CHAPTER He-P 800 RESIDENTIAL CARE AND HEALTH FACILITY RULES

Statutory Authority: RSA 151:9

PART He-P 803 NEW HAMPSHIRE NURSING HOME RULES

Readopt He-P 803.01 and He-P 803.02, effective 8-28-19 (Document #12860), to read as follows:

He-P 803.01 Purpose. The purpose of this part is to set forth the classification of and licensing requirements for nursing home facilities pursuant to RSA 151:2, I(e)(2) and as described in RSA 151:9, VII(a)(3).

He-P 803.02 Scope. This part shall apply to any individual, agency, partnership, corporation, government entity, association or other legal entity operating a nursing home, except:

(a) All facilities listed in RSA 151:2, II(a)-(h); and

(b) All entities which are owned or operated by the state of New Hampshire, pursuant to RSA 151:2, II(i).

Readopt with amendment He-P 803.03 and He-P 803.04, effective 8-4-21 (Document #13246), to read as follows:

He-P 803.03 Definitions.

(a) "Abuse" means any one of the following:

(1) "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 residents;

(2) "Physical abuse" means the misuse of physical force which results or could result in physical injury to residents; or

(3) "Sexual abuse" means contact or interaction of a sexual nature involving residents without ~~his or her~~their ~~informed~~ consent.

(b) "Activities of daily living" (ADL)~~"~~ means basic daily routine tasks such as eating, transferring, toileting, bathing, dressing, and ~~self-management of medications~~medication management.

(c) "Addition" means an increase in the building area, aggregate floor area, building height, or number of stories of a structure.

(d) "Administer" means an act whereby one or more doses of a medication is instilled into the body, applied to the body of, or otherwise given to a person for immediate consumption or use by an individual authorized by law, including RSA 318-B and RSA 326-B.

(e) "Administrative remedy" means a corrective action imposed upon a licensee in response to non-compliance with RSA 151 or He-P 803.

~~(e) "Administrator" means the person responsible for the management of the licensed premises, who is licensed by the state of New Hampshire pursuant to RSA 151, and who reports to and is accountable to the governing body~~.

(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) "Advance directive" means a legal document~~directive~~ allowing a person to give directions about future medical care or to designate another person to make medical decisions if he or she should lose the capacity to make health care decisions. This~~e~~ term ~~"advance directive"~~ includes "living wills" and "durable powers of attorney for health care", in accordance with RSA 137-J, or a "surrogate decision-maker" in accordance with RSA 137-J:35.

(h) "Affiliated ~~or related~~ parties" means companies or individuals that serve as operators, landlords, management companies or advisors, real estate or consulting companies, members of limited liability companies, administrative services companies, lenders and companies providing financial guarantees, captive or affiliated insurance companies, or other companies as the commissioner shall decide. This term includes "related parties".

(i) "Adverse drug reaction" means harm caused by a drug at normal doses.

(~~i~~j) "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, or a surrogate identified under RSA-137-J:354-37.

(~~j~~k) "Applicant" means an individual, agency, partnership, corporation, government entity, association, or other legal entity seeking a license to operate a nursing home pursuant to RSA 151.

(~~k~~l) "Area of non-compliance" means any action, ~~or~~ failure to act, or other set of circumstances that cause~~(s)~~ a licensee to be out of compliance with RSA 151, He-P 803, or other applicable federal or~~and~~ state requirements.

(~~l~~m) "Assessment" means an evaluation of the resident to determine the care and services that are needed.~~means a systematic data collection which enables facility personnel to plan care that allows the resident to reach his or her highest practicable level of physical, mental, and psychosocial functioning~~.

(~~m~~n) "Care plan ~~or treatment plan~~" means a documented guide developed by the licensee or their personnel, in consultation with ~~personnel,~~ the resident~~, and~~ or the resident's guardian, agent, or personal representative, if any, as a result of the assessment process, for the provision of care and services to a resident. This term includes "treatment plan".

(~~n~~o) "Certified nursing home" means a nursing home that is certified by the Centers of Medicare and Medicaid Services (CMS) and deemed compliant with He-P 803.

(~~o~~p) "Change of ownership" means the transfer of~~change in~~ the controlling interest of an established nursing home to an individual, agency partnership, corporation, government entity, association, or other legal entity ~~or successor business entity~~.

(~~p~~q) "Chemical restraint" means any drug or medication that is used as a restriction to manage a resident's behavior or restrict the resident's freedom of movement and is not standard treatment or dosage for the resident's condition~~for discipline or staff convenience, in order to alter a resident's behavior such that the resident requires a lesser amount of effort or care, and is not in the resident's best interest, and not required to treat medical symptoms~~.

(r) "Clinical laboratory improvement amendments" (CLIA) means the requirements outlined at 42 CFR Part 493 which set forth the conditions that all laboratories must meet to be certified to perform testing on human specimens.

(~~q~~s) "Commissioner" means the commissioner of the New Hampshire department of health and human services or their~~his or her~~ designee.

(t) "Controlling interest" means greater than 50% ownership interest.

(~~r~~u) "Core services" means those ~~minimal~~ services ~~to be~~ provided by the licensee ~~to any resident~~ that are ~~must be~~ included in the basic rate.

(v~~s~~) "Critical incident stress management" (CISM)~~"~~ means an adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. Its purpose is to enable people to return to their daily routine more quickly and with less likelihood of experiencing post-traumatic stress disorder.

(~~t~~w) "Days" means calendar days, unless otherwise specified in the rule.

(~~u~~x) "Department" means the New Hampshire department of health and human services.

(~~v~~y) "Direct care" means the hands on care or services provided to a resident, including but not limited to medical, nursing, psychological, or rehabilitative treatments.

(~~w~~z) "Direct care personnel" means any person providing hands-on clinical care or hands-on services to a resident including but not limited to medical, psychological, or rehabilitative treatments, bathing, transfer assistance, feeding, dressing, toileting, and grooming.~~means any person providing direct care to a resident.~~

(~~x~~aa) "Directed plan of correction" means a plan developed and written by the department that specifies the necessary actions the licensee must take to correct identified areas of non-compliance.

(ab) "Discharge" means "discharge" as defined in RSA 151:19, I-a.

(~~y~~ac) "Do not resuscitate order" (DNR order)~~"~~ means an order, signed by a licensed provider, that in the event of an actual or imminent cardiac or respiratory arrest, chest compression, and ventricular defibrillation will not be performed, the resident will not be intubated or manually ventilated, and there will be no administration of resuscitation drugs. This term also includes "do not attempt resuscitation order (DNAR order).

(ad) "Drug diversion" means the use of controlled substances for anything other than the intended purpose or not administered to the person to who it was prescribed.

(~~z~~ae) "Elopement" means when a resident ~~who is cognitively, physically, mentally, emotionally, or chemically impaired or cognitively intact, wanders away, walks away, runs away, escapes, or otherwise~~ leaves ~~a facility~~the licensed premises or a safe area unsupervised or unnoticed without the authorization of the licensee's personnel~~knowledge of the licensee's personnel.~~

(~~aa~~af) "Emergency" means an unexpected occurrence or set of circumstances, which require immediate remedial attention.

(ag) "Emergency permit for acting administrator" means a non-renewable temporary emergency permit granted by the office of professional licensing and certification to a person of good professional character and suitability to act in the capacity of a nursing home administrator under the supervision of a licensed nursing home administrator not to exceed 6 months.

(~~ab~~ah) "Emergency plan" means a document outlining the responsibilities of personnel in an emergency.

(ai) "Enforcement action" means the imposition of an administrative fine, the denial of an application for a license, or the revocation or suspension of a license in response to non-compliance RSA 151 or He-P 803.

(~~ac~~aj) "Equipment" means "any plumbing, heating, electrical, ventilating, air-conditioning, refrigerating, and fire protection equipment, and any elevators, dumbwaiters, escalators, boilers, pressure vessels, or other mechanical facilities or installations related to building services~~"~~, not to include portable refrigerators. This term includes "fixtures".

(~~ad~~ak) "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.

(~~ae~~al) "Facility" means "facility" as defined in RSA 151:19, II.

(am) "Good cause" means any circumstances beyond a person's control, that the department considers to be circumstances that prevents that person from taking some required action, including:

(1) A death in the person's immediate family;

(2) Personal injury or serious illness of the person or an immediate family member; or

(3) Another compelling reason or justification.

(~~af~~an) "Governing body" means a group of designated person(s) that appoints the administrator and is legally responsible for establishing and implementing policies regarding management and operation of the facility.

(~~ag~~ao) "Guardian" means a person appointed in accordance with ~~RSA 463,~~ RSA 464-A~~, or the laws of another state,~~ to make informed decisions relative to the resident's health care and other personal needs~~person and/or estate~~.

(~~ah~~ap) "Health care occupancy" means the use of a building or structure, or a portion thereof, to provide care or supervision to persons who are or are not capable of self-preservation without physical assistance. ~~means an occupancy used for purposes of medical or other treatment of care of 4 or more persons where such occupants are mostly incapable of self-preservation due to age, physical, or mental disability, or because of security measures not under the occupant's control.~~

(aq~~i~~) "Incident command system" (ICS)~~"~~ means a standardized on-scene emergency management system specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents.

(ar) "Independent contractor" means an individual or business entity providing service to the licensee or its residents but not employed by the licensee.

(as~~j~~) "Infectious waste" means "infectious waste" as defined in Env-Sw 103.28 and described in~~those items specified by~~ Env-Sw 904.

(at~~k~~) "Informed consent" means the decision by a resident, ~~his or her~~their guardian, personal representative, or agent~~guardian or agent, or surrogate decision maker~~ to agree to a proposed course of treatment, after the resident, their guardian, personal representative, or agent ~~guardian or agent, or surrogate~~

~~decision maker~~ has received full disclosure of the facts, including information about risks and benefits of the treatment and available alternatives, needed to make the decision intelligently.

(au~~l~~) "In-service" means an educational program which is designed to increase the knowledge, skills, and overall effectiveness of personnel.

(av~~m~~) "Inspection" means the process followed by the department to determine an applicant's or a licensee's compliance with RSA 151, ~~and~~ He-P 803, and all other federal and state requirements or to respond to allegations, pursuant to RSA 151:6, of non-compliance with RSA 151 or He-P 803.

(aw) "Laboratory" means a facility or space within a facility used for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease.

(ax~~n~~) "License" means the document issued ~~by the department~~ to an applicant or licensee ~~at the start of operation as a nursing home~~ which authorizes operation as a nursing home in accordance with RSA 151 and He-P 803, and includes the name of the licensee, the name of the business, the physical address, the license category~~classification~~, the effective date, the name of the administrator, the type(s) of services authorized, the number of beds the facility is licensed for, and the license number.

~~(ao) "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 nursing home is licensed for.~~

(ay~~p~~) "Licensed practitioner" means a:

(1) Medical doctor;

(2) Physician's assistant;

(3) Advanced practice registered nurse (APRN);

(4) Doctor of osteopathy;

(5) Doctor of naturopathic medicine; or

(6) Any other practitioner with diagnostic and prescriptive powers licensed by the appropriate New Hampshire licensing board.

(az~~q~~) "Licensed premises" means ~~the building or buildings that comprises~~ the physical location that the department has approved for the licensee to conduct operations in accordance with its license.

(ba~~ar~~) "Licensee" means any person or legal entity to which a license has been issued pursuant to RSA 151.

(bb) "Licensing classification" means the specific category of services authorized by a license.

(bc~~as~~) "Life safety code" means the adoption by reference of the life safety code, as published by the National Fire Protection Association ~~(NFPA) 101, as adopted pursuant to RSA 153:1, VI-a~~ and as amended ~~in Saf-FMO 300~~ by the ~~fire marshal with the~~ state board of fire control and ratified by the general court~~,~~ pursuant to RSA 153:5.

(bd~~at~~) "Mechanical restraint" means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot

remove easily which restricts freedom of movement or normal access to one's body (e.g. leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions, and lap trays the resident cannot remove easily).~~a device designed to prohibit a resident's free movement, including full bed rails, gates that prohibit a resident's free movement throughout the living areas of a unit, half doors that prohibit a residents free movement throughout the living areas of a unit, geri chairs, when used in a manner that prevents or restricts a resident from getting out of the chair at will, wrist or ankle restraints, vests or pelvic restraints, or other similar devices that prevent a resident's free movement.~~

(be~~au~~) "Medical director" means a physician licensed in New Hampshire pursuant to RSA 329 ~~or 326-B~~, who is responsible for implementing care policies and coordinating medical care, and who is directly accountable to the management of the institution of which it is a distinct part.~~who is responsible for the implementation of resident care policies and the coordination of medical care in the facility.~~

(bf~~av~~) "Medication" means a substance available with or without a prescription, which is used as a curative, remedial, or palliative, supportive substance.

(bg) "Medication error" means any deviation in the administration of a medication as prescribed or in the documentation of such administration, with the exception of a resident's refusal.

(bh~~aw~~) "Modification" means the reconfiguration of any space, the addition, relocation, elimination of any door or window, the addition or elimination of load-bearing elements, the reconfiguration or extension of any system, or the installation of any additional equipment. The term does not include "repair" or "replacement" of interior finishes.

(bi~~ax~~) "Neglect" means failure to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.~~an act or omission, which results or could result in the deprivation of essential services necessary to maintain the minimum mental, emotional, or physical health and safety of any resident~~.

(bj) "Notice to correct" means a report issued pursuant to RSA 151:6-a, II, following a life safety code inspection when a facility is found to be out of compliance with applicable life safety codes or rules.

(bk~~ay~~) "Nursing care" means the provision or oversight of a resident's physical, mental, or emotional condition or diagnosis as confirmed by a licensed practitioner.

(bl~~az~~) "Nursing home" means "nursing home" as defined in RSA 151-A:1, IV namely, ~~(s)~~" any institution or facility, whether proprietary or non-proprietary, defined as a nursing home for licensing purposes pursuant to RSA 151, or the equivalent facility or facilities as defined by the secretary of the United States Department of Health, Education and Welfare~~means a place which provides for 2 or more persons basic domiciliary services, including board, room, and laundry, continuing health supervision under competent professional medical and nursing direction, and continuous nursing care as may be individually required.~~

(bm) "Nursing home administrator" means "nursing home administrator" as defined in RSA 151-A:1, III namely, "any individual who is charged with the general administration of a nursing home whether or not such individual has an ownership interest in such home and whether or not such individual's functions and duties are shared with one or more other individuals". This term includes "administrator".

(bn~~ba~~) "Nutritional requirements" means the necessary food and liquid intake required to maintain acceptable parameters of nutritional status.

(bo~~bb~~) "Orders" means an electronic or written document, or a verbal direction, ~~means a document, produced verbally, electronically or in writing,~~ by a licensed practitioner for medications, treatments,

recommendations, and referrals, and signed by the licensed practitioner using terms such as authorized by, authenticated by, approved by, reviewed by, or any other term that denotes approval by the licensed practitioner.

(bp~~be~~) "Over-the-counter medications" means non-prescription medications.

(bq~~bd~~) "Owner" means any person, corporation, association, or any other legal entity, whether organized for profit or not, holding or claiming ownership of, or title to, a license. ~~or organization who has controlling interest in the nursing home.~~

(br~~be~~) "Patient ~~or resident~~ rights" means the privileges and responsibilities possessed by each resident provided by RSA 151:21. This term includes "resident rights".

(bs~~bf~~) "Patient's ~~P~~personal representative" means "patient's personal representative" as defined in RSA 151:19, V namely, "a person, other than the licensee of, an employee of, or a person having ~~a~~ direct or indirect ownership interest, in ~~the licensed~~a facility, who is designated in in writing by a patient or patient's legal guardian~~accordance with RSA 151:19, V, to assist the resident~~ for a specific, limited purpose or for the general purpose of assisting the patient~~resident~~ in the exercise of any rights". This term includes "personal representative".

(bt) "Performance-based design" means an engineering approach to fire protection design and construction based on:

(1) Established fire safety goals and objectives;

(2) Deterministic and probabilistic analysis of fire scenarios; and

(3) Quantitative assessment of design alternatives against the fire safety goals and objectives using accepted engineering tools, methodologies, and performance criteria.

