

# **Kansas Administrative Regulations**

## **Kansas Department for Aging and Disability Services**

### **Article 40.—Nursing Facilities**

#### **26-40-305. Nursing facility physical environment; mechanical, electrical, and plumbing systems.**

(a) Applicability. This regulation shall apply to all nursing facilities.

(b) Codes and standards. Each nursing facility shall meet the requirements of the building codes, standards, and regulations enforced by city, county, or state jurisdictions. The requirements specified in this regulation shall be considered as a minimum.

(1) Each nursing facility shall meet the requirements of the national fire protection association's NFPA 101 "life safety code" (LSC), as adopted by reference in K.A.R. 26-39-105.

(2) Each applicant for a nursing facility license and each addition to a nursing facility licensed on or after the effective date of this regulation shall meet the requirements of the "international building code" (IBC), as adopted by reference in K.A.R. 26-39-105.

(3) Each nursing facility and each portion of each nursing facility that was approved under a previous regulation shall, at a minimum, remain in compliance with the regulation or building code in effect at the date of licensure, unless otherwise indicated.

(4) Each nursing facility shall have a complete set of manufacturer's operating, maintenance, and preventive maintenance instructions for each piece of building, mechanical, dietary, and laundry equipment.

(c) Heating, ventilation, and air conditioning systems. Each nursing facility's heating, ventilation, and air conditioning systems shall be initially tested, balanced, and operated to ensure that system performance conforms to the requirements of the plans and specifications.

(1) Each nursing facility shall have a test and balance report from a certified member of the national environmental balancing bureau or the associated air balance council and shall maintain a copy of the report for inspection by department personnel.

(2) Each nursing facility shall meet the minimum ventilation rate requirements in table 1a. If the building was licensed as a nursing facility on the effective date of this regulation, the minimum ventilation rate requirements shall be the levels specified in table 1b.

(3) Each nursing facility shall have a heating, ventilation, and air conditioning system designed to maintain a year-round indoor temperature range of 70°F to 85°F in resident care areas.

(d) Insulation. Each nursing facility shall have insulation surrounding the mechanical, electrical, and plumbing equipment to conserve energy, protect residents and personnel, prevent vapor condensation, and reduce noise. Insulation shall be required for the following fixtures within the nursing facility:

- (1) All ducts or piping operating at a temperature greater than 100°F; and
- (2) all ducts or pipes operating at a temperature below ambient at which condensation could occur.

(e) Plumbing and piping systems. The water supply systems of each nursing facility shall meet the following requirements:

(1) Water service mains, branch mains, risers, and branches to groups of fixtures shall be valved. A stop valve shall be provided at each fixture.

(2) Backflow prevention devices or vacuum breakers shall be installed on hose bibs, janitors' sinks, bedpan flushing attachments, and fixtures to which hoses or tubing can be attached.

(3) Water distribution systems shall supply water during maximum demand periods at sufficient pressure to operate all fixtures and equipment.

(4) Water distribution systems shall provide hot water at hot water outlets at all times. A maximum variation of 98°F to 120°F shall be acceptable at bathing facilities, at sinks in resident-use areas, and in clinical areas. At least one sink in each dietary services area not designated as a hand-washing sink shall have a maximum water temperature of 120°F.

(5) Water-heating equipment shall have sufficient capacity to supply hot water at temperatures of at least 120°F in dietary and laundry areas. Water temperature shall be measured at the hot water point of use or at the inlet to processing equipment.

(f) Electrical requirements. Each nursing facility shall have an electrical system that ensures the safety, comfort, and convenience of each resident.

(1) Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits the panelboards serve. This requirement shall not apply to emergency system circuits.

(2) The minimum lighting intensity levels shall be the levels specified in table 2a. Portable lamps shall not be an acceptable light source to meet minimum requirements, unless specified in table 2a. If the building was licensed as a nursing facility on the effective date of this regulation, the minimum lighting intensity levels shall be the levels specified in table 2b.

(3) Each electrical circuit to fixed or portable equipment in hydrotherapy units shall have a ground-fault circuit interrupter.

