietitian who shall be responsible for development of special diets when ordered by the resident's physician. At least three meals shall be served daily to all residents either in the residential facility or made available at school or employment.
- b. Menus shall be planned, written, and posted in the kitchen at least one week in advance. Copies of menus, as served, shall be kept on file for at least four weeks.
- c. Ambulatory residents shall be provided dining room service. Nonambulatory residents shall be served in such a way as to maximize independence and skills and still maintain an adequate state of nutrition.

4. Sanitation for preparing and serving food.

- a. The storage, preparation, and serving of food and the cleaning and sanitizing of utensils shall be in accordance with the Ordinance and Code regulating eating and drinking establishments as recommended by the Public Health Service Food Service Sanitation

Ordinance and Code (Part V), Food Service Sanitation Manual. Copies of this manual may be obtained from the state department of health.

- b. The kitchen area shall provide adequate space for food preparation, dishwashing, refrigeration, and storage of bulk foods.
 - c. A janitor's closet and garbage can washing facility shall be provided.
5. **Milk supply.** The milk supply shall be from an approved source complying with the requirements of the Public Health Service Standard Milk Ordinance.
6. **Water supply.**
- a. The water supply shall be from an approved source and must meet recognized standards of quality and quantity.
 - b. Sufficient facilities for producing a ready quantity of hot water for domestic needs shall be provided.
7. **Waste disposal.** Disposal of sewage and garbage shall be in an approved manner and must meet recognized standards.
8. **Laundry.**
- a. Adequate arrangements for laundry service shall be made.
 - b. If the laundry is done within the facility, there shall be proper provision of spacing, sizing, and placing of equipment to assure satisfactory service to meet the demands of the residents.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-05. Resident rooms.

- 1. **Grade level.** No resident shall be housed in a room unless a portion of it is at or above grade level and no resident room floor shall be more than thirty inches [76.2 centimeters] below the adjacent grade.
- 2. **Floor area.**
 - a. In single resident rooms the least dimension free of fixed obstructions shall not be less than eighty square feet [7.43 square meters].
 - b. Multibed rooms shall have as a minimum floor space, seventy-five square feet [6.97 square meters] of space free of fixed obstructions per bed. There shall be no more than four beds per room.
 - c. At least one water closet, lavatory, and tub or shower shall be provided for each five residents.
 - d. Window sills shall not be higher than three feet [91.44 centimeters] above the floor and shall be above grade. Each resident's room shall be an outside room with a satisfactory amount of natural light. The area of the glazing material in the windows shall not be less than one-tenth of the floor area of the room served by them.
 - e. If both males and females are housed in the same facility, separate water closets, lavatories, and tubs or showers will be required for both sexes.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-06. Services area.

1. **Clean linen storage.** Enclosed storage space.
2. **Nourishment station.** Storage, refrigerator, hot plate, self-dispensing icemaker, and sink. (Desirable but not mandatory.)
3. **Equipment storage room.** For storage of bulky equipment.
4. **Janitor's closet.** Large enough for storage of housekeeping supplies and equipment. Floor receptor.
5. **Toilet room door.** Doors to toilet rooms shall have a minimum width of two feet ten inches [86.36 centimeters] to admit a wheelchair.
6. **Conference room.** For consultation, examination, and treatment and therapeutic and nursing procedures to be used by physician or other facility staff.
7. **Storage.** Ample storage space for resident's personal belongings.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-07. Resident dining and recreation areas.

The dining area and recreational activities area shall not be the same space.

1. **Resident dining area.** The total area set aside for this purpose shall not be less than fifteen square feet [1.39 square meters] per bed. Additional space shall be provided for outpatients if they participate in a day care program.
2. **Resident recreation area.**
 - a. The total area set aside for recreation shall be four hundred square feet [37.16 square meters] of clear space for the first ten beds. This shall be the minimum size. Additional space of ten square feet [.93 square meters] per bed shall be added for each additional bed over ten.
 - b. A source of water shall be provided for crafts.
 - c. Storage shall be provided for recreational equipment and supplies.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-08. Food services.