(bu~~bg~~) "Personnel" means an individual(s), who is employed by the licensee~~d facility~~, a volunteer, or an independent contractor., ~~who provide direct care or services to a resident(s).~~

(bv~~bh~~) "Physical restraint" means any manual method or physical or mechanical device, material, or equipment attached to or adjacent to the resident's body that the resident cannot remove easily which restricts freedom of movement or normal access to one's body. ~~means the use of any hands-on or other physically applied techniques to physically limit the resident's freedom of movement.~~

(bw~~bi~~) "Physician" means a medical doctor or doctor of osteopathy licensed in the state of New Hampshire pursuant to RSA 329, or a doctor of naturopathic medicine licensed in accordance with RSA 328-E.

(bx~~bj~~) "Plan of correction" (POC)~~"~~ means a plan developed and written by the licensee, which specifies the actions that will be taken to correct non-compliance with applicable rules or codes identified at the time of a clinical or life safety inspection conducted pursuant to RSA 151:6-a or during the course of a complaint investigation conducted pursuant to RSA 151:6.

(by) "Point of care testing" (POCT) means laboratory testing performed using either manual methods or hand held instruments at or near the point of care, at the time and place of resident to obtain medical, diagnostic results performed at or near the site of resident care involving a system of devices, typically including:

(1) A lancing or finger stick device to get the blood sample;

(2) A test strip or reagents to apply the blood sample for testing; or

(3) A meter or monitor to calculate and show the results; including but not limited to:

a. Blood glucose meters, also called "glucometers";

b. Prothrombin Time (PT) and International Normalized Ration (INR) anticoagulation meters; or

c. Cholesterol meter;

(bz~~bk~~) "Pro re nata (PRN) medication" means medication administered as circumstances might~~ay~~ require in accordance with licensed practitioner's orders.

(ca~~bl~~) "Procedure" means a licensee's written, standardized method of performing duties and providing services.

(cb) "Professional staff" means a:

(1) Physician~~s~~;

(2) Physician assistant~~s~~;

(3) Advanced practice registered nurse~~s~~ (APRN);

(4) Licensed nurse~~s~~;

(5) Physical therapist~~s~~;

(6) Speech therapist~~s~~;

(7) Respiratory therapist~~s~~;

(8) Occupational therapist~~s~~;

(9) Social workers;

(10) Dieticians.

(cc~~bm~~) "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~~.~~; and

(3) Other means of ensuring resident safety.

(cd~~bn~~) "Qualifications" means education, experience, and skill requirements specified by the federal government, state government, an accredited professional review agency, or by policy of the licensee.

(ce~~bo~~) "Qualified personnel" means personnel that have been trained and have demonstrated competency to adequately perform tasks which they are assigned such as, nursing staff, clinical staff, housekeeping staff trained in infection control, and kitchen staff trained in food safety protocols.

(cf~~bp~~) "Reconstruction" means the reconfiguration of a space that affects an exit or a corridor shared by more than one occupant space, or the reconfiguration of a space such that the rehabilitation work area is not permitted to be occupied because existing means of egress and fire protection systems, or their equivalent, are not in place or continuously maintained.

(cg) "Rehabilitation" means any of the following undertaken in an existing building, as defined in this section:

(1) Addition;

(2) Modification;

(3) Reconstruction;

(4) Renovation; and

(5) Repair.

(ch~~bq~~) "Renovation" means the replacement in kind or strengthening of building elements, or upgrading of building elements, material, equipment, or fixtures, without involving the reconfiguration of spaces.

(ci~~br~~) "Repair" means the patching, restoration, or painting of materials, elements, equipment, or fixtures for the purpose of maintaining such materials, elements, equipment, or fixtures in good or sound condition.

(cj) "Reportable incident" means an occurrence of any of the following while the resident is either in the nursing home or in the care of nursing home personnel:

(1) The unanticipated death of the resident;

(2) An injury to a resident, that is of a suspicious nature under circumstances where the injury was not observed by any person or the cause of the injury could not be explained by the resident;

(3) The elopement of a resident;

(4) Medication errors, which required medical intervention; and

(5) Drug diversion.

(ck~~bs~~) "Resident" means any individual residing in and receiving care from a nursing home licensed in accordance with RSA 151 and all other federal and state requirements.

(cl~~bt~~) "Resident record" means documents maintained for each resident receiving care and services, which includes all documentation required by RSA 151, He-P 803, and all documentation compiled relative to the resident as required by other federal and state requirements.

(cm) "Serious bodily injury" means an injury involving extreme physical pain, substantial risk of death, protracted loss or impairment of the function of a bodily member, organ, or mental faculty, requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.

(cn~~bu~~) "Service" means a specific activity performed by the licensee, either directly or indirectly, to benefit or assist a resident.

(co~~bv~~) "Significant change" means a decline or improvement in a resident's status that:

(1) Will not normally resolve itself without further intervention by personnel or by implementing standard disease-related clinical interventions;

(2) Impacts more than one area of the resident's health status; and

(3) Requires interdisciplinary review and/or revision of the care plan.

(cp) "State building code" means "state building code" as defined in RSA 155-A:1, IV.

(cq) "State fire code" means "state fire code" as defined in RSA 153:1 and as amended by rules adopted pursuant to RSA 153:5.

(cr~~bw~~) "State monitoring" means the placement of individuals by the department at a nursing home to monitor the operation and conditions of the facility.

(cs~~bx~~) "Therapeutic diet" means a diet ordered by a licensed practitioner or other licensed professional with prescriptive authority as part of the treatment for disease or clinical conditions, or increasing or decreasing specific nutrients in the food consumed by the client.

~~(by) "Unusual incident" means an occurrence of any of the following while the resident is either in the nursing home or in the care of nursing home personnel:~~

~~(1) The unanticipated death of a resident that is not related to their diagnosis or underlying condition;~~

~~(2) An unexplained accident or other circumstance that is of a suspicious nature of potential abuse or neglect where the injury was not observed or the cause of the injury could not be explained and that has resulted in an injury that requires treatment in an emergency room or by a licensed practitioner; or~~

~~(3) An elopement from the nursing home or other circumstances that resulted in the notification and/or involvement of law enforcement or safety officials.~~

(ct) "Transfer" means "transfer" as defined in RSA 151:19, VII.

(cu) "Unanticipated death" means the death of a resident that is not related to their diagnosis or underlying condition.

(cv~~bz~~) "Underwriters ~~L~~laboratories (UL) listed" means that a product has been confirmed safe for use by ~~a~~ the global safety certification company UL.

(cw~~ca~~) "Volunteer" means an unpaid person who assists with the provision of care services, or activities, and who does not provide direct care or assist with direct care. This term does not include visitors or those persons or organized groups who provide religious services or entertainment.

He-P 803.04 Initial License Application Requirements.

(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, Health Care, ~~License~~ or Special Health Care Services" (August 2025~~March 2019~~), signed by the owner if a private entity, 2 officers if a corporation, 2 authorized individuals if an association or partnership, or the head of the government agency if a government unit~~applicant or 2 of the corporate officers~~, affirming to the following:

~~a.~~ "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.";

~~b. For any nursing home to be newly licensed:~~

~~"I certify that I have notified the public of the intent to file this application with a description of the facility to be licensed by publishing a notice in a newspaper of general circulation covering the area where the facility is to be located in at least 2 separate issues of the newspaper no less than 10 business days prior to the filing of this application."; and~~

~~c. For any nursing home to be newly licensed and to be located within a radius of 15 miles of a hospital certified as a critical assess hospital, pursuant to 42 C.F.R. 485.610 (b) and (c):~~

~~"I certify that the facility is to be located within a radius of 15 miles of a hospital certified as a critical access hospital, pursuant to 42 C.F.R. 485.610 (b) and (c), and that I have given written notice of the intent to file this application with a description of the facility to be licensed to the chief executive officer of the hospital by registered mail no less than 10 business days prior to the filing of this application.";~~

(2) A floor plan of the prospective nursing home;

(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) List of affiliated or related parties;

(5) The applicable fee in accordance with RSA 151:5, IV, payable in cash or, if paid by check or money order, the exact amount of the fee made payable to the "Treasurer, State of New Hampshire";

(6) A resume identifying the qualifications of the nursing home administrator and medical director;

(7) Copies of licenses for the nursing home administrator and medical director;

(8) 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

4. The fire chief verifying that the applicant complies with the state fire code, and local fire ordinances applicable for a nursing home; and

~~with the state fire code, RSA 153:1, VI-a, including the health care chapter of the Life Safety Code 101 and the Uniform Fire Code, NFPA 1, as published by the National Fire Protection Association and as amended by the state board of fire control and ratified by the general court pursuant to RSA 153:5; and~~

b. For a building under construction, the written approvals required by a.~~-~~ above shall be submitted at the end of construction based on the local official's review of the building plans and their final onsite inspection of the construction project;

(9) If the nursing home uses a private water supply, documentation that the water supply has been tested in accordance with RSA 485, Env-Dw 702.02, Env-Dw 704.02, or if a public water supply is used, a copy of a water bill;

(10) The results of a criminal records check to include results for the state of New Hampshire ~~from the NH department of safety~~ for the applicant(s), licensee if different than the applicant, medical director, administrator, and any officer, director, shareholder, or general or limited partner thereof, as applicable;

(11) The previous 5 years of regulatory compliance history of the prospective licensee in providing long term care in New Hampshire, including by compliance with applicable statutes and regulations governing the operation of long term care facilities;

(12) The previous 5 years of regulatory compliance history of the prospective licensee in providing long term care in states other than New Hampshire, if any, including compliance with the applicable statutes and regulations governing the operation of long term care facilities in said states; ~~and~~

(13) The results of a bureau of adult and aging services (BAAS) registry check from BAAS for the administrator and medical director;

(14) A copy of the non-conviction attestation as described in He-P 803.18(n)(8) for the administrator and medical director; and

(15~~3~~) Any waiver requests if applicable.

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

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

Readopt with amendment He-P 803.05 and He-P 803.06, effective 8-29-19 (Document #12860), to read as follows:

He-P 803.05 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 803.04(a) have been received.

(b) If an application does not contain all of the items required by He-P 803.04(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) Following both a clinical and life safety code inspection, a license shall be issued if the department determines that an applicant requesting an initial license is in full compliance with RSA 151 and He-P 803.

(f) Unless a waiver has been granted, the department shall deny a licensing request after reviewing the information in He-P 803.04(a)(9) above if it determines that the applicant, proposed licensee, ~~or~~ administrator, or medical director:

(1) Has been convicted of any felony in this or any other state;

(2) Has been convicted of a sexual assault, assault, other violent crime, ~~assault,~~ fraud, theft, abuse, neglect, or exploitation in this state or any other state;

(3) Has had a finding by the department or any administrative agency in this or any other state for assault, fraud, theft, abuse, neglect or exploitation of any person; or

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

(g) All licenses issued in accordance with RSA 151 shall be non-transferable by person, location, or agency affiliation.

(h) A written notification of denial, pursuant to He-P 803.13(a), shall be sent to an applicant applying for an initial license if it has been determined by the inspection in He-P 803.05(e) and a maximum of 2 follow-up inspections that the prospective premises are not in full compliance with RSA 151 and He-P 803.

(i) A written notification of denial, pursuant to He-P 803.13(b), shall be sent to an applicant applying for an initial license if the department has received no communication from the applicant within 3 months of sending written notification to the applicant that their application is complete and an inspection needs to be scheduled.

He-P 803.06 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 ~~prior to the month in which~~ 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 803.04(a)(1) at least 120 days prior to the expiration of the current license~~.~~ to include:

~~(c) The licensee shall submit with the renewal application:~~

~~(1) The materials required by He-P 803.04(a)(1) and (5);~~

(~~2~~1) The current license number;

(~~3~~2) A request for renewal of any existing ~~waivers~~ non-permanent waivers previously granted by the department, in accordance with He-P 803.10(f), if applicable~~; and~~.

(3) A list of any current employees who have a permanent waiver granted in accordance with He-P 803.18(f); and

(4) A ~~statement identifying~~copy of any temporary, new, or existing non-permanent variances or waivers applied for or granted by the state fire marshal, in accordance with RSA 153:5.

(c~~d~~) In addition to (b~~e~~) above, if a private water supply is used, the licensee shall provide 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-Dw 702 for bacteria and Env-Dw 704.02 for nitrates.

(d~~e~~) Following an inspection, as described in He-P 803.09, a license shall be renewed if the department determines that the licensee:

(1) Submitted an application containing all the items required by (~~c~~b) and (~~d~~c) above as applicable, prior to the expiration of the current license; and

~~(2) Has submitted a POC that has been accepted by the department and implemented by the licensee if areas of non-compliance were cited at the last licensing inspection or investigation; and~~

(2~~3~~) Is found to be in compliance with RSA 151, ~~and~~ He-P 803, and all federal requirements at the renewal inspections, or has submitted a POC that has been accepted by the department and implemented by the licensee if areas of non-compliance were cited.

(e) Any licensee who does not submit a complete application for renewal prior to the expiration of an existing license and does not intend to cease operation shall be required to submit an application for an initial license pursuant to He-P 803.04 and shall be subject to a fine in accordance with He-P 803.13(d)4.

Readopt with amendment He-P 803.07, effective 8-4-21 (Document #13246), to read as follows:

He-P 803.07 Nursing Home Construction, Alterations or Renovations.

(a) As required by RSA 151:6, II, any licensee or applicant desiring to make renovations, modifications, reconstruction, and additions to its facilities or to construct new facilities shall submit architectural plans and specifications to the NH division of fire safety, state fire marshal's office 60 days prior to commencing such work.

(b) As required by RSA 153:10-b, V, sprinkler and fire alarm plans shall be submitted to the NH division of safety, state fire marshal's office and no device shall be installed until it has been approved by the NH division of fire safety, state fire marshal's office.

(c) The architectural, sprinkler, and fire alarm plans in (a) and (b) above shall accurately show the room designation(s) and exact measurements of each area to be licensed, including windows and door sizes and each room's use.

(d) New construction, renovations, modifications, reconstruction, and additions initiated prior to receiving NH state fire marshal's office approval shall be done at the licensee's or applicants own risk.

(e) Any licensee or applicant who wants to use performance-based design to meet the fire safety requirements shall provide the department with documentation of fire marshal approval for such methods.

(f) A licensee or applicant undertaking new construction, renovations, modifications, reconstruction, and additions to its facility shall comply with the appropriate chapters and sections of the state fire code and state building code, state laws, rules, and local ordinances.

(g) A licensee or applicant shall receive variances to the state fire code from the state fire marshal pursuant to Saf-C 6005.

(h) All newly constructed or rehabilitated facilities shall comply with the Facility Guidelines Institutes (FGI) "Guidelines for Design and Construction of Residential Health, Care, and Support Facilities" (2022 edition), as applicable, available as noted in Appendix A.

(i) Applicant and licensees shall contact the state fire marshal for exceptions to the FGI guidelines.

(j) Penetrations, holes, or other openings in fire walls, fire partitions, smoke barriers, floors, and ceilings that allow the transfer of fire, heat, or smoke shall be closed and sealed using a listed or approved fire system that provides an equivalent rating as provided by the original surface.

(k) All new construction and rehabilitated spaces shall be subject to an inspection pursuant to He-P 803.09 prior to its use.