(4) Each resident bedroom shall have at least one duplex-grounded receptacle on each side of the head of each bed and another duplex-grounded receptacle on another wall. A television convenience outlet shall be located on at least one wall. If the building was constructed before February 15, 1977 and licensed as a nursing facility on the effective date of this regulation, each resident bedroom shall have at least one duplex-grounded receptacle.

(5) Duplex-grounded receptacles for general use shall be installed a maximum of 50 feet apart in all corridors and a maximum of 25 feet from the ends of corridors.

(g) Emergency power. Each nursing facility shall have an emergency electrical power system that can supply adequate power to operate all of the following:

(1) Lighting of all emergency entrances and exits, exit signs, and exit directional lights;

(2) equipment to maintain the fire detection, alarm, and extinguishing systems;

(3) exterior electronic door monitors;

(4) the call system;

(5) a fire pump, if installed;

(6) general illumination and selected receptacles in the vicinity of the generator set;

(7) the paging or speaker system if the system is intended for communication during an emergency; and

(8) if life-support systems are used, an emergency generator. The emergency generator shall be located on the premises and shall meet the requirements of the LSC, as adopted by reference in K.A.R. 26-39-105.

(h) Reserve heating. Each nursing facility's heating system shall remain operational under loss of normal electrical power. Each nursing facility shall have heat sources adequate in number and arrangement to accommodate the nursing facility's needs if one or more heat sources become inoperable due to breakdown or routine maintenance.

(i) Preventive maintenance program. Each nursing facility shall have a preventive maintenance program to ensure that all of the following conditions are met:

(1) All electrical and mechanical equipment is maintained in good operating condition.

(2) The interior and exterior of the building are safe, clean, and orderly.

(3) Resident care equipment is maintained in a safe, operating, and sanitary condition.

(j) Tables.

**Table 1a**

**Pressure Relationships and Ventilation of Certain Areas**

| Room Name or<br>Area Designation | Pressure<br>Relationship<br>to Adjacent<br>Areas | Minimum     | Minimum     |             |              |
|----------------------------------|--------------------------------------------------|-------------|-------------|-------------|--------------|
|                                  |                                                  | Air         | Air         |             |              |
|                                  |                                                  | Changes of  | Total Air   |             |              |
|                                  |                                                  | Outdoor Air | Changes     | All Air     |              |
|                                  |                                                  | Per Hour    | Per Hour    | Exhausted   | Recirculated |
|                                  |                                                  | Supplied to | Supplied to | Directly    | Within Room  |
|                                  |                                                  | Room        | Room        | to Outdoors | Units        |
| Resident's room:                 |                                                  |             |             |             |              |
| General                          | *                                                | 2           | 4           | Optional    | Optional     |
| Bed                              | *                                                | 2           | 4           | Optional    | Optional     |
| Toilet room                      | Negative                                         | Optional    | 10          | Yes         | No           |
| Medication room                  | Positive                                         | 2           | 4           | Optional    | Optional     |
| Consultation room                | *                                                | 2           | 6           | Optional    | Optional     |

|                                                      |          |          |    |          |          |
|------------------------------------------------------|----------|----------|----|----------|----------|
| Clean workroom                                       | Positive | 2        | 4  | Optional | Optional |
| Soiled workroom                                      | Negative | 2        | 10 | Yes      | No       |
| Housekeeping                                         | Negative | Optional | 10 | Yes      | No       |
| Public restroom                                      | Negative | Optional | 10 | Yes      | No       |
| Living, dining, and recreation room                  | *        | 2        | 4  | Optional | Optional |
| Nourishment area                                     | *        | 2        | 4  | Optional | Optional |
| Kitchen and other food preparation and serving areas | *        | 2        | 10 | Yes      | Yes      |
| Warewashing room                                     | Negative | Optional | 10 | Yes      | Yes      |
| Food storage (nonrefrigerated)                       | *        | Optional | 2  | Yes      | No       |
| Den                                                  | *        | 2        | 4  | Optional | Optional |
| Central bath and showers                             | Negative | Optional | 10 | Yes      | No       |
| Soiled Linen Sorting and Storage                     | Negative | Optional | 10 | Yes      | No       |
| Laundry, Processing                                  | *        | 2        | 10 | Yes      | No       |
| Clean Linen Storage                                  | Positive | Optional | 2  | Yes      | No       |
| Multipurpose room                                    | *        | 2        | 4  | Optional | Optional |
| Rehabilitation room                                  | Negative | 2        | 6  | Optional | Optional |
| Beauty and barber shop                               | Negative | 2        | 10 | Yes      | No       |
| Corridors                                            | *        | Optional | 2  | Optional | Optional |
| Designated smoking area                              | Negative | Optional | 20 | Yes      | No       |

