ALABAMA STATE COMMITTEE OF PUBLIC HEALTH
ALABAMA DEPARTMENT OF PUBLIC HEALTH
ADMINISTRATIVE CODE

CHAPTER 420-5-11
REHABILITATION CENTERS

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420-5-11-.01 General.

(1) **Legal authority for adoption of Rules** under and by virtue of authority vested in it by the Legislature of Alabama, Code of Ala. 1975, Sections 22-21-20, et seq., the State Board of Health does hereby adopt and promulgate the following Rules.

(2) **Definitions.**

(a) "AAC Rule" means Alabama Administrative Code Rule.

(b) "Audiologist" means a person who meets applicable legal requirements for the provisions of audiology services and who meets education and work standards established by the American Speech and Hearing Association for the Certificate of Clinical Competency in Audiology.

(c) "Chief Executive Officer" means a person who is delegated the responsibility for the interpretation, implementation, and proper application of policies and programs established by the governing authority, and is delegated responsibility for the establishment of safe and effective administrative management, control, and operation of the services provided. This responsibility is accomplished by corresponding authority. This person is also referred to as the facility administrator.

(d) “Disability” means any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

(e) “Habilitation services” means health care processes aimed at assisting individuals with disabilities to attain, retain,

or improve skills and functioning for daily living. In particular, habilitation services assist persons of any age with achieving developmental skills when impairments have caused delay or blocking of the initial acquisition of those skills.

(f)"Medical Director" means a physician currently licensed by the Alabama Medical Licensure Commission, to practice medicine and surgery and provide medical advice to the center.

(g) "Occupational Therapist" means a person who is certified by the American Occupational Therapy Association or who is a graduate of a program of occupational therapy accredited by the American Medical Association and who currently meets state legal requirements.

(h) "Occupational Therapist Assistant" means a person who is eligible for certification as a certified occupational therapy assistant by the American Occupational Therapy Association and who meets state legal requirements.

(i) "Patient" means a person partaking in any of the services provided by a rehabilitation center. The centers may identify patients as clients; however, for the purpose of these rules, the term patient is used.

(j) "Physician" means a person currently licensed by the Alabama Medical Licensure Commission to practice medicine and surgery.

(k) "Physical Therapist" means a person who is a graduate of a program in physical therapy approved by the American Physical Therapy Association or the Council on Medical Education of the American Medical Association and who is licensed by the state.

(l) "Physical Therapist Assistant" means a graduate of a physical therapy curriculum approved by the American Physical Therapy Association or other associations recognized by the Commission on Accreditation of Rehabilitation Facilities and/ or its equivalent as determined by requirements established by state regulatory agencies, and who currently meets state legal requirements.

(m) "Psychologist" means a person who holds a master's degree in psychology from a training program approved by the American Psychological Association and who currently meets state legal requirements.

(n) "Registered Nurse (RN)" means a person currently registered in the state of Alabama in accordance with the provisions contained in current state statutes.

(o) "Rehabilitation Center" means a business entity offering and providing two or more outpatient health care services that assist sick, injured, or disabled persons in retaining, regaining, or improving skills and functioning for daily living that have been lost or impaired because the person was sick, injured, or disabled. The services must be performed by or under the supervision of a physical therapist, occupational therapist, or speech pathologist. This term does not include a business entity that is a certified home health agency or an extension location for the outpatient therapy services provided by a private physician's office.

(p) "Rehabilitation services" means health care services that help a person retain, regain, or improve skills and functioning for daily living that have been lost or impaired as a result of illness, injury, or acquiring a disability.

(q) "Social Worker" means a person who is a graduate of a school of social work accredited or approved by the Council on Social Work Education and who currently meets state legal requirements.

(r) "Speech Pathologist" means a person who meets applicable legal requirements for the provision of speech pathology services and who meets the academic and work experience standards established by the American Speech and Hearing Association for the Certificate of Clinical Competence in Speech Pathology and who meets state legal requirements.

(s) "These Rules" means Rules 420-5-11-.01 through 420-5-11-.04, Chapter 420-5-11, Rehabilitation Centers, Alabama Administrative Code.