~~(a) At least 60 days prior to initiating construction, the nursing home shall provide to the department notice and stamped architectural, sprinkler, and fire alarm plans drawn to scale for any of the following including but not limited to:~~

~~(1) A new building;~~

~~(2) An addition or renovation to an existing building;~~

~~(3) Structural alterations to any resident area;~~

~~(4) Alterations that require approval from local or state authorities; and~~

~~(5) Alterations that might affect 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 a nursing home for compliance with all applicable sections of RSA 151 and He-P 803 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 shall do so at their own risk.~~

~~(d) The nursing home shall comply with all applicable licensing rules when undertaking construction, renovations or structural alterations.~~

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

~~(1) Saf-C 6000 and the state fire code under RSA 153:1, VI-a, including, but not limited to, NFPA 1 and NFPA 101 and as amended in Saf-FMO 300 by the fire marshal with the board of fire control and ratified by the general court pursuant to RSA 153:5;~~

~~(2) The state building code as defined in RSA 155-A:1, IV, as amended by the building code review board pursuant to RSA 155-A:10, V; and~~

~~(3) The Facility Guidelines Institute (FGI) "Guidelines for Design and Construction of Residential Health, Care, and Support Facilities" (2018 edition), available as noted in Appendix A.~~

~~(f) All nursing homes newly constructed or undergoing modification after the 2019 effective date of He-P 803 shall comply with the Facility Guidelines Institute (FGI) "Guidelines for Design and Construction of Residential Health, Care, and Support Facilities" (2018 edition), available as noted in Appendix A.~~

~~(g) Where renovation or structural alteration work is done within an existing facility, all such work shall comply, insofar as practical, with applicable sections of the Facility Guidelines Institute (FGI) "Guidelines for Design and Construction of Residential Health, Care, and Support Facilities" (2018 edition), available as noted in Appendix A.~~

~~(h) The department's health facilities administration shall be the authority having jurisdiction for the application of the Facility Guidelines Institute (FGI) "Guidelines for Design and Construction of Residential Health, Care, and Support Facilities" (2018 edition), available as noted in Appendix A, and shall negotiate compliance and grant waivers in accordance with He-P 803.10 as appropriate.~~

~~(i) Waivers granted by the department for construction or renovation purposes shall not require annual renewal unless otherwise specified.~~

~~(j) The completed building shall be subject to an inspection pursuant to He-P 803.09 prior to its use.~~

Readopt with amendment He-P 803.08 through He-P 803.13, effective 8-28-19 (Document #12860), to read as follows:

He-P 803.08 Nursing Home Requirements for Organizational Changes.

(a) The nursing home 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) Affiliated parties or related parties.

(b) The nursing home shall complete and submit a new application and obtain a new or revised license, prior to operating, for:

(1) A change in ownership;

(2) A change in the physical location; or

(3) An increase in the number of residents beyond what is authorized under the current license.

(c~~b~~) When there is a change in the name, the nursing home shall submit to the department a copy of the certificate of amendment from the New Hampshire secretary of state, if applicable.

~~(c) The nursing home shall complete and submit a new application and obtain a new or revised license, license certificate or both, as applicable, prior to operating, for:~~

~~(1) A change in ownership;~~

~~(2) A change in the physical location; or~~

~~(3) An increase in the number of residents beyond what is authorized under the current license.~~

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

~~(e) The nursing home 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 803.04(a)(9) if not currently employed by the licensee; and~~

~~(2) Copies of applicable licenses for the new administrator.~~

(e~~f~~) An inspection by the department shall be conducted prior to operation when there are 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; or

(3) An increase in the number of residents beyond what is authorized under the current license.

(f~~g~~) A new license ~~and license certificate~~ shall be issued for a change in ownership or a change in physical location.

~~(h) A revised license and license certificate shall be issued for changes in the nursing home's name.~~

(g~~i~~) A revised license ~~certificate~~ shall be issued for any of the following:

(1) A change in name;

(2~~1~~) A change of administrator or medical director;

(3) A change in address without a change in physical location; or

(4~~2~~) A change in the number of residents from what is authorized under the current license; or

(5~~3~~) When a waiver has been granted under He-P 803.10.

(h) The nursing home shall inform the department in writing no later than 5 business days prior to a change in administrator or medical director, or as soon as practicable, in the event of death or other extenuating circumstances requiring an administrator or medical director change and provide the department with the following:

(1) A resume identifying the name and qualifications of the new administrator or medical director;

(2) Copies of applicable licenses for the new administrator or medical director;

(3) The results of a criminal records check for the new administrator or medical director which shall include criminal history from the state of New Hampshire;

(4) A copy of the non-conviction attestation as described in He-P 803.18(n)(8); and

(5) The results of the BAAS registry check for the new administrator or medical director.

(i) Upon review of the materials submitted in accordance with (h) above, the department shall make a determination as to whether the administrator or medical director meets the qualifications for the position as specified in He-P 803.17(a).

(j) If the department determines that the new administrator or medical director does not meet the qualifications, it shall notify the nursing home in writing so that a waiver can be sought or the licensee can search for a qualified candidate.

(k) The nursing home shall inform the department in writing via email, fax, or mail of any change in the e-mail address no later than 10 business days of the change. The department shall use email as the primary method of contacting the facility in the event of an emergency.

(l) A restructuring of an established nursing home that does not result in a transfer of the controlling interest of the facility, but which might result in a change in the name of the facility or corporation, shall not constitute a change in ownership and a new license shall not be required.

(m) If a licensee chooses to cease operation of a nursing home, the licensee shall submit written notification to the department at least 60 days in advance which shall include a written closure plan.
~~(j) Licenses issued under (f)(1) above shall expire on the date the license issued to the previous owner would have expired.~~

~~(k) The licensee shall return the previous license to the division within 10 days of the nursing home changing its ownership, physical location, address or name.~~

He-P 803.09 Inspections.

(a) For the purpose of determining compliance with RSA 151 and He-P 803, 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 proposed or licensed premises;

(2) All programs and services provided by the nursing home; and

(3) Any records required by RSA 151 and He-P 803.

(b) The department shall conduct an inspection to determine full compliance with RSA 151 and He-P 803, to include a clinical and a life safety inspection, prior to:

(1) The issuance of an initial license;

(2) A change in ownership, except as allowed by He-P 803.08(e~~f~~)(1);

(3) A change in the licensee's physical location;

(4) A relocation within the facility or an increase in the number of beds beyond what is authorized under the current license;

(5) Occupation of space after construction, renovations or structural alterations; or

(6) The renewal of a license for non-certified nursing homes.

(c) In addition to (b) above, the department shall conduct an inspection, as necessary, 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 statement of findings for clinical inspections or a notice to correct for life safety code inspections shall be issued when, as a result of any inspection, the department determines that the nursing home is in violation of any of the provisions of He-P 803, RSA 151, or other federal or state requirement(s).

(e) If areas of non-compliance were cited in either a notice to correct or a statement of findings, the licensee shall submit a POC, in accordance with He-P 803, within 21 days of the date on the letter that transmits the inspection report.

He-P 803.10 Waivers.

(a) Applicants or licensees seeking waivers of specific rules in He-P 803 shall submit a written request for a waiver to the department~~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 or provide a reasonable explanation why the applicable rule should be waived; and

(4) The period of time for which the waiver is sought if the waiver request is not for a permanent waiver.

(b) A waiver shall be permanent unless the department specifically places a time limit on the waiver.

(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 have the ~~potential to~~ negatively impact the health or safety of the residents; and

(3) Does not negatively 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 a non-permanent waiver beyond the approved period of time, the licensee shall apply for a new waiver with the renewal application or at least 60 days prior to the expiration of the existing waiver, as appropriate, by submitting the information required by (a) above.

(g) If the request in (f) above is not received with the renewal application or at least 60 days prior to the expiration of the existing waiver, the rule(s) for which the waiver was previously requested shall not continue to be waived beyond the expiration of the current license.

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

He-P 803.11 Complaints.

(a) The department shall investigate any complaint that meets the following conditions:

(1) The alleged violation(s) occurred not more than 6 months prior to the date the department was made aware of the allegation(s);

(2~~1~~) The complaint is based upon the complainant's first-hand knowledge regarding the allegation(s) or on information reported directly to the complainant by a person who has first-hand knowledge regarding the allegation(s); and

(3~~2~~) There is sufficient specific information for the department to determine that the allegation(s), if proven to be true, would constitute a violation of any of the provisions of RSA 151 or He-P 803.

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

(1) The name and address of the nursing home, 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 803.

(c) Investigations shall use~~include~~ all techniques and methods for gathering information, which are appropriate to the circumstances of the complaint, including:

(1) Requests for additional information from the complainant or the licensee;

(2) A physical inspection of the premises;

(3) Review of any records that might be relevant; and

(4) Interviews with individuals who might have information that is relevant to the investigation.

(d) For the licensed nursing home, the department shall:

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

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

(3) Notify the licensee in writing and take no further action if the department determines that the complaint is unfounded, under He-P 803, or does not violate any statutes or rules; and

(4) Require the licensee to submit a POC in accordance with He-P 803.12(c).

(e) The following shall apply ~~F~~for the unlicensed individual or entity:

(1) In accordance with RSA 151:7-a, II, the department shall provide written notification to the owner or person responsible that includes:

(1) The date of investigation~~inspection~~;

(2) The reasons for the investigation~~inspection~~; and

(3) Whether or not the investigation~~inspection~~ resulted in a determination that the services being provided require licensing under RSA 151:2, I(e)(2)~~.~~;

(2~~f~~) In accordance with RSA 151:7-a, II, ~~T~~the owner or person responsible shall be allowed 7 days from the date of receipt of the notice required by (e~~f~~)(1) above to ~~respond to a finding that they are operating without a license or submit a completed application for a license in accordance with RSA 151:7-a, II~~submit a written response to the findings or submit a completed application pursuant to He-P 803.04 prior to the department's issuance of a warning:.

(3) In accordance with RSA 151:7-a, I, the department shall~~may~~ issue a written warning, following an investigation conducted under RSA 151:6 or an inspection under RSA 151:6-a, to the owner or person responsible, requiring compliance with RSA 151 and He-P 803 if the owner of an unlicensed facility does not comply with (2) above, or if the department does not agree with the owner's written response to the findings ;

(4) The warning in (e)(3) above, shall include:

a. The time frame within which the owner or person responsible shall comply with the directives of the warning;

b. The final date by which the action or actions requiring licensure shall cease or by which an application for licensure shall be received by the department before the department initiates any legal action available to it to cease the operation of the facility; and

c. The right of the owner or person responsible to appeal the warning under RSA 151:7-a, III, which shall be conducted in accordance with RSA 151:8 and RSA 541-A:30, III, as applicable; and

~~(g) If the owner of an unlicensed nursing home 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 803; and~~

~~(2) Provide notice stating that the individual has the right to appeal the warning in accordance with RSA 151:7-a, III.~~

(5~~h~~) Any person or entity who fails to comply after receiving a warning, as described in (~~h~~e)(3) above, shall be subject to an action by the department for injunctive relief under RSA 151:17 and an administrative fine pursuant to He-P 803.13.

~~(i) The fact that the department takes action for injunctive relief under RSA 151:17 shall not preclude the department from taking other action under RSA 151, He-P 803, or other applicable laws.~~

(~~i~~f) 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 any adjudicative proceedings relative to the licensee.

He-P 803.12 Administrative Remedies.

(a) The department shall impose administrative remedies for violations of RSA 151, He-P 803, or other applicable licensing rules, including:

(1) Requiring a licensee to submit a POC in accordance with (c) below;

(2) Imposing a directed POC upon a licensee in accordance with (d) below;

(3) Imposing conditions upon a license; or

(4) Monitoring of a licensee.

~~(3) Imposing fines upon an unlicensed individual, applicant or licensee;~~

~~(4) Immediate suspension of a license; or~~

~~(5) Revocation of a license.~~

(b) When ~~fines~~ administrative remedies are imposed, the department shall provide a written notice, as applicable, which:

(1) Identifies each area in which the licensee is not in compliance with RSA 151 or a provision of this chapter~~of non-compliance~~; and

(2) Identifies the specific remedy(s) that has been proposed.~~; and~~

~~(3) Provides the licensee with the following information:~~

~~a. The right to a hearing in accordance with RSA 541-A and He-C 200 prior to the fine becoming final; and~~

~~b. The automatic reduction of a fine by 25% if the licensee waives the right to a hearing, the fine is paid within 10 days of the date on the written notice from the department and the area of non-compliance 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 statement of findings or a notice to correct, ~~of areas of non-compliance,~~ the licensee shall submit its written ~~a~~ POC for each item, detailing:

a. How the licensee intends to correct each area of non-compliance;

b. What measures will be put in place, or what system changes will be made to ensure that the ~~area of~~ non-compliance does not recur, to include how the measures will be evaluated for effectiveness;~~ and~~

c. The date by which each area of non-compliance shall be corrected; and

d. The position of the employee responsible for the corrective action;

(2) The licensee shall submit a POC to the department within 21 calendar days of the date on the letter that transmitted the inspection report unless the licensee requests, either verbally or in writing, and the department agrees, to extend that deadline, based on the following criteria:

a. The licensee demonstrates that ~~he or she~~they have ~~has~~ made a good faith effort, as verified by documentation or other means, to develop and submit the POC within the 21 ~~calendar~~ 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 extension;

(3) The department shall review and accept each POC that:

a. Achieves compliance with RSA 151 and He-P 803;

b. Addresses all areas of non-compliance and deficient practices as cited in the inspection report;

c. Prevents a new violation of RSA 151 or He-P 803 as a result of the implementation of the POC; and

d. Specifies the date upon which the areas of non-compliance 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 is applicable;

(5) If the POC is not acceptable, ~~:~~ the department shall notify the licensee in writing, within 14-days of the reason for rejecting the POC;

~~a. The department shall notify the licensee in writing of the reason for rejecting the POC;~~

(6)~~b.~~ 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:

~~1~~a. The licensee demonstrates ~~that he or she has~~that they have made a good faith effort, as verified by documentation or other means, to develop and submit the POC within the 14 -day period but has been unable to do so; and

~~2~~b. The department determines that the health, safety, or well- being of a resident will not be jeopardized as a result of granting the extension~~waiver~~;

(7)~~c~~. The revised POC shall comply with (c)(1) above and be reviewed in accordance with (c)(3) above; ~~and~~

(8)~~d~~. 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, unless the department has granted an extension, the licensee shall be subject to a directed POC in accordance with (d) below and a fine in accordance with He-P 803.13(d~~f~~)(14~~11~~) ~~below~~;

(9~~6~~) 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 an onsite follow-up inspection; or

c. Reviewing compliance during the next ~~annual~~ inspection;

(10~~7~~) Verification of the implementation of any POC shall only occur after the date of completion specified by the licensee in the plan; and

(118) If the POC or revised 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 803.12~~(b) above; and

b. Issued a directed POC in accordance with (d) below and shall be subject to a fine in accordance with He-P 803.13(d~~f~~)(1512~~) below~~.

(d) The department shall develop and impose a directed POC that specifies corrective actions for the licensee to implement when:

(1) As a result of an inspection, areas of non-compliance were identified that require immediate corrective action to protect the health and safety of the residents and employees;

(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 or administrator 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) Issue a warning that enforcement action will be taken if the POC is not implemented;

(2) Impose a fine;

(3) Deny the application for a renewal of a license; or

(4) Revoke or suspend the license in accordance with He-P 803.13.

(f) The department shall offer an opportunity for informal dispute resolution to any applicant or licensee who disagrees with an area or areas of non-compliance cited by the department on a statement of findings, provided that the applicant or licensee submits a written request for an informal dispute resolution.

(g) The informal dispute resolution shall be requested in writing by the applicant or licensee no later than 14 days from the date the statement of findings was issued by the department.

(h) The department shall change the statement of findings if, based on the evidence presented, the statement of findings is determined to be incorrect. The department shall provide a written notice to the applicant or licensee of the determination.

(i) The deadline to submit a POC in accordance with (c) above shall not apply until the notice of the determination in (h) above has been provided to the applicant or licensee.

(j) Any violations cited for the state fire code may be appealed to the New Hampshire state fire marshal and shall not be the subject of informal dispute resolutions as described in this section.

(k) An informal dispute resolution shall not be available for any applicant or licensee against whom the department has imposed an administrative fine or initiated action to suspend, revoke, deny, or refuse to issue or renew a license.

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

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

(2) The presence of conditions in the nursing home that negatively impact the health, safety, or well-being of residents;

(3) Concern that the facility is not ending the pattern of citations for violations of licensing rules and coming into compliance with those rules.