\* Continuous directional control not required

**Table 1b**

### **Pressure Relationships and Ventilation of Certain Areas**

| Area Designation                        | Pressure Relationship to Adjacent Areas | Minimum Air Changes of Outdoor Air Per Hour Supplied to Room | Minimum Total Air Changes Per Hour Supplied to Room | All Air Exhausted Directly to Outdoors | Recirculated Within Room Units |
|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------|-----------------------------------------------------|----------------------------------------|--------------------------------|
|                                         |                                         |                                                              |                                                     |                                        |                                |
| Resident's Room                         | Equal                                   | 2                                                            | 2                                                   | Optional                               | Optional                       |
| Resident Area Corridor                  | Equal                                   | Optional                                                     | 2                                                   | Optional                               | Optional                       |
| Examination and Treatment Room          | Equal                                   | 2                                                            | 6                                                   | Optional                               | Optional                       |
| Physical Therapy                        | Negative                                | 2                                                            | 6                                                   | Optional                               | Optional                       |
| Activities Room                         | Negative                                | 2                                                            | 6                                                   | Optional                               | Optional                       |
| Soiled Workroom                         | Negative                                | 2                                                            | 10                                                  | Yes                                    | No                             |
| Medicine Preparation and Clean Workroom | Positive                                | 2                                                            | 4                                                   | Optional                               | Optional                       |
| Toilet Room                             | Negative                                | Optional                                                     | 10                                                  | Yes                                    | No                             |
| Bathroom                                | Negative                                | Optional                                                     | 10                                                  | Yes                                    | No                             |
| Janitors' Closets                       | Negative                                | Optional                                                     | 10                                                  | Yes                                    | No                             |
| Linen and Trash Chute Rooms             | Negative                                | Optional                                                     | 10                                                  | Yes                                    | No                             |
| Food Preparation Center                 | Equal                                   | 2                                                            | 10                                                  | Yes                                    | No                             |
| Warewashing Room                        | Negative                                | Optional                                                     | 10                                                  | Yes                                    | No                             |
| Dietary Dry Storage                     | Equal                                   | Optional                                                     | 2                                                   | Yes                                    | No                             |
| Laundry, Processing Room                | Equal                                   | 2                                                            | 10                                                  | Yes                                    | No                             |
| Soiled Linen Sorting and Storage        | Negative                                | Optional                                                     | 10                                                  | Yes                                    | No                             |
| Clean Linen Storage                     | Positive                                | Optional                                                     | 2                                                   | Optional                               | Optional                       |
| Personal Care Room                      | Negative                                | 2                                                            | 6                                                   | Yes                                    | No                             |
| Designated Smoking Area                 | Negative                                | Optional                                                     | 20                                                  | Yes                                    | No                             |