Type, size, and layout of equipment shall provide optimal work flow and adequate food preparation to meet the needs of the residents.

1. **Food preparation center.** Provide handwashing lavatory but do not provide mirror.
2. **Toilet room.** Conveniently accessible for dietary staff.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-09. Administration area.

1. Lobby and information center.
2. Administrator's office.
3. Public and staff toilet room.
4. Adequate office space for all faculty staff including consultation staff.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-10. Engineering service and equipment areas.

1. Boiler room.
2. Mechanical, electrical equipment, and maintenance room or rooms.
3. Storage room for building maintenance supplies. May be part of maintenance shop.
4. Storage room for housekeeping equipment. Need not be provided if space is available in janitor's closet elsewhere.
5. Refuse space.
6. Yard equipment storage space. For yard maintenance equipment and supplies.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-11. Construction detail and finishing.

A high degree of safety for the occupants in minimizing the incidence of accidents shall be provided. Hazards such as sharp corners shall be avoided. All details and finishes shall meet the following requirements:

1. All doors opening into corridors shall be swing-type except elevator doors. Alcoves and similar spaces which generally do not require doors are excluded from this requirement.
2. No doors shall swing into the corridor except closet doors.
3. Thresholds and expansion joint covers, if used, shall be flush with the floor.
4. Lavatories intended for use by residents shall be installed to permit wheelchairs to slide under.
5. Mirrors shall be arranged for convenient use by residents in wheelchairs as well as by patients in a standing position.
6. Paper towel dispensers shall be provided at all lavatories and sinks used by personnel for handwashing.
7. Ceiling heights.
 - a. Corridors, storage rooms, resident toilet room and other minor rooms shall not be less than seven feet six inches [2.29 meters].
 - b. All other rooms shall not be less than eight feet [2.44 meters].

8. Food preparation centers and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of eighty-five degrees Fahrenheit [29.44 degrees Celsius].
9. Finishes.
 - a. Floors shall be easily cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchens and related spaces shall be waterproof and greaseproof. In all areas where floors are subject to wetting, they shall have a nonslip finish.
 - b. Adjacent dissimilar floor materials shall be flush with each other to provide an unbroken surface.
 - c. Walls shall be washable and in the immediate area of plumbing fixtures, the finish shall be moistureproof. Wall bases in dietary areas shall be free of spaces that can harbor insects.
 - d. Ceilings shall be acoustically treated in corridors in resident areas, nourishment stations and dining and recreation areas.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-12. Fire safety, zoning and building clearance.

All construction for residential care centers shall conform to state building regulations related to fire safety as well as conform to local fire safety, zoning, and building ordinances. Evidence of conforming to zoning ordinances shall be presented in writing to the division of mental health and retardation. Fire codes and building codes used in the design of the building shall be recorded with plans submitted.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-13. Mechanical requirements.

New construction or major remodeling shall conform to national accepted practices such as ASTRAE.

1. **Heating and ventilation systems (this will apply to existing licensed facilities).**
 - a. Temperatures. A minimum temperature of sixty-eight degrees to seventy-two degrees Fahrenheit [20 degrees to 22.22 degrees Celsius] shall be provided for all occupied areas at winter design conditions.
 - b. Ventilation systems. An adequate ventilation system shall be maintained.
2. **Plumbing and other piping systems.** All plumbing and piping systems shall conform to state and local plumbing codes.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-14. Electrical requirements.

All spaces occupied by people, machinery, and equipment within buildings and the approaches thereto and parking lots shall have electrical lighting. All electrical requirements shall conform to state or local codes.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03

33-14-04-15. Submission of building construction plans.

Before construction is begun, plans and specifications covering the construction of new buildings, additions to an existing building, or a substantial alteration to an existing building shall be submitted to the division of mental health and retardation and approval shall be obtained from the division with respect to compliance with the minimum standards which have been established.

Note: In order to avoid unnecessary expense in changing final plans, it is suggested that as an initial step, proposed plans in sketch form be reviewed with the division.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 25-16-03