~~(f) The department shall impose fines as follows:~~

~~(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 comply with the directives of a warning issued by the department in violation of RSA 151:7-a and He-P 803.11(g), the fine shall be $500.00;~~

~~(5) For a failure to submit a renewal application for a license prior to the expiration date, in violation of He-P 803.06(b), the fine shall be $100.00;~~

~~(6) For a failure to notify the department prior to a change of ownership, in violation of He-P 803.08(a)(1), the fine shall be $500.00;~~

~~(7) For a failure to notify the department prior to a change in the physical location, in violation of He-P 803.08(a)(2), the fine shall be $500.00;~~

~~(8) For a refusal to allow access by the department to the nursing home's premises, programs, services or records, in violation of He-P 803.09(a), the fine for an applicant, individual, or licensee shall be $2000.00;~~

~~(9) For refusal to cooperate with the inspection or investigation conducted by the department the fine shall be $ 2000.00;~~

~~(10) 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 803.12(c)(2) or (5)(b), the fine for a licensee shall be $100.00 unless an extension has been granted by the department;~~

~~(11) For a failure to implement any POC that has been accepted or issued by the department, in violation of He-P 803.12(c)(8), the fine for a licensee shall be $1000.00;~~

~~(12) For a failure to establish, implement, or comply with licensee policies, after being notified in writing by the department of the need to establish, implement or comply with licensee policies, as required by He-P 803.14(c), the fine for a licensee shall be $500.00;~~

~~(13) For a failure to provide services or programs required by the licensing classification and specified by He-P 803.14(b), the fine for a licensee shall be $500.00;~~

~~(14) For exceeding the maximum number of residents, in violation of He-P 803.14(k), the fine for a licensee shall be $500.00;~~

~~(15) For moving a current resident to an unlicensed space prior to approval from the department, the fine for a licensee shall be $500.00;~~

~~(16) For falsification of information contained on an application or of any records required to be maintained for licensing, in violation of He-P 803.14(f), the fine shall be $500.00 per offense;~~

~~(17) For a failure to meet the needs of the resident, in violation of He-P 803.14(i)(1), the fine for a licensee shall be $500.00;~~

~~(18) For employing an administrator or other personnel who do not meet the qualifications for the position, in violation of He-P 803.17(b)(1) and 803.18(d)(3), the fine for a licensee shall be $500.00;~~

~~(19) For failure to report an unusual incident as required by He-P 803.14(t), the fine for a licensee shall be $500.00 per occurrence;~~

~~(20) For failure to submit architectural sprinkler and fire alarm plans or drawings, when applicable, prior to undertaking construction or renovation of a proposed and or licensed facility in violation of He-P 803.07(a), the fine shall be $500.00.~~

~~(21) When an inspection determines that a violation of RSA 151 or He-P 803 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 area of non-compliance is cited within 2 years of the original area of non-compliance, the fine for a licensee shall be double the initial fine, but not to exceed $2000.00; and~~

~~b. If the same area of non-compliance is cited a third time within 2 years of being fined in a. above, the fine for a licensee shall be triple the fine, but not to exceed $2000.00;~~

~~(22) Each day that the individual or licensee continues to be in violation of the provisions of RSA 151 or He-P 803 shall constitute a separate violation and shall be fined in accordance with He-P 803.12(f); and~~

~~(23) If the applicant or licensee is making good faith efforts to comply with the violations of the provisions of RSA 151 or He-P 803, 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.~~

He-P 803.13 Enforcement Actions and Hearings.

(a) As specified in this section, the department shall take the following enforcement actions for violation of RSA 151, He-P 803, or other applicable licensing rules:

(1) Issue a warning;

(2) Impose a fine in accordance with (d) below;

(3) Deny the application for a renewal of a license in accordance with (c) below;

(4) Immediately suspend a license; or

(5) Revoke the license in accordance with (c) below. ~~At the time of imposing a fine, or denying, revoking or suspending a license,~~

(b) 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) If a fine is imposed, the automatic reduction of the fine by 25% if the fine is paid within 10 days of the date on the written notice from the department and the area of non-compliance has been corrected, or a POC has been accepted and approved by the department; and

(~~3~~4) The right of an applicant or licensee to a hearing in accordance with RSA 151:8 or RSA 541-A:30, III, as applicable before the enforcement action becomes final.

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

(1) An applicant or a licensee has violated provisions of RSA 151 or He-P 803, which ~~violations have the potential to harm~~poses a threat to a resident's health, safety, or well-being;

(2) An applicant or a licensee has failed to pay an administrative fine imposed by the department ~~under administrative remedies~~;

(3) An applicant or a licensee has 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 or schedule an initial inspection, an applicant or licensee has failed~~fails~~ to submit an application that meets the requirements of He-P 803.04 or has failed to schedule an inspection;

(5) An applicant, licensee or any representative or employee of the applicant or licensee:

a. Provides false or misleading information to the department;

b. Prevents, ~~or~~ interferes, or fails to cooperate with any inspection or investigation 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 803.12(c), (d), and (e);

(7) The licensee has submitted a POC that has not been accepted by the department in accordance with He-P 803.12(c)(5) and has not submitted a revised POC in accordance with He-P 812.12(c)(6);

(~~7~~8) The licensee is cited a third time under RSA 151 or He-P 803 for the same violations within the last 5 inspections;

(~~9~~8) A licensee, or its~~including~~ corporat~~cion~~ officers or board members, has had a license revoked and submits an application during the 5-year prohibition period specified in (j~~h~~) below;

(10~~9~~) Unless a waiver has been granted, ~~U~~upon inspection, the applicant's premises is not in compliance with RSA 151 or He-P 803;

(11~~0~~) Unless a waiver has been granted, the department makes a determination that the applicant, administrator, or licensee has been found guilty of, or plead guilty to, a felony assault, theft, fraud, abuse, neglect, or exploitation of any person, in this or any other state, or had an investigation for abuse, neglect, or exploitation adjudicated and founded by the department or any administrative agency in this or any other state;~~The department makes a determination that one or more of the factors in He-P 803.05(f) is true; or~~

(12) The applicant or licensee fails to employ a qualified administrator; or

(13) The applicant has had a license revoked or denied by any division or unit of the department within 5 years prior to the application.
~~(11) The applicant or licensee fails to employ a qualified administrator.~~

(d) The department shall impose fines as follows:

(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 entity;

(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, or continuing to operate after failure to renew the license by the expiration date, the fine for an applicant, unlicensed entity, 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 comply with the directives of a warning issued by the department in violation of RSA 151:7-a and He-P 803.11(e)(3), the fine shall be $500.00;

(5) For a failure to submit a renewal application for a license prior to the expiration date, in violation of He-P 803.06(b), the fine shall be $100.00;

(6) For a failure to notify the department prior to a change of ownership, in violation of He-P 803.08(a)(1), the fine shall be $500.00;

(7) For a failure to notify the department prior to a change in the physical location, in violation of He-P 803.08(a)(2), the fine shall be $500.00;

(8) For a failure to notify the department of a change in e-mail address, in violation of He-P 803.08(k), the fine shall be $100.00;

(9) For a failure to notify the department prior to a change in the administrator or medical director, in violation of He-P 803.08(h), the fine for a licensee shall be $100.00;

(10) For a refusal to allow access by the department to the nursing home's premises, programs, services or records, in violation of He-P 803.09(a), the fine for an applicant, individual, or licensee shall be $2000.00;

(11) For refusal to cooperate with the inspection or investigation conducted by the department the fine 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 803.12(c)(2) or (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 803.12(c)(10), 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 803.14(c), 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 803.14(b), the fine for a licensee shall be $500.00;

(16) For exceeding the maximum number of residents, in violation of He-P 803.14(m), the fine for a licensee shall be $500.00;

(17) For utilizing a room or space that has not been approved or licensed by the department, in violation of He-P 803.09(b)(5), the fine for a licensee shall be $500.00;

(18) For providing false or misleading information or documentation, in violation of He-P 803.14(g), the fine shall be $1000.00 per offense;

(19) For a failure to meet the needs of the resident, in violation of He-P 803.14(j)(1), the fine for a licensee shall be $500.00;

(20) For employing an administrator or other personnel who do not meet the qualifications for the position, in violation of He-P 803.17(b) and 803.18(c), the fine for a licensee shall be $500.00;

(21) For failure to report a reportable incident as required by He-P 803.14(u), the fine for a licensee shall be $500.00 per occurrence;

(22) For failure to submit architectural and sprinkler and fire alarm plans or drawings, when applicable, prior to undertaking construction or renovation of a proposed and or licensed facility in violation of He-P 803.07(a), the fine shall be $500.00;

(23) For occupying a renovated area of a licensed facility or a new construction prior to approval by local and state authorities; the fine shall be $500.00 which shall be assessed daily if the facility fails to vacate the renovated area immediately upon receiving notice from the department;

(24) When an inspection determines that a violation of RSA 151 or He-P 803 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 area of non-compliance is cited within 2 years of the original area of non-compliance, the fine shall be $1000.00; and

b. If the same area of non-compliance is cited a third time within 2 years of being fined in a. above, the fine for a licensee shall be $2000.00; and

(25) Each day that the individual or licensee continues to be in violation of the provisions of RSA 151 or He-P 803 shall constitute a separate violation and shall be fined in accordance with He-P 803.12(c), provided that if the applicant or licensee is making good faith efforts to comply with the violations of the provisions of RSA 151 or He-P 803, the department shall not issue a daily fine.

(e) 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.

(fe) An applicant, unlicensed entity, or licensee shall have ~~3~~10 days after receipt of the notice of enforcement action to request a hearing to contest the action.

(g~~d~~) If a written request for a hearing is not made pursuant to (f~~e~~) above, the action of the department shall become final.

(h~~e~~) The department shall order the immediate suspension of a license and provision of services~~, the cessation of operations~~, and the transfer of care of residents when it finds that the health, safety, or welfare of residents is in jeopardy and requires emergency action in accordance with RSA 541-A:30, III.

(i~~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 803 is achieved.

(j~~g~~) Hearings under this section shall be conducted in accordance with RSA 541-A and He-C 200.

(k~~h~~) When a nursing home's license has been denied or revoked, the applicant~~, or~~ licensee, administrator or medical director shall not be eligible to reapply for a license for at least 5 years, and the action of the administrator shall be reported to the New Hampshire nursing home administrator licensing board for investigation ~~and review of the administrator's role if any~~if the enforcement action pertained to their role in the nursing home.

(l) RSA 541 shall govern further appeals of department decisions under this section.

(m~~i~~) The 5 year period referenced in (k~~h~~) above shall begin on:

(1) The date of the department's decision to revoke or deny the license became effective, if no appeal is filed~~request for an administrative hearing is requested~~; or

(2) The date a final decision is issued by the department upholding the action~~, of the department is issued,~~ if a request for an administrative hearing was~~is~~ made and a hearing was~~is~~ held.

(n~~j~~) Notwithstanding (k~~h~~) above, the department shall consider an application submitted after the decision to revoke or deny becomes final, if 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 803.

(o) If the department has reasonable information or evidence that a licensee, applicant, administrator, medical director, or others are circumventing (k) above by applying for a license through an agent or other individual and will retain ownership, management authority, or both, the department shall deny the application.

~~(k) RSA 541 shall govern further appeals of department decisions under this section.~~

(p~~l~~) No ongoing enforcement action shall preclude the imposition of any remedy available to the department under RSA 151, RSA 541-A:30, III, or He-P 803.

~~(m) The department shall offer an opportunity for informal dispute resolution to any applicant or licensee who disagrees with a area of non-compliance cited by the department on a statement of findings, provided that the applicant or licensee submits a written request for an informal dispute resolution.~~

~~(n) The informal dispute resolution shall be requested in writing by the applicant, licensee or program director no later than 14 days from the date the statement of findings was issued by the department.~~

~~(o) The department shall review the evidence presented and provide a written notice to the applicant or licensee of its decision.~~

~~(p) An informal dispute resolution shall not be available for any applicant or licensee against whom the department has initiated action to suspend, revoke, deny, or refuse to issue or renew a license.~~

Readopt with amendment He-P 803.14, effective 8-4-21 (Document #13246), to read as follows:

He-P 803.14 Duties and Responsibilities of All Licensees.

(a) The licensee shall comply with the ~~patients'~~ residents' bill of rights as set forth in RSA 151:~~19~~ 21.

(b) The licensee shall define, in writing, the scope and type of services to be provided by the nursing home, which shall include, at a minimum, the core services listed in He-P 803.15(d).

(c) The licensee shall develop and implement written policies and procedures governing the operation and all services provided by the nursing home.

(d) The licensee shall have a written policy, as described in RSA 151:41, establishing procedures for the prevention, detection, and resolution of substance abuse, misuse, and diversion, that apply to all personnel, and which shall be the responsibility of a designated employee or interdisciplinary team.

(e) The written policy in (d) above shall include:

(1) Education;

(2) Procedures for monitoring the distribution and storage of controlled substances;

(3) Voluntary self-referral by employees who are addicted;

(4) Co-worker reporting procedures;

(5) Drug testing procedures to include at a minimum, testing where reasonable suspicion exists;

(6) Employee assistance procedures;

(7) Confidentiality;

(8) Investigation, reporting, and resolution of controlled drug misuse or diversion as required per He-P 803.14(d); and

(9) The consequences for violation of the controlled substance abuse, misuse, and diversion prevention policy.

(fd) All policies and procedures shall be reviewed per licensee policy.

(ge) The licensee shall assess and monitor the quality of care and service provided to residents on an ongoing basis.

(hf) The licensee or any employee shall not falsify any documentation or provide false or misleading information to the department.

(ig) The nursing home shall not:

(1) Advertise or otherwise represent itself as operating a nursing home, unless it is licensed; and

(2) Advertise that it provides services that it is not authorized to provide.

(jh) The licensee shall comply with all conditions of warnings and administrative remedies issued by the department, and all court orders.

(ki) Licensees shall:

(1) Meet the needs of the residents during those hours that the residents are in the care of the nursing home;

(2) Initiate action to maintain the nursing home in full compliance at all times with all relevant health and safety requirements contained in applicable federal, state, and local laws, rules, regulations, and ordinances;

(3) Establish, in writing, a chain of command that sets forth the line of authority for the operation of the nursing home;

(4) Appoint an administrator who shall meet the requirements of He-P 803.17(b)(1);

(5) Appoint a medical director who shall meet the requirements of He-P 803.17(a);

(6) Verify the qualifications of all personnel;

(7) Provide sufficient numbers of personnel who are present in the nursing home and are qualified to meet the needs of residents during all hours of operation;

(8) Provide the nursing home with sufficient supplies, equipment, and lighting to meet the needs of the residents;

(9) Implement any POC that has been accepted by the department; and

(10) Comply with all conditions of warnings and administrative remedies issued by the department and all court orders.

(lj) The licensee shall consider all residents to be competent and capable of making health care decisions unless the resident:

(1) Has a guardian appointed by a court of competent jurisdiction;

(2) Has a durable power of attorney for health care that has been activated; or

(3) Is an un-emancipated minor.

(mk) The licensee shall not exceed the number of occupants authorized by NFPA 101, as adopted pursuant to RSA 153:1, VI-a. and amended in Saf-FMO 300 by the fire marshal with the board of fire control, pursuant to RSA 153:5, and identified on the licensing certificate.

(nl) If the licensee accepts a resident who is known to have a disease reportable under He-P 301 or an infectious disease, which is any disease caused by the growth of microorganisms in the body which might or might not be contagious, the licensee shall follow the required procedures for the care of the residents, as specified by the United States Centers for Disease Control and Prevention "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings" (September 2024June 2007), available as noted in Appendix A.

(om) The licensee shall report all positive tuberculosis test results for employees to the office of disease control in accordance with RSA 141-C:7, He-P 301.02, and He-P 301.03.

(pn) The licensee shall implement measures to ensure the safety of residents who are assessed as an elopement risk or danger to self or others.