**Table 2a****Artificial Light Requirements**

| <b>Place</b>                                                  | <b>Light<br/>Measured<br/>in Foot-<br/>Candles</b> | <b>Where Measured</b>                                           |
|---------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------|
| Resident's room:                                              |                                                    |                                                                 |
| General                                                       | 30                                                 | Three feet above floor                                          |
| Bed                                                           | 30                                                 | Mattress top level, at bed wall to three feet out from bed wall |
| Toilet room                                                   | 30                                                 | Three feet above floor                                          |
| Medication preparation                                        | 30                                                 | Counter level                                                   |
| Nurses' work area and office:                                 |                                                    |                                                                 |
| General                                                       | 30                                                 | Three feet above floor                                          |
| Desk and charts                                               | 50                                                 | Desk level                                                      |
| Medication room                                               | 100                                                | Counter level                                                   |
| Consultation room                                             | 30                                                 | Three feet above floor                                          |
| Clean and soiled workrooms                                    | 30                                                 | Counter level                                                   |
| Storage room                                                  | 30                                                 | Three feet above floor                                          |
| Housekeeping                                                  | 30                                                 | Three feet above floor                                          |
| Public restroom                                               | 30                                                 | Floor level                                                     |
| Living, recreation rooms                                      | 30                                                 | Three feet above floor                                          |
| Dining room                                                   | 50                                                 | Table level                                                     |
| Nourishment area                                              | 50                                                 | Counter level                                                   |
| Kitchen in a resident unit                                    | 50                                                 | Counter level                                                   |
| Central kitchen (includes food preparation and serving areas) | 70                                                 | Counter level                                                   |
| Food storage (nonrefrigerated)                                | 30                                                 | Three feet above floor                                          |
| Den                                                           | 30                                                 | Chair or table level                                            |

|                                                               |    |                        |
|---------------------------------------------------------------|----|------------------------|
| Reading and other specialized areas<br>(may be portable lamp) | 70 | Chair or table level   |
| Central bath and showers                                      | 30 | Three feet above floor |
| Laundry                                                       | 30 | Three feet above floor |
| Multipurpose room                                             | 30 | Three feet above floor |
| Rehabilitation room                                           | 30 | Three feet above floor |
| Beauty and barber shop                                        | 50 | Counter level          |
| Corridors                                                     |    |                        |
| Resident waking hours                                         | 30 | Floor level            |
| Resident sleeping hours                                       | 10 | Floor level            |
| Stairways                                                     | 20 | Step level             |
| Exits:                                                        |    |                        |
| Resident waking hours                                         | 30 | Floor level            |
| Resident sleeping hours                                       | 10 | Floor level            |
| Maintenance service and equipment<br>area                     | 30 | Floor level            |
| Heating plant place                                           | 30 | Floor level            |

**Table 2b**

### **Artificial Light Requirements**

| <b>Place</b>                                                     | <b>Light Measured<br/>in Foot-Candles</b> | <b>Where Measured</b>  |
|------------------------------------------------------------------|-------------------------------------------|------------------------|
| Kitchen in a resident unit                                       | 50                                        | Counter level          |
| Central kitchen (includes food preparation<br>and serving areas) | 70                                        | Counter level          |
| Dining Room                                                      | 25                                        | Table level            |
| Living room or recreation room                                   |                                           |                        |
| General                                                          | 15                                        | Three feet above floor |
| Reading and other specialized areas<br>(may be portable lamp)    | 50                                        | Chair or table level   |
| Nurses' station and office:                                      |                                           |                        |

|                                             |     |                                                                 |
|---------------------------------------------|-----|-----------------------------------------------------------------|
| General                                     | 20  | Three feet above floor                                          |
| Desk and charts                             | 50  | Desk level                                                      |
| Clean workroom                              | 30  | Counter level                                                   |
| Medication room                             | 100 | Counter level                                                   |
| Central bath and showers                    | 30  | Three feet above floor                                          |
| Resident's room:                            |     |                                                                 |
| General                                     | 10  | Three feet above floor                                          |
| Bed                                         | 30  | Mattress top level, at bed wall to three feet out from bed wall |
| Laundry                                     | 30  | Three feet above floor                                          |
| Janitor's closet                            | 15  | Three feet above floor                                          |
| Storage room:                               |     |                                                                 |
| General                                     | 5   | Three feet above floor                                          |
| Disinfectant or cleaning agent storage area | 15  | Three feet above floor                                          |
| Corridors                                   | 10  | Floor level                                                     |
| Stairways                                   | 20  | Step level                                                      |
| Exits                                       | 5   | Floor level                                                     |
| Heating plant space                         | 5   | Floor level                                                     |

(Authorized by and implementing K.S.A. 39-932; effective Jan. 7, 2011.)

\*\*\*\*\* Authenticated Kansas Administrative Regulation \*\*\*\*\*