(qo) 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) All inspection reports issued in accordance with He-P 803.09(b), for the previous 12 months;

(3) A copy of the patients' residents' bill of rights;

(4) A copy of the licensee's policies and procedures relative to the implementation of patient resident rights and responsibilities as required by RSA 151:20;

(5) A copy of the licensee's complaint procedure, including a statement that complaints may be submitted by calling 1-800-852-3345 x 9499 or in writing to: the address and phone number of the department to which complaints may also be made, which shall also be posted on the nursing home website if available; and

Department of Health and Human Services
Office of Legal and Regulatory Services
Health Facilities Administration
129 Pleasant Street

Concord, NH 03301; and

(6) The licensee's floor plan for fire safety, evacuation, and emergencies identifying the location of, and access to all fire exits.

(rp) All records required for licensing shall be legible, current, accurate, and available to the department during an inspection or investigation conducted in accordance with RSA 151:6 and RSA 151:6-a.

(sq) A licensee shall, upon request, provide a resident or the resident's guardian, personal representative, or agent, if any, with a copy of theirhis or her resident record pursuant to the provisions of RSA 151:21, X.

(tr) Any licensee that maintains electronic records shall develop written policies and procedures designed to protect the privacy of residents and employees that, at a minimum, include:

(1) Procedures for backing up files to prevent loss of data;

(2) Safeguards for maintaining the confidentiality of information pertaining to residents and personnel; and

(3) Systems to prevent tampering with information pertaining to residents and personnel.

(us) Accidents, injuries, and unusual reportable incidents shall be documented, including:

(1) The date and time of the occurrence;

(2) A description of the occurrence, including identification of injuries, if applicable;

(3) The name of the licensee(s) or personnel involved in, witnessing, or responding to the reportable incident;

(4) The name of the resident involved and the name of any witnesses to the reportable incident;

(53) The actions taken;

(64) The signature of the person documenting the occurrence; and

(75) If medical intervention was required, the date and time that the emergency contact person and guardian, personal representative, or agent, if any, and the licensed practitioner were notified.

(vt) For reportable incidents, allegations of abuse, neglect, mistreatment, exploitation, or misappropriation of property the licensee shall :

(1) Notify the department by faxing a notice to (603)314-8199 271-5574 within 24 hours from the time the reportable incident, allegation of abuse, neglect, mistreatment, exploitation, or misappropriation becomes known, that an investigation is in progress containing the following information:

a. The nursing home name and phone number;

b. A description of the incident including identification of injuries, if applicable;

c. The name of resident;

d. The date and time of the incident;

e. If medical intervention was required, and if so, please provide:

1. Who the medical intervention was provided by;

2. The date the medical intervention was provided; and

3. The time the medical intervention was provided; and

f. When the practitioner and the resident representative was notified, if applicable; and

(2) Within 5 days, submit a completed investigation report to the department containing the following information:

a. All items referenced in (1) above;

b. The names and results of interview(s) with all personnel, resident(s), or other individuals involved in the ~~unusual~~ reportable incident, including all applicable statement signatures; and

c. The action taken by the licensee in direct response to the ~~unusual~~ reportable incident(s), including any and all follow-up;

(3) Immediately notify the local police department, the department, guardian, personal representative, or agent ~~or personal representative~~, if any, when a resident, has eloped, after the licensee has searched the building and the grounds of the nursing home; and

(4) Submit additional information, if required by the department, to support the incident report referenced in (v~~t~~)(2) above.

(w~~u~~) The licensee shall provide cleaning and maintenance services, as needed to protect residents, employees, and the public.

(x~~v~~) The licensee shall comply with all relevant federal, state, and local health, building, fire, and zoning laws, rules, codes, and ordinances, as applicable.

(y~~w~~) Smoking shall be prohibited in the nursing home pursuant to~~er~~ RSA 155:66, I(b), except as permitted by RSA 155:67. If allowed, smoking shall be restricted to designated smoking areas pursuant to~~as per~~ the licensee's official smoking policy, but in no case shall smoking be permitted in any room containing an oxygen cylinder or oxygen delivery system or in a resident's bedroom.

(z~~x~~) If the licensee holds or manages a resident's funds or possessions, it shall first receive 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 or other residents.

(aa~~y~~) At the time of admission the licensee shall give a resident and the resident's guardian, personal representative, or agent, ~~or personal representative,~~ a listing of all known applicable charges and identify what care and services are included in the charge.

(ab~~z~~) The licensee shall give a resident 30 days written notice for an increase in the cost or fees for any nursing home services.

(ac~~a~~) Except as required to protect the health, safety, and well-being of the resident or other residents, prior to a resident room or bed location change, the licensee shall:

(1) Provide written notice to the resident and/or the resident's guardian, personal representative, or agent, as applicable, including:

a. The reason for the change;

b. The effective date of the change; and

c. The location to which the resident is being moved;

(2) Provide verbal notice to the resident and/or the resident's guardian, personal representative, or agent, as applicable, including performing the following:

a. Learning the resident's preferences and taking them into account when discussing changes of rooms or roommates and the timing of such changes;

b. Explaining to the resident the reason for the move; and

c. Providing the opportunity to see the new location, meet the new roommate, and ask questions about the move;

(3) For a resident who is receiving a new roommate, give that resident as much notice and information about the new person as possible, while maintaining confidentiality regarding medical information; and

(4) Document all information contained in (1)-(3) above in the resident record.

(adb) The licensee shall develop and follow policies and procedures regarding resident room or bed location changes.

(aee) Following the death of a roommate, the licensee shall facilitate the provision of social services for the resident as needed.

(af) The licensee shall only perform point of care testing (POCT), that is waived complexity as designated by the federal drug administration (FDA) and known as CLIA-waived laboratory tests, unless the facility is also licensed by the state of New Hampshire as a laboratory under He-P 808.

(ag) If CLIA-waived laboratory testing is performed by personnel, the licensee shall:

(1) Obtain the appropriate CLIA certificate as per 42 CFR Part 493.15; and

(2) Develop and implement a POCT policy, which educates and provides procedures for the proper handling and use of POCT devices, including the documentation of training and demonstrated competency of all testing personnel.

(ah) The licensee shall have current copies of manufacturer's instructions and package inserts and shall follow all manufacturer's instructions and recommendations for the use of POCT meters and devices to include, but not limited to:

(1) Storage requirements for POCT meters and devices, test strips, test cartridges, and test kits;

(2) Performance of test specimen requirements, testing environment, test procedure, troubleshooting error codes, reporting results; and

(3) All recommended and required quality control procedures for POCT meters and devices.

(ai) Licensees performing CLIA-waived laboratory testing or specimen collection shall be in compliance with He-P 808, He-P 817, and 42 CFR 493, as applicable.

(aj) The licensee shall require all individuals in contact with residents to wear a form of identification which readily discloses the name, licensure status, if any, and staff position as required per RSA 151:3-b.

(ak) The licensee shall develop and implement a process for determining adequate staffing levels.

(al) The process, required in (ak) above, shall include an assessment, to be conducted at least quarterly, but more frequently if required, of the appropriateness of staffing levels to ensure:

(1) Sufficient staffing of qualified personnel to meet the scheduled and reasonably foreseeable unscheduled resident needs as required by the resident assessments and care plans on a 24-hour-per-day basis; and

(2) Sufficient staffing to respond promptly and effectively to individual resident emergencies and to respond to emergency, safety, and disaster situations affecting residents.

Readopt with amendment He-P 803.15 and He-P 803.16, effective 8-28-19 (Document #12860), to read as follows:

He-P 803.15 Required Services.

(a) The licensee shall provide administrative services which include the appointment of a full-time, on-site administrator who:

(1) Is responsible for the day-to-day operations of the nursing home;

(2) Meets the requirements of He-P 803.17(b)~~(1)~~; ~~and~~

(3) Delegates, in writing, an alternate onsite, qualified designee who shall assume the responsibilities of the administrator in their~~his or her~~ absence;~~.~~

(4) Is licensed by the state of New Hampshire pursuant to RSA 151-A; and

(5) May have an emergency permit for acting administrator only with good cause, and not to exceed 3 times.

(b) Prior to or upon the time of admission, the licensee shall provide the resident a written copy of the admission agreement, except in the case of an emergency admission where the written agreement shall be given as soon as practicable.

(c) In addition to (b) above, at the time of admission, the licensee shall provide a written copy to the resident and the guardian, personal representative, or agent, if any,~~ or personal representative,~~ and receive written verification of receipt for the following:

(1) An admissions packet including the following information:

a. The basic daily, weekly, or monthly rate;

b. A list of the core services required by He-P 803.14(b);

c. Information regarding the timing and frequency of cost of care increases;

d. The nursing home's house rules;

e. The grounds for transfer or discharge and termination of the agreement, pursuant to RSA 151:21, V;

f. The nursing home's policy for resident discharge planning;

g. Information regarding nursing, other health care services, or supplies not provided in the core services, to include:

1. The availability of services;

2. The nursing home's responsibility for arranging services; and

3. The fee and payment for services, if known; and

h. Information 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 nursing home premises;

5. Handling of resident funds pursuant to RSA 151:24 and He-P 803.14(y);

6. Bed hold, in compliance with RSA 151:25;

7. Storage and loss of the resident's personal property;

8. Smoking;

9. Roommates; and

10. The licensee's policy regarding the use of restraints;

(2) A copy of the ~~patients'~~ residents' bill of rights under RSA 151:21 and the nursing home'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 nursing home'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; and

(6) Information on advanced directives.

(d) The licensee shall provide the following core services:

(1) Services of a licensed nurse provided 24 hours a day;

(2) Services of an RN provided at least 8 hours within a 24-hour period;

(3) Emergency response and crisis intervention;

(4) Medication services in accordance with He-P 803.16;

(5) Food services in accordance with He-P 803.20;

(6) Housekeeping, laundry, and maintenance services;

(7) On-site activities and/or access to community activities designed to meet the individual interests of residents to sustain and promote physical, intellectual, social, and spiritual well-being of all residents; and

(8) Assistance in arranging medical and dental appointments, including arranging transportation to and from such appointments and reminding the residents of the appointments.

(e) The licensee shall:

(1) Make available basic supplies necessary for residents to maintain grooming and personal hygiene, such as soap, shampoo, toothpaste, toothbrush, and toilet paper;

(2) Identify in the admission packet the cost, if any, of basic supplies for which there will be a charge; and

(3) Not be required to pay for a specific brand of the supplies referenced in (1) above.

(f) At the time of a resident's admission, the licensee shall obtain orders from a licensed practitioner for medications, prescriptions, treatments, diet, ~~c,~~ and any other pertinent interventions to maintain the resident's health and safety needs.

(g) The licensee shall have each resident seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. During this visit a health examination shall be completed and documented.

(h) The required visits referenced in (g) above may alternate between personal visits by the physician and a licensed practitioner after the initial visit.

(i~~h~~) The health examination referenced in (g) above shall include in the medical record:

(1) Diagnoses, if any;

(2) Medical history;

(3) Medical findings, including the presence or absence of communicable disease;

(4) Vital signs;

(5) Prescribed and over-the-counter medications;

(6) Allergies; and

(7) Dietary needs.

(j~~i~~) Assessments utilizing the 3.0 version of the Centers for Medicare and Medicaid Services Resident Assessment Instrument (RAI) including the minimum data set (MDS) with care area assessment (CAA) shall be completed on each resident as follows:

(1) A comprehensive MDS shall be completed within 14 days after admission;

(2) A comprehensive MDS shall be repeated annually or after any significant change, as defined in He-P 803.03(cl~~bw~~); and

(3) A quarterly MDS shall be completed at least every 3 months.

(kj) The care plan portion of the RAI shall be developed within 14 days of the MDS and revised based on needs identified by the MDS.

(lk) An initial nursing care plan shall be initiated upon admission and completed within 48 hours of the resident's admission.

(ml) The nursing care plan shall:

(1) Be updated following the completion of each future assessment in (ji) above;

(2) Be made available to personnel who assist residents in the implementation of the plan; and

(3) Address the needs identified by (ih) and (ji) above.

(nm) Nursing notes shall be written as per the licensee's policy, and appropriate to resident condition, resident change in condition, and in accordance with professional standards.

(on) Pursuant to RSA 151:21, IX, residents shall be free from chemical and physical restraints except when they are authorized in writing by a licensed practitioner for a specific and limited time necessary to protect the resident or others from injury, or as permitted by the CMS conditions of participation, or as allowed by (po) below and He-P 803.21(d).

(po) Pursuant to RSA 151:21, IX, in an emergency, physical restraints may be authorized by the personnel designated in (qp)(3) below in order to protect the resident or others from injury, and such action shall be promptly reported to the resident's physician and documented in the resident's clinical record.

(qp) The nursing home shall have written policies and procedures for implementing physical, chemical, and mechanical restraints, including:

(1) What type of emergency restraints may be used;

(2) When restraints may be used;

(3) What professional personnel may authorize the use of restraints;

(4) The documentation of their use in the resident record including the physician order as applicable;

(5) How the licensee plans for reduction of restraint use for any resident requiring restraints;

(6) Initial personnel training and subsequent education and training required to demonstrate competence related to the use of physical, chemical and mechanical restraints;

(7) The least restrictive to the most restrictive method to be utilized to control a resident's behavior; and

(8) That the training shall be conducted by individuals who are qualified by education, training, and experience.

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

(sr) 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, ~~and~~ guardian, personal representative, or agent of the potential results of their refusal;

(2) Notify the licensed practitioner of the resident's refusal of care;

(3) Notify the guardian, personal representative, or agent, as applicable, unless the resident objects; and

(4) Document in the resident's record a pattern of refusal of care and the resident's reason for the refusal, if known, including education to the resident of the risk of refusal.

(ts) The licensee shall provide the following information to emergency medical personnel in the event of an emergency transfer to another medical facility:

(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, personal representative, or agent, if any;

(3) Diagnosis, as applicable;

(4) Medications, as applicable, including last dose taken and when the next dose 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.

He-P 803.16 Medication Services.

(a) All medications shall be administered in accordance with the orders of the licensed practitioner.

(b) Medications, treatments, and diets ordered by the licensed practitioner shall be made available to the resident within 24 hours of the order, 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 nursing home;

(2) Reorder medications for use at the nursing home; 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 or electronic 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 or electronic 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 unless it is an emergency medication as allowed by (aa) below:

(1) The resident's name:

(2) The medication name, strength, and 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 original or electronic signature of the ordering practitioner.

(f) Pharmaceutical samples shall be used in accordance with the licensed practitioner's order and labeled with the resident's name.

(g) The label of all medication containers maintained in the nursing home shall match the current orders of the licensed practitioner and include the expiration date of the medication unless authorized by (aa) below.

(h) Except as allowed by (f) above and (i) below, only a pharmacist shall make changes to prescription medication container labels.

(i) When the licensed practitioner changes the dose of a medication and personnel of the nursing home 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 nursing home'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.

(j) Any change or discontinuation of medications taken at the nursing home shall be pursuant to an order from a licensed practitioner or other professional with prescriptive powers.

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

(l) The transcribed order in (k) above shall be counter-signed by the authorized provider within 30 days of receipt or next visit but not to exceed 60 days.

(m) The licensee shall obtain an order from a licensed practitioner for all over-the-counter medications.

(n) The medication storage area 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 per manufacturer's requirements.

(o) All medications at the nursing home shall be kept in the original containers or packaging and properly closed after each use.

(p) 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.

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

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

(s) All contaminated, expired or discontinued medication shall be destroyed within 90 days of the expiration date, the end date of a licensed practitioner's orders or the date the medication becomes contaminated, whichever occurs first.

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

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

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

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

(x) An 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.

(y) The licensee shall maintain a written record for each resident for each medication taken by the resident at the nursing home 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;

(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.

(z) Stock medications shall only be accessed and administered by the licensed nurse or any other professional authorized by state or federal regulation pursuant to a licensed practitioner's order.

(aa) A nursing home shall use emergency drug kits only ~~in accordance with board of pharmacy rule Ph 705.02~~ under circumstances where the nursing home:

(1) Has a director of nursing who is a registered nurse (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.

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

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

Readopt with amendment He-P 803.17, effective 8-4-21 (Document #13246), to read as follows:

He-P 803.17 Organization and Administration.

(a) Each nursing home shall have a medical director who is a licensed physician in the state of New Hampshire.

(b) Each nursing home shall have a full time, onsite administrator who:

(1) Is licensed pursuant to RSA 151-A:2; and

(2) Shall be responsible for the daily management and operation of the nursing home including:

a. Management and fiscal matters;

b. The employment and termination of managers and personnel necessary for the efficient operation of the nursing home;

c. The designation of an onsite alternate, in writing, who shall be responsible for the daily management and operation of the nursing home in the absence of the administrator;

d. Ensuring development and implementation of nursing home policies and procedures on:

1. ~~Patient's~~ Resident's rights as required by RSA 151:20;

2. Advanced directives and DNR orders as required by RSA 137-J;

3. Discharge planning as required by RSA 151:26; and

4. ~~Unusual~~ Reportable incidents ~~reporting~~;

e. Monitoring and evaluating the quality of resident care and resident care services in the nursing home pursuant to He-P 803.24; and

f. Identifying and making available education programs designed to maintain the personnel's expertise in areas related to the services provided in the nursing home.

(c) There shall be a full time director of nursing services who is currently licensed in the state of New Hampshire pursuant to RSA 326-B, or licensed pursuant to the multi-state compact, and who is an RN with at least 2 years relevant experience in resident care.

(d) The director of nursing services shall be responsible for:

(1) Establishment of standards of nursing practice used in the nursing home;

(2) Ensuring that the admission process and resident assessment process coordinates resident requirements for nursing care with available nursing resources;

(3) Participating with the administrator and personnel to improve the quality of nursing care at the nursing home;

(4) Nursing care as authorized by the nurse practice act and according to RSA 326-B;

(5) The overall health and safety of residents; and

(6) Maintaining written personnel schedules, which shall be retained on-site for a period of at least 90 days and which include:

a. At least one licensed nurse in the facility 24 hours a day;

b. At least one registered nurse, for 8 consecutive hours a day 7 days a week; and

c. Nursing assistants who have been verified in accordance with the New Hampshire board of nursing.

(e) The director of nursing services shall ensure compliance with all dementia training requirements pursuant to RSA 151:48-50. ~~including continuing education~~.

(f) The training in (e) above~~Such continuing education~~ shall include ~~new~~ information on best practices in the treatment and care of persons with dementia and be provided for:

(1) A minimum of 6 hours for initial training~~continuing education~~ to covered administrative staff members and covered direct service staff members within the first 90 days of hire; and

(2) A minimum of 4 hours of continuing~~ongoing~~ training each calendar year.

(g) Pursuant to RSA 151:52(e) licensee's seeking extensions for compliance with any specific provision of RSA 151:48, RSA 151:49, or RSA 151:50 shall submit a written request to the commissioner that includes:

(1) A full explanation of why an extension is necessary;

(2) A reasonable explanation of why the extension should be granted;

(3) The period of time for which the extension is sought; and

(4) What good faith efforts, as verified by documentation or other means, the licensee has made to comply with the requirements of RSA 151:48, RSA 151:49, or RSA 151:50 but has been unable to do so.

(g) A request for extension for compliance with RSA 151:48, RSA 151:49, or RSA 151:50 shall be granted if the commissioner determines that the alternative proposed does not negatively impact the health, safety, or well-being of the residents.

Readopt with amendment He-P 803.18 through He-P 803.20, effective 8-28-19 (Document #12860), to read as follows:

He-P 803.18 Personnel.

(a) The licensee shall develop a job description for each position at the nursing home containing:

(1) Duties of the position;

(2) Physical requirements of the position; and

(3) Education and experience requirements of the position.

(b) All direct care personnel shall be at least 18 years of age unless they are:

(1) A student in a New Hampshire board of nursing approved nursing or nursing assistant program;

(2) A nursing assistant working under the supervision of a nurse in accordance with Nur 700; or

(3) Part of an established educational program working under the supervision of a nurse.

(c) For all new hires, the licensee shall:

(1) Obtain and review a criminal records check ~~from the New Hampshire department of safety~~ in accordance with RSA 151:2-d~~;~~, which shall include the criminal history from the state of New Hampshire;

(2) Verify the qualifications and licenses, as applicable, of all applicants prior to employment; and

(3) Verify that the applicant is not on the List of Excluded Individuals and Entities, maintained by the U.S. Department of Health and Human Services Office of Inspector General pursuant to~~per~~ 42 USC 1320-a7, or on the BAAS~~BEAS~~ registry maintained by the department's bureau of adult and aging~~elderly and adult~~ services pursuant to~~per~~ RSA 161-F:49.

(d) Unless a waiver is granted in accordance with He-P 803.10 and (f) below, the licensee shall not make a final offer of employment for any position if the individual:

(1) Has been convicted of any felony in this or any other known state;

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

(3) Has had a finding by the department or any administrative agency in this or any other known state for assault, fraud, theft, abuse, neglect, or exploitation or any person; or

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

(e) If the information identified in (d) above regarding any person in (c) above is learned after the person is hired, contracted with, or engaged, the licensee shall immediately notify the department and either:

(1) Cease employing, contracting with, or engaging the person; or

(2) Request a waiver of (d) above.

(f) If a waiver of (d) above is requested, the department shall review the information and the underlying circumstances in (d) above and shall either:

(1) Notify the licensee that the person cannot or can no longer be employed, contracted with, or engaged by the licensee; or

(2) Grant a waiver of (d) above if, after investigation, it determines that the person does not pose a current threat to the health, safety, or well-being of a resident(s).

(g) Upon hire and annually thereafter, the licensee shall check the names of the persons in (a) above against the bureau of adult and aging services (BAAS) state registry, maintained pursuant to RSA 161-F:49 prior to employing and continuing to employ, contract with, or engage them.

(hg) The licensee shall not employ, contract with, or engage, any person ~~in (c) above~~ who is listed on the BAAS~~EAS~~ state registry unless a waiver is granted by BAAS~~EAS~~.

(ih) In lieu of (c) and (hg) above, the licensee may accept from independent agencies contracted by the licensee or by an individual resident to provide direct care or personal care services a signed statement that the agency's employees have complied with (c) and (hg) above and do not meet the criteria in (d) above.

(ji) All employees shall:

(1) Meet the educational and physical qualifications of the position as listed in their job description;

(2) Not be permitted to maintain their employment if they have been convicted of a felony, sexual assault, assault, other violent crime, ~~assault,~~ fraud, theft, abuse, neglect, or exploitation of any person in this or any other state by a court of law or had a complaint investigation for abuse, neglect, or exploitation adjudicated and founded by the department or any other state administrative agency in this state or any other state unless a waiver has been granted by the department;

(3) Be licensed, registered, or certified as required by state statute and as applicable;

(4) Receive an orientation within the first 3 days of work prior to the assumption of duties that includes:

a. The nursing home's policies on ~~patient~~ resident rights and responsibilities and complaint procedures as required by RSA 151:20;

b. The duties and responsibilities, policies, procedures, and guidelines, of the position they were hired for;

c. The nursing home's infection control program;

d. The nursing home's fire, evacuation, and emergency plans which outline the responsibilities of personnel in an emergency; and

e. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161-F and RSA 169-C:29; and

(5) Complete a mandatory annual in-service education, which includes a review of the nursing home's:

a. Policies and procedures on ~~patient~~ resident rights and responsibilities and abuse or neglect;

b. Infection control;

c. Education program on fire and emergency procedures; and

d. Mandatory reporting requirements.

(kj) Prior to having contact with residents, employees shall:

(1) Submit to the licensee the results of a physical examination or a health screening performed by a licensed nurse or a licensed practitioner and the 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 and for personnel, other than volunteers and independent contractors, submit the results of a physical examination or a health screening;

(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;

(3) Comply with the requirements of the United States Centers for Disease Control "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings" (2005 edition), available as noted in Appendix A, if the person has either a positive TB test, or has had direct contact or potential for occupational exposure to Mycobacterium tuberculosis through shared air space with persons with infectious tuberculosis; and

(4) Comply with all public health guidelines with regard to the requirements for communicable infectious disease reporting pursuant to He-P 301.

(lk) All licensees using the services of independent contractors as direct care personnel shall ensure and document that the independent clinical contractors have:

(1) Been oriented in accordance with (ji)(4) above;

(2) Documented results of all infectious disease testing shall comply as required by (kj) (1)-(4) above;

(3) Licenses that are current and valid; and

(4) A written agreement that describes the services that will be provided.

(ml) Current, separate, and complete employee files shall be maintained and stored in a secure and confidential manner at the nursing home.

(mn) The employee file shall include the following:

(1) A completed application for employment or a resume, including:

a. Identification data; and

b. The education and work experience of the employee;

(2) A signed statement acknowledging the receipt of the nursing home's policy setting forth the patient's resident's rights and responsibilities, and acknowledging training and implementation of the policy as required by RSA 151:20;

(3) A job description signed by the individual that identifies the:

a. Position title;

b. Qualifications and experience; and

c. Duties required by the position;

(4) A record of satisfactory completion of the orientation program required by (ji)(4) above and any required annual continuing education, if any;

(5) Verification of current New Hampshire license, registration, or certification in health care field and CPR certification, if applicable;

(6) Documentation that the required physical examination, or health screening, and TB test results or radiology reports of chest x-rays, if required, have been completed by the appropriate health professionals;

(7) Documentation of annual in-service education as required by (ji)(5) above;

(8) A statement, which shall be signed at the time the initial offer of employment is made and then annually thereafter, stating that theyhe or she:

a. Does not have a felony conviction in this or any other state;

b. Haves not been convicted of a sexual assault, assault, other violent crime, assault, fraud, theft, abuse, neglect or exploitation or pose a threat to the health, safety, or well-being of a resident; and

c. Haves 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;

(9) Documentation of the criminal records check, except for persons licensed by the NH board of nursing pursuant to RSA 326-B as allowed by RSA 151:2-d, VI; and

(10) Documentation that the individual or entity is not on the List of Excluded Individuals and Entities, maintained by the U.S. Department of Health and Human Services Office of Inspector General pursuant toper 42 USC 1320-a7, or on the BAASBEAS registry maintained by the department's bureau of adult and agingelderly and adult services pursuant toper RSA 161-F:49.

(on) An individual need not re-disclose any of the matters in (nm)(8) and (nm)(9) above if the documentation is available and the department has previously reviewed the material and granted a waiver so that the individual can continue employment.

He-P 803.19 Resident Records.

(a) The licensee shall maintain a legible, current, and accurate record for each resident based on services provided at the nursing home.

(b) At a minimum, resident records shall contain the following:

(1) A copy of the resident's admission agreement and all documents required by He-P 803.15(c);

(2) Identification data, including:

a. Vital information including the resident's name, date of birth, and marital status;

b. Resident's religious preference, if known;

c. Resident's veteran status if known; and

d. Name, address, and telephone number of an emergency contact person;

(3) The name and telephone number of the resident's licensed practitioner(s);

(4) Resident's health insurance information;

(5) 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;

(6) A record of the health examination(s) in accordance with He-P 803.15(h);

(7) Written, dated, and signed orders for the following:

a. All medications, treatments, and special diets; and

b. Laboratory services and consultations;

(8) Results of any laboratory tests, X-rays, or consultations;

(9) All assessments and care plans, and documentation that the resident and the guardian, personal representative, or agent, if any, have been given the opportunity or has participated in the development of the care plan;

(10) Documentation of informed consent;

(11) All admission and progress notes;

(12) Documentation of any alteration in the resident's daily functioning such as:

a. Signs and symptoms of illness; and

b. Any action that was taken including practitioner notification;

(13) Documentation of any medical or specialized care;

(14) Documentation of ~~unusual~~ reportable incidents;

(15) The consent for release of information signed by the resident, guardian, personal representative, or agent, if any;

(16) Discharge planning and referrals as applicable;

(17) Transfer or discharge documentation, including notification to the resident, guardian, personal representative, or agent, if any, of transfer or discharge;

(18) Room change documentation, including notification to the resident, guardian, personal representative, or agent, if any, and if applicable;

(19) The medication record as required by He-P 803.16(y) and (ac);

(20) Documentation of a resident's refusal of any care or services; and

(21) Code status.

(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) Resident records shall be available to health care workers and any other person authorized by law or rule to review such records.

(f) When not being used by authorized personnel, resident records shall be safeguarded against loss or unauthorized use or access.

(g) Records shall be retained for 7 years after discharge, except for records of Medicaid residents, which shall be retained for 6 years from the date of service or until the resolution of any legal action(s) commenced during the 6-year period, whichever is longer.

(h) The licensee shall arrange for storage of, and access to, resident records as required by (g) above in the event the nursing home ceases operation.

He-P 803.20 Food Services.

(a) The licensee shall provide food services that:

(1) Meet the U.S. Department of Agriculture recommended dietary allowance as specified in the United States Department of Agriculture's "Dietary Guidelines for Americans 2020-2025~~2015-2020~~" (Ninth~~Eighth~~ Edition), available as noted in Appendix A;

(2) Provide the nutritional needs of each resident;

(3) Meet the special dietary needs associated with health or medical conditions for each resident as identified by the health examination required by He-P 803.15(h);

(4) Include provision of a food service manager who shall;

a. Be responsible for the day to day operation of the kitchen;

b. Have knowledge of the nutritional requirements for residents and of the planning and preparation of prescribed diets; and

c. Have all the required competencies as per the licensee's policy;

(5) Include facilities and equipment for meal delivery and assisted feeding, as applicable; and

(6) Include dining facilities that have eating areas sufficient in size to provide seating for at least 50% of the licensed capacity.

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

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

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

(e) Menus, including beverages for regular and therapeutic diets, shall be planned and written for at least 2 weeks in advance of serving.

(f) Each day's menu shall be posted in a place accessible to food service personnel and residents.

(g) A listing of the diet orders and allowed foods for each resident shall be available to personnel.

(h) A dated record of menus ~~as served shall be maintained for at least~~ for food actually served shall be kept on file for 30 days~~3 months~~.

(i) The licensee shall provide therapeutic diets to residents only as directed by a licensed practitioner or other professional with prescriptive authority.

(j) Residents requiring therapeutic diets shall have an assessment of nutritional status by a qualified dietitian or dietary technician at least quarterly and with any significant weight loss or weight gain.

(k) 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 along with education relating to non-compliance with prescribed diet, and notify the resident's licensed practitioner.

(l) For the purposes of emergency preparedness, each licensee shall have the following supplies of foods maintained on the premises for the average daily census and staff:

(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.

(m) 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 but not limited to those set forth in He-P 2300 and Chapter 3, entitled "Food" of the U.S. Department of Health and Human Services, Public Health Services, Food and Drug Administration, "Food Code" (2017edition), available as noted in Appendix A;

(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.

(n) 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 or distinctly segregated from the usable food.

(o) All food not in the original package shall be stored in labeled and dated containers designed for food storage.

(p) All work surfaces shall be cleaned and sanitized after each use.

(q) All dishes, utensils, and glassware shall be in good repair, cleaned, and sanitized after each use and properly stored.

(r) All food service equipment shall be kept clean and maintained according to manufacturer's guidelines.

(s) If soiled linen is transported through food service areas, the linen shall be in an impervious container.

(t) Garbage or trash in the kitchen area shall be placed in lined containers with covers.

(u) All nursing home 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.

(v) Regularly scheduled training programs including sanitation and safety shall be made available to personnel. Information as to the content and length of this training shall be documented and kept in employee records.

Readopt He-P 803.21 and He-P 803.22, effective 8-28-19 (Document #12860), to read as follows:

He-P 803.21 Restraints.

(a) For CMS certified nursing homes, the use of restraints shall be permitted as allowed by 42 CFR 483.12(a).

(b) For all other facilities, the requirements in (c) through (g) shall apply.

(c) When physical restraints are used, the following requirements shall be met:

(1) Physical restraints shall be used only after less restrictive measures have been found to be ineffective to protect the resident or others from harm;

(2) Except as allowed in (d) below, physical restraints shall be ordered for a specified and limited time by a licensed practitioner; and

(3) The order for the physical restraints in (2) above may be verbal and shall:

a. Be obtained by a licensed nurse before the physical restraint is administered; and

b. Be followed with the licensed practitioner's signature within 14 days.

(d) In an emergency situation, physical restraints may be authorized by a professional staff member designated by the licensee in accordance with established policy and procedure under He-P 803.15(p)(3) as follows:

(1) The designated staff member shall promptly report the restraint use and the resident's behavior to the resident's licensed practitioner; and

(2) The designated staff member shall document the use of restraints in the resident's clinical record, in accordance with (g) below.

(e) When chemical restraints are used, the following requirements shall be met:

(1) Chemical restraints shall be used only after less restrictive measures have been found to be ineffective to protect the resident or others from harm;

(2) Chemical restraints shall be ordered for a specified and limited time by a licensed practitioner;

(3) The order for the chemical restraints can be verbal and shall:

a. Be obtained by a licensed nurse before the chemical restraint is administered; and

b. Be followed with the licensed practitioner's signature within 14 days;

(4) Medication used as a chemical restraint may only be administered by a licensed nurse or licensed practitioner;

(5) Standing orders for medications utilized as chemical restraints shall be prohibited; and

(6) It shall be the responsibility of the licensed nurse or licensed practitioner administering the chemical restraint to document the administration of the medication and the effects as specified in He-P 803.16(y) and (ac).

(f) When mechanical restraints are used, the following requirements shall be met:

(1) Mechanical restraints shall be used only when less restrictive measures have been found to be ineffective in protecting the resident or others from harm;

(2) Mechanical restraints shall be ordered for a specific and limited time by a licensed practitioner and the order shall include:

a. The type of restraint to be used;

b. The reason for the restraint; and

c. The time intervals at which the licensee's personnel shall check the resident's well-being and the placement and position of the restraint;

(3) Standing orders for the use of mechanical restraints shall be prohibited;

(4) Mechanical restraints shall not be applied in a manner that impedes circulation; and

(5) Locked, secured or alarmed doors or elevators, or units within a nursing home, anklets, bracelets and similar devices that cause a door to automatically lock when approached, thereby preventing a resident from freely exiting the nursing home or unit within shall not be considered restraints provided they meet the requirements of the applicable building and fire safety codes and are documented in the care plan.

(g) The use of all restraints shall be documented in the resident's clinical record according to the licensee's policy, including:

(1) The behavior and actions of the resident that necessitated the use of a restraint;

(2) The authorization given to restrain the resident;

(3) The type of restraint used;

(4) The length of time the resident was restrained;

(5) The effects of the restraint on the resident;

(6) The report to the resident's licensed practitioner and all actions taken; and

(7) Any orders from the resident's licensed practitioner.

He-P 803.22 Resident Transfer or Discharge. Transfers and discharges shall be done in accordance with RSA 151:26.

Readopt with amendment He-P 803.23, effective 8-28-19 (Document #12860), to read as follows:

He-P 803.23 Infection Control.

(a) The licensee shall appoint an individual who will oversee ~~a person to be in charge of and~~ the development and implementation of 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 documented procedures for:

(1) Proper hand washing techniques;

(2) The utilization of standard precautions, as specified by the United States Centers for Disease Control and Prevention "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings" (September 2024~~June 2007~~), available as noted in Appendix A;

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

(4) The handling, ~~transport~~transportation, and disposal of those items identified as infectious waste in Env-Sw 103.28 and regulated by Env-Sw 904;

(5) Reporting of infectious and communicable diseases as required by He-P 301; and

(6) Maintenance of a sanitary physical environment.

(c) The infection control education program shall:

(1) Be completed by all new and current employees of the -licensee on an annual basis; and

(2) Address the:

a. Cause of infections;

b. Effect of infections;

c. Transmission of infections;~~ and~~

d. Prevention and containment of infections; and~~.~~

e. Use of standard precautions.

(d) ~~Direct care p~~Personnel ~~or employees~~ infected with a disease or illness transmissible through food, saliva, fomites, or droplets, shall not work in food service or provide direct care ~~without personal protection equipment to prevent disease transmission~~ until they are no longer contagious. ~~as determined by a licensed practitioner.~~

(e) ~~Direct care p~~Personnel ~~or employees~~ infected with scabies, ~~or~~ lice, pediculosis, or any communicable disease shall not provide direct care to residents or work in food services until such time as they are no longer infected as determined by a licensed practitioner.

(f) Pursuant to RSA 141-C:1, employees with a newly positive Mantoux tuberculosis skin test or a diagnosis of suspected active pulmonary or laryngeal tuberculosis shall be excluded from the workplace until a diagnosis of tuberculosis is excluded or until the employee is receiving tuberculosis treatment and has been determined to be noninfectious by a licensed practitioner.

(g) ~~Employees~~ 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 bandage with secure edges.

(h) 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.

(i) If the nursing home identifies a resident with an infectious disease, reportable under He-P 301, the facility shall contact the county, municipality, or state public health department, as applicable, in which the facility is located and follow the instructions and guidance.

Readopt He-P 803.24, effective 8-28-19 (Document #12860), to read as follows:

He-P 803.24 Quality Improvement.

(a) The nursing home shall establish an interdisciplinary quality improvement committee which:

(1) Shall have a minimum of 3 members, including the medical director, an individual representing nursing and an individual representing administration;

(2) Shall meet at least quarterly to evaluate quality improvement activities; and

(3) Shall make recommendations to the administrator to improve the quality of care.

(b) The quality improvement committee shall be responsible for:

(1) Determining the information to be monitored;

(2) Determining the frequency with which information will be reviewed;

(3) Determining the indicators that will apply to the information being monitored;

(4) Evaluating the information that is gathered;

(5) Determining the action that is necessary to correct identified problems;

(6) Recommending corrective actions to the licensee; and

(7) Evaluating the effectiveness of the corrective actions and determine additional corrective actions as applicable.

Readopt with amendment He-P 803.25, effective 8-28-19 (Document #12860), to read as follows:

He-P 803.25 Sanitation.

(a) The licensee shall maintain a clean, safe, and sanitary environment throughout the licensed nursing home premises.

(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.

(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 and staff.

(e) Hot water shall be of a high enough temperature to ensure sanitation and food safety when used for laundry and food preparations, as required in Table 2.5-1 of the Facility Guidelines Institute (FGI) "Guidelines

for Design and Construction of Residential Health, Care, and Support Facilities~~, Table 2.5-1~~" (2022~~18~~ edition), available as noted in Appendix A, ~~,~~and summarized as follows:

(1) Seventy-120 degrees Fahrenheit for clinical areas, representing the minimum and maximum allowable temperatures, w~~W~~here sinks are used primarily for hot water and are served by a single pipe supplying tempered water, it shall not exceed 80 degrees Fahrenheit;

(2) One hundred forty degrees Fahrenheit for dietary areas, except that provisions shall be made to provide 180 degrees Fahrenheit rinse water at the warewasher, which may be by separate booster, unless a chemical rinse is provided; and

(3) One hundred sixty degrees Fahrenheit for laundry by steam jet or separate booster heater, unless a process which allows cleaning and disinfection of linen with decreased water temperatures is used which meets the designed water temperatures as specified by the manufacturer.

(f) All resident bathing and toileting facilities shall be cleaned and disinfected 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 closet or cabinet, separate from food, medications, and program supplies, and to prohibit access by residents.

(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, for rodent or cockroach control 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, rodents, outdoor animals, and nursing home 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 area shall have covers and shall remain closed except when in use.

(m) The following requirements shall be met for laundry services:

(1) Dirty laundry shall not be permitted to contaminate kitchen and dining areas;

(2) Clean linen shall be stored in a clean area and 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 that are considered contaminated with infectious waste under Env-Sw 904~~103.28~~ shall be handled as infectious waste.

(n) Laundry rooms and bathrooms shall have non-porous floors.

(o) Sterilization or ~~C~~cleaning supplies shall be stored in dust-free and moisture-free storage areas.

(p) Any nursing home that has its own water supply and whose water has been tested and has failed to meet the acceptable levels identified as required by the department of environmental services shall notify the department upon receipt of notice of a failed water test.

Readopt with amendment He-P 803.26 and He-P 803.27, effective 8-4-21 (Document #13246), to read as follows:

He-P 803.26 Physical Environment.

(a) The licensed premises shall be maintained ~~so as~~ to protect~~vide for~~ the health, safety, well-being, and comfort of residents and personnel, including reasonable accommodations for residents and personnel with mobility, visual, or hearing limitations.

(b) Equipment providing heat within a nursing home including, but not limited to, gas furnace or boiler, oil furnace or boiler, wood furnace or boiler, or pellet furnace or boiler shall:

(1) Maintain a temperature of at least 70 degrees Fahrenheit during the day if residents are present and 65 degrees Fahrenheit at night; 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 (b)(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) Any heating device other than a central plant shall be designed and installed so that:

(1) Combustible material cannot be ignited by the device or its appurtenances;

(2) If fuel-fired, such heating devices comply with the following:

a. They shall be chimney or vent connected;

b. They shall take air for combustion directly from outside; and

c. They shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area; and

(3) The heating device has safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperatures or ignition failure.

(f) Unvented fuel-fired heaters shall not be used in any nursing home.

(g) Plumbing shall be sized, installed, and maintained in accordance with the provisions of the ~~I~~international ~~P~~plumbing ~~C~~code, as specified in the ~~S~~state ~~B~~building ~~C~~code under RSA 155-A:1, IV, as amended by the building code review board pursuant to RSA 155-A:10, V.

(h) Screens shall be provided for doors and windows that are left open to the outside.

(i) Doors that are self-closing and remain closed when not in use are exempt from the requirement in (h) above.

(j) The nursing home shall have a telephone to which the residents have access.

(k) The number of sinks and toilets shall be in a ratio of one for every 6 individuals, unless personnel have separate bathroom facilities not used by residents.

(l) Each bathroom shall be equipped with:

(1) A soap dispenser;

(2) Paper towels or a hand-drying device providing heated air;

(3) Hot and cold running water; and

(4) A door that either slides or swings, not a folding door or curtain.

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

(n) All bathroom and closet door latches or locks shall be designed for easy opening from the inside and outside in an emergency.

(o) 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.

(p) There shall be at least 100 square feet 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.

(q) Each bedroom shall:

(1) Contain no more than 2 beds if constructed after the 2011 adoption of these rules;

(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 ~~unless it meets specific exceptions allowed by the codes referenced in He-P 803.07(e)~~;

(4) Not be used simultaneously for other purposes; and

(5) Be separated from halls, corridors and other rooms by floor to ceiling walls.

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

(1) A bed appropriate to the needs of the resident;

(2) A mattress that complies with the state fire code ~~and codes adopted by reference pursuant to RSA 153:I, VI-a, and amended in Saf-FMO 300 by the fire marshal with the board of fire control, pursuant to RSA 153:5~~;

(3) Clean linens, blankets and a pillow;

(4) A bureau;

(5) A mirror;

(6) A bedside table;

(7) A light;

(8) A chair;

(9) A closet or storage space for personal belongings; and

(10) Window blinds, shades, or curtains that provide privacy.

(s) A resident may refuse any of the items in (r) above with appropriate documentation.

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

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

(1) One or more living rooms or multi-purpose rooms; and

(2) Dining facilities with a seating capacity capable of seating at least 50% of the residents.

(v) Each licensee shall have a UL listed communication system in place so that all residents can effectively contact personnel when they need assistance with care or in an emergency.

(w) Lighting shall be available to allow residents to participate in activities such as reading, needlework, or handicrafts.

(x) If the nursing home admits residents under the age of 18, each age group shall have separate and distinct units.

(y) If the nursing home admits residents between the age of 10 and 17 years, each gender shall have separate and distinct units.

(z) The nursing home shall comply with all state and local codes and ordinances for:

(1) Zoning;

(2) Building;

(3) Health;

(4) Fire;

(5) Waste disposal; and

(6) Water.

(aa) The nursing home shall be accessible at all times of the year.

(ab) The nursing home shall provide housekeeping and maintenance adequate to protect residents, personnel, and the public.

(ac) Reasonable precautions, such as repair of holes and caulking of pipe channels, shall be taken to prevent the entrance of rodents and vermin.

(ad) Ventilation shall be provided throughout the entire nursing home and, whenever necessary, mechanical means such as fans shall be provided to remove excessive heat, moisture, objectionable odors, dust, or explosive or toxic gases.

(ae) There shall be a secondary power source to provide emergency power pursuant to the ~~E~~electrical ~~S~~systems chapter of NFPA 99, ~~H~~health ~~C~~care ~~F~~facilities ~~C~~code, and ~~T~~the ~~S~~standard for ~~E~~emergency and ~~S~~standby ~~P~~power ~~S~~systems, NFPA 110, as adopted pursuant to RSA 153:1~~, VI-a and amended in Saf-FMO 300 by the fire marshal with the board of fire control, pursuant to RSA 153:5.~~

(af) Waste water shall be disposed of through a system which meets the requirements of RSA 485-A:3~~:1-A~~ and Env-Wq 1000. Sink drains which have no connection to sanitary sewers or septic systems and similar methods of disposal above ground shall be strictly prohibited.

(ag) Facilities shall provide for prompt cleaning of bedpans, urinals, and other utensils.

(ah) Any locked door providing egress from a resident room and/or means of egress within a nursing home shall meet the requirements of the ~~H~~health ~~C~~care ~~O~~occupancy chapter of NFPA 101, ~~L~~life ~~S~~safety ~~C~~code, as adopted pursuant to RSA 153:1~~, VI-a and amended in Saf-FMO 300 by the fire marshal with the board of fire control, pursuant to RSA 153:5.~~

(ai) Special locking devices including delayed egress devices, shall meet the requirements of NFPA 101, the ~~L~~life ~~S~~safety ~~C~~code, which shall:

(1) Unlock upon actuation of the automatic fire detection~~, and or~~ suppression system, or both; and

(2) Unlock upon loss of power.

(aj) No more than one such device in (ai) above shall be located in any egress path of travel.

(ak) Sterile supplies and equipment shall not be mixed with unsterile supplies.

(al) The licensee shall:

(1) Have all emergency entrances and exits accessible at all times;

(2) Maintain the premises in good repair and free of hazards to personnel and residents, including but not limited to hazards from falls, burns, or electric shocks;

(3) Maintain the premises free from environmental nuisances, including excessive noise and odors;

(4) Keep all corridors free from obstructions; and

(5) Take reasonable measures to prevent the presence of rodents, insects, and vermin to include but not limited to:

a. Having tightly fitting screens on all doors, windows, or other openings to the outside unless the door is self-closing and remains closed when not in use;

b. Repairing holes and caulking of pipe channels; and

c. Extermination by a pesticide applicator licensed under RSA 430.

He-P 803.27 Emergency and Fire Safety.

(a) All nursing homes' shall meet the appropriate chapter of NFPA 101, the appropriate chapters of the state fire code pursuant to RSA 153:5, and the appropriate chapters of the state building code.

(b~~a~~) The administration of the licensed facility shall:

(1) ~~h~~Have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of a fire, including:

a.~~(1)~~ The ~~E~~evacuation to areas of refuge; and

b.~~(2)~~ That ~~A~~all personnel shall be periodically, at least annually if no changes are made to the plan, be instructed and kept informed with respect to their duties under this written plan;~~.~~ ~~Copies of this plan shall be readily available at all times in a central location, example, reception area, nurses station, or security center;~~

(2) Develop written policies and procedures covering all matters of safety and fire protection and an emergency response plan, including:

a.~~(3)~~ The emergency procedures required by the emergency response plan shall include, but are not limited to, evacuation routes, emergency notification numbers, and emergency instructions and shall be posted in locations accessible to personnel and visitors;

b.~~(4)~~ The nursing home fire safety plan shall provide for the following:

1~~a~~. Use of alarms;

2~~b~~. Transmission of alarm to fire department;

3~~c~~. Emergency phone call to fire department;

4~~d~~. Response to alarms;

5~~e~~. Isolation of fire;

6~~f~~. Evacuation of immediate area;

7~~g~~. Evacuation of smoke compartment;

8~~h~~. Preparation of floors and building for evacuation; and

9~~i~~. Extinguishment of the fire;

(3~~5~~) Ensur~~cing~~ that the fire safety and evacuation plans are available to all supervisory personnel;

(4~~6~~) Ensur~~cing~~ that all employees receive in-service annual training to clarify their responsibilities in carrying out the emergency plan;

(5~~7~~) Ensure ~~T~~the required plan shall be readily available at all times, copies of this plan shall be readily available at all times in a central location, such as reception area, nurses station, or security center; ~~;~~

(6~~8~~) Conduct~~ing~~ fire drills, including the transmission of a fire alarm signal and simulation of emergency fire situation, as follows:

a. Infirm, bedridden, or cognitively impaired residents shall not be required to be moved during drills to safety areas or to the exterior of the building;

b. Drills shall be conducted quarterly on each shift to familiarize nursing home personnel with the signals and emergency action required under varied conditions; and

c. When drills are conducted between 9:00 p.m./2100 hours and 6:00 A.M./0600 hours, a coded announcement may be used instead of audible alarms;

(79) ~~Facilities shall c~~Complete a written record of fire drills and include the following:

a. The date and time including AM/PM the drill was conducted and if the actual fire alarm system was used;

b. The location of exits used;

c. The number of people, including residents, personnel, and visitors, participating at the time of the drill;

d. The amount of time taken to completely evacuate the facility or to an approved area of refuge or through a horizontal exit;

e. The name and title of the person conducting the drill;

f. A list of problems and issues encountered during the drill;

g. A list of improvements and resolution to the issues encountered during the fire drill; and

h. The names of all staff members participating in the drill; and

(10) ~~Written records of the fire drills that shall be m~~Maintain~~ed~~ written records of the fire drills on site and make them available to the department during an inspection or investigation conducted in accordance with RSA 151:6 and RSA 151:6-a.

(c~~b~~) All nursing homes shall have:

(1) At least one ABC type fire extinguisher on every level or every 75 feet of corridor as required by NFPA 10;

(2) Be manually inspected when initially placed in service;

(3) Be inspected either manually or by means of an electronic monitoring device/system at intervals not exceeding 31 days;

(4) Be inspected at least once per calendar month~~; and~~

(5) Documentation of manual fire extinguisher inspections that shall be maintained on-site in accordance with NFPA 10 and available at the time of the inspection or investigation. Documentation of electronically monitored fire extinguishers shall be provided to the department within 2 business days of the completion of the inspection or investigation; and

(6) An approved carbon monoxide monitor on every level.

~~(c) All nursing homes shall meet the health care chapter of NFPA 101 as adopted pursuant to RSA 153:1, VI-a and amended in Saf-FMO 300 by the fire marshal with the board of fire control, pursuant to RSA 153:5.~~

~~(d) Extension cords shall be prohibited except as allowed in accordance with NFPA 101 as adopted pursuant to RSA 153:1, VI a and amended in Saf-FMO 300 by the fire marshal with the board of fire control, pursuant to RSA 153:5.~~

(d~~e~~) Immediately following any fire or emergency, such as a gas incident, terrorism, or other threatening condition, the licensee shall notify the department by phone to be followed by written notification within 72 hours, with the exception of a false alarm or emergency medical services (EMS) transport for a non-emergent reason.

(e~~f~~) The written notification in (f~~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 damage;

(3) A description of events preceding and following the incident;

(4) The name of any employee or resident who was evacuated as a result of the incident, if applicable;

(5) The name of any employee or resident 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~~g~~) Storage and use of oxygen cylinders or systems shall comply with NFPA 99, Health Care Facilities Code including but not limited to:

(1) Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or flammable materials by one of the following:

a. Minimum distance of 6.1 m or 20 ft;

b. Minimum distance of 1.5 m or 5 ft if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, *Standard for the Installation of Sprinkler Systems*; or

c. A gas cabinet constructed per NFPA 30, *Flammable and Combustible Liquids Code*, or NFPA 55, *Compressed Gases and Cryogenics Fluids Code*, if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13;

(2) Cylinders shall be protected from damage by means of the following specific procedures:

a. Oxygen cylinders shall be protected from abnormal mechanical shock, which is liable to damage the cylinder, valve, or safety device;

b. Oxygen cylinders shall not be stored near elevators or gangways or in locations where heavy moving objects will strike them or fall on them;

c. Cylinders shall be protected from tampering by unauthorized individuals;

d. Cylinders or cylinder valves shall not be repaired, painted, or altered;

e. Safety relief devices in valves or cylinders shall not be tampered with;

f. Valve outlets clogged with ice shall be thawed with warm, not boiling water;

g. A torch flame shall not be permitted, under any circumstances, to come in contact with a cylinder, cylinder valve, or safety device;

h. Sparks and flame shall be kept away from cylinders;

i. Even if they are considered to be empty, cylinders shall not be used as rollers, supports, or for any purpose other than that for which the supplier intended them;

j. Large cylinders exceeding size E and containers larger than 45 kg or100 lb weight shall be transported on a proper hand truck or cart complying with NFPA 99, section 11.4.3.1;

k. Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart; and

l. Cylinders shall not be supported by radiators, steam pipes, or heat ducts; and

(3) Cylinders and their contents shall be handled with care, which shall include the following specific procedures:

a. Oxygen fittings, valves, pressure reducing regulators, or gauges shall not be used for any service other than that of oxygen;

b. Gases of any type shall not be mixed in an oxygen cylinder or any other cylinder;

c. Oxygen shall always be dispensed from a cylinder through a pressure reducing regulator;

d. The cylinder valve shall be opened slowly, with the face of the indicator on the pressure reducing regulator pointed away from all persons;

e. Oxygen shall be referred to by its proper name, “oxygen”, not air, and liquid oxygen shall be referred to by its proper name, not liquid air;

f. Oxygen shall not be used as a substitute for compressed air;

g. The markings stamped on cylinders shall not be tampered with, because it is against federal statutes to change these markings;

h. Markings used for the identification of contents of cylinders shall not be defaced or removed, including decals, tags, and stenciled marks, except those labels/tags used for indicating cylinder status such as full, in use, or empty;

i. The owner of the cylinder shall be notified if any condition has occurred that might allow any foreign substance to enter a cylinder or valve, giving details and the cylinder number;

j. Neither cylinders nor containers shall be placed in the proximity of radiators, steam pipes, heat ducts;

k. Very cold cylinders or containers shall be handled with care to avoid injury;

l. A precautionary sign, readable from a distance of 1.5 m or 5 ft, shall be displayed on each door or gate of the storage room or enclosure; and

m. The sign shall include the following wording as a minimum:

CAUTION:
OXIDIZING GAS(ES) STORED WITHIN
NO SMOKING

(gh) If the licensee has chosen to allow smoking under He-P 803.14(yw), an outside location or a room used only for smoking shall be provided which:

(1) Has a dedicated ventilation system, so that smoke or odors cannot escape or be detected outside the designated smoking room;

(2) Has walls and furnishings constructed of non-combustible materials;

(3) Has metal waste receptacles and safe ashtrays; and

(4) Is in compliance with the requirements of RSA 155:64-77, the Indoor Smoking Act and He-P 1900.

Readopt with amendment He-P 803.28, effective 8-28-19 (Document #12860), to read as follows:

He-P 803.28 Emergency Preparedness.

(a) Each licensee shall comply with the applicable federal, state, and local emergency preparedness requirements including 42 CFR 483.73.~~have an individual or group, known as an emergency management committee, with the authority for developing, implementing, exercising, and evaluating the emergency management program.~~

~~(b) The emergency management committee shall include the licensee's administrator and others who have knowledge of the facility and the capability to identify resources from key functional areas within the facility and shall solicit applicable external representation, as appropriate.~~

~~(c) An emergency management program shall include, at a minimum, the following elements:~~

~~(1) The emergency management plan, as described in (d) and (e) below;~~

~~(2) The roles and responsibilities of the committee members;~~

~~(3) How the plan is implemented, exercised, and maintained; and~~

~~(4) Accommodation for emergency food and water supplies.~~

~~(d) The emergency management committee shall develop and institute a written emergency preparedness plan (plan) to respond to a disaster or an emergency.~~

~~(e) The plan in (d) above shall:~~

~~(1) Include site-specific plans for the protection of all persons on-site in the event of fire, natural disaster, or severe weather and human-caused emergency to include, but not be limited to, missing residents and bomb threat;~~

~~(2) Be approved by the local emergency management director and reviewed and approved, as appropriate, by the local fire department;~~

~~(3) Be available to all personnel;~~

~~(4) Be based on realistic conceptual events;~~

~~(5) Be modeled on the Incident Command System (ICS) in coordination with local emergency response agencies;~~

~~(6) Provide that all personnel designated or involved in the emergency operations plan of the facility shall be supplied with a means of identification, such as vests, baseball caps, or hard hats, which shall be worn at all times in a visible location during the emergency;~~

~~(7) Develop and implement a strategy to prevent an incident that threatens life, property, and the environment of the facility;~~

~~(8) Develop and implement a mitigation strategy that includes measures to be taken to limit or control the consequences, extent, or severity of an incident that cannot be prevented;~~

~~(9) Develop and implement a protection strategy to protect life, property, and the environment from human caused incidents and events and from natural disasters;~~

~~(10) For (7) (9) above, incorporate the findings of a hazard vulnerability assessment, the results of an analysis of impact, program constraints, operational experience, and cost benefit analysis to provide strategies that can realistically be implemented without requiring undue expenses to the licensee;~~

~~(11) Conduct a facility-wide walk-through and review, to include the property that the licensee is located on, to determine the status of hazards that may be incorporated into the prevention, protection, and mitigation strategies and to determine the outcome of prior strategies at least annually;~~

~~(12) Include the licensee's response to both short-term and long-term interruptions in the availability of utility service during the disaster or emergency, including establishing contingency plans for continuity of essential building systems or evacuation to include the following, as applicable:~~

~~a. Electricity;~~

~~b. Potable water;~~

~~c. Non-potable water;~~

~~d. HVAC;~~

~~e. Fire protection systems;~~

~~f. Fuel required for building operations, to include fuel loss, fuel spill, and fuel exposure that creates a hazardous incident;~~

~~g. Fuel for essential transportation, to include fuel loss, fuel spill, and fuel exposure that creates a hazardous incident;~~

~~h. Medical gas and vacuum systems, if applicable;~~

~~i. Communications systems; and~~

~~j. Essential services, such as kitchen and laundry services;~~

~~(13) Include a plan for alerting and managing staff in a disaster, and accessing Critical Incident Stress Management (CISM), if necessary;~~

(14) Include the management of residents, particularly with respect to physical and clinical issues to include:

a. Relocation of residents with their medical record including the medicine administration records, if time permits, as detailed in the emergency plan;

b. Access, as appropriate, to critical materials such as pharmaceuticals, medical supplies, food supplies, linen supplies, and industrial and potable water; and

c. How to provide security during the disaster;

(15) Identify a designated media spokesperson to issue news releases and an area where the media can be assembled, where they will not interfere with the operations of the facility;

(16) Reflect measures needed to restore operational capability with consideration of fiscal aspects because of restoration costs and possible cash flow losses associated with the disruption;

(17) Include an educational, competency-based program for the staff, to provide an overview of the components of the emergency management program and concepts of the ICS and the staff's specific duties and responsibilities; and

(18) If the licensee is located within 10 miles of a nuclear power plant and is part of the New Hampshire Radiological Emergency Response Plan (RERP), include the required elements of the RERP.

(f) The licensee shall conduct and document with a detailed log, including personnel signatures, 2 drills a year, at least one of which shall rehearse mass casualty response for the facility with emergency services, disaster receiving stations, or both, as follows:

(1) Drills and exercises shall be monitored by at least one designated evaluator who has knowledge of the licensee's plan and who is not involved in the exercise;

(2) Drills and exercises shall evaluate program plans, procedures, training, and capabilities to identify opportunities for improvement;

(3) The licensee shall conduct a debriefing session not more than 72 hours after the conclusion of the drill or exercise. The debriefing shall include all key individuals, including observers, administration, clinical staff, and appropriate support staff; and

(4) Exercises and actual events shall be critiqued to identify areas for improvement. The critique shall identify deficiencies and opportunities for improvement based upon monitoring activities and observations during the exercise. Opportunities for improvement identified in critiques shall be incorporated in the licensee's improvement plan.

(g) For the purposes of emergency preparedness, each licensee shall have the following supplies of foods and water maintained on the premises based on the average daily census of residents and staff:

(1) Enough refrigerated, perishable foods for a 3-day period;

(2) Enough non-perishable foods for a 7-day period; and

(3) Potable water for a 3-day period.

(h) Each licensee shall have, in writing, a plan for the management of emergency food and water supplies required in (g) above, which includes:

~~(1) Assumptions for calculations of food and water supplies including maximum number of staff and residents, water source of supply, either tap or commercial, and expiration in months, tracking of supplies, and rotation of products, contracts and memorandums of understanding with food and water suppliers;~~

~~(2) Storage location(s); and~~

~~(3) Back-up supplies~~.

Appendix A: Incorporation by Reference Information

Rule	Title	Publisher; How to Obtain; and Cost
He-P 803.07(h), He-P 803.25(e)	Facility Guidelines Institute's (FGI), "Guidelines for Design and Construction of Residential Health, Care, and Supported Facilities" (2022 edition)	Publisher: Facility Guidelines Institute Cost: Digital: $90 single-user/per year or $235 multi-user/per year Print: $235 per copy The incorporated document is available at: https://www.fgiguidelines.org/guidelines/editions/
He-P 803.14(n), He-P 803.23(b)(2)	United States Centers for Disease Control and Prevention's, "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings" (September 2024)	Publisher: United States Center for Disease Control and Prevention Cost: Free of Charge The incorporated document is available at: https://www.cdc.gov/infection-control/media/pdfs/guideline-isolation-h.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/guidelines/Isolation-guidelines-H.pdf
He-P 803.18(k)(3)	United States Centers for Disease Control and Prevention's, "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings" (2005 edition)	Publisher: United States Centers for Disease Control and Prevention Cost: Free of Charge The incorporated document is available at: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm
He-P 803.20(a)(1)	United States Department of Agriculture's	Publisher: United States Department of Agriculture

Rule	Title	Publisher; How to Obtain; and Cost
	"Dietary Guidelines for Americans 2020-2025" (Ninth Edition)	Cost: Free to the Public The incorporated document is available at: https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf
He-P 803.20(m)(2)	U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administrations', "Food Code" (2017 Edition)	Publisher: U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration Cost: Free of Charge The incorporated document is available at: https://www.fda.gov/food/fda-food-code/food-code-2017

Appendix B

Rule	Specific State or Federal Statutes the Rule Implements
He-P 803.01 – He-P 803.03	RSA 151:9, I(a) and (b)
He-P 803.04 – He-P 803.07	RSA 151:2, I and II; RSA 151:9, I(c); RSA 151:4; RSA 151:6, II; and RSA 153:10-b, V
He-P 803.08	RSA 151:9, I(a)
He-P 803.09	RSA 151:9, I(e) and RSA 151:6-a
He-P 803.10	RSA 151:9, I(a) and (b)
He-P 803.11	RSA 151:9, I(e); RSA 151:6; RSA 151:7-a; RSA 151:8; RSA 151:13; and RSA 514-A:30, III
He-P 803.12	RSA 151:9, I(f), (g), (l), and (m)
He-P 803.13	RSA 151:9, I(f), (h), and (l)
He-P 803.14 –He-P 803.27	RSA 151:3-b; RSA 151:5-c; RSA 151:6; RSA 151:6-a; RSA 151:9, I(a); RSA 151:9, VII(a)(1); RSA 151:20; RSA 151:21; RSA 151:24-26; RSA 151:29; RSA 151:41; RSA 151:47-50; RSA 151:52; RSA 151-A; 42 CFR 483.12(a); and RSA 42 CFR 493
He-P 803.28	RSA 151:9, I(a) and 42 CFR 483.73