(t) "Vocational Specialist" means a person who has a bachelor's degree and:

1. Two years experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, state employment service agency, etc., or

2. At least 18 semester hours in vocation rehabilitation, educational or vocational guidance, psychology, social work, special education or personnel administration, and 1 year's experience in vocational counseling in a rehabilitation setting; or

3. Has a master's degree in counseling, and who currently meets state legal requirements.

(3) **Types of License.**

(a) Regular License. A regular license may be issued by the State Board of Health after the Board has determined that the

rehabilitation center is in substantial compliance with the rules herein adopted.

(b) Probational License. This license shall be granted when the Board has reason to believe that the operation is questionable, but only when the Board is satisfied that the health and safety of residents will not be endangered during this period. Maximum length of time for probationary status is 1 year. However, an extension of time may be granted if the governing authority is making specific plans to construct a new rehabilitation center, establish a rehabilitation center in a structure which meets these rules, or is actually in the process of meeting these rules. Closure of the rehabilitation center for a period of 30 days or longer except for remodeling or alterations shall mean that it is no longer in continuous operation and it shall meet the requirements for a regular license prior to being reopened.

(4) **Licensing.**

(a) Application for License. All rehabilitation centers shall apply for licensure on a form designated by the State Board of Health. The application will reflect all data required by Code of Ala. 1975, Section 22-21-20, et seq.

(b) Fee. Each application for license shall be accompanied by a fee as mandated by statute. No fee shall be refunded. Fees shall be paid by cash, check, or money order made payable to the Alabama Department of Public Health.

(c) Name of Facility. Every rehabilitation center shall be designated by a permanent and distinctive name which shall not be changed until an application has been completed and approved. Words in the name of the center that may reflect a different type of facility or service shall not be used.

(d) Separate License. When more than one facility is operated under the same operating entity, a separate license shall be required for each facility. Separate licenses are not required for separate buildings used by the same facility on the same grounds.

(e) Reissuance of License.

1. The following changes in the status of the facility will require issuance of a new license, upon application and payment of application fee (if applicable).

(i) Change in facility ownership or operating entity (fee required).

(ii) Change in name (no fee required).

2. The governing authority shall file with the State Board of Health an application for license 30 days before any proposed change requiring a new license, in order to permit processing of the application and issuance of the license prior to the desired effective date of the change.

(f) Plan of Services. A plan of services shall be submitted with the initial application for licensing. The plan of services shall specify:

1. If the center provides nursing services.

2. Types of physical restoration provided.

3. Professionals employed for social adjustment.

4. Types of vocational adjustment professionals employed.

(g) Occupancy. No part of a rehabilitation center may be rented, leased, or used for any commercial purpose not reasonably necessary or related to the services the facility is licensed to provide. The Department shall approve all plans for additional occupancy. Food and drink machines may be maintained or a diet kitchen provided. Notwithstanding the foregoing, a rehabilitation center may rent a portion of its premises to another entity, or share a portion of its premises with another entity, if the services the entity provides would reasonably be expected to be helpful to patients of a rehabilitation center, such as massage therapy, chiropractic services, acupuncture, or the provision of fitness classes, diet classes, or exercise classes. The safety and appropriate treatment of patients on rehabilitation center premises remain the responsibility of the rehabilitation center, irrespective of whether those patients are receiving services from another entity located on the premises.

(5) **Right of Appeal.**

(a) Any licensee dissatisfied with administrative decisions made in application of these rules may appeal under the procedures of the Alabama Administrative Procedures Act, Code of Ala. 1975, Section 41-22-1 et. seq.

(6) **Waivers.** The State Health Officer may approve a waiver to these rules in the following manner:

(a) The State Health Officer may approve a waiver to any provision of these rules, except for any provision which restates a statutory requirement, or which defines any term.

(b) To be eligible for a waiver, the licensee must be affected by the provision for which the waiver is requested, and must demonstrate by clear and convincing evidence that:

1. Local conditions are such that the licensee cannot or need not meet the provision for which the waiver is applied.

2. Approval of the waiver will not unreasonably increase the risk of harm that the affected rule provision is intended to protect the public against.

(c) An application for a waiver shall also contain the name and address of the licensee, a statement of purpose, the period of time for which the waiver is requested, and evidence demonstrating that the requirements of subsection (b) above are met.

(d) An application for a waiver must be presented in writing to the State Health Officer. All supporting evidence referenced in the application must be attached.

(e) The State Health Officer shall deny any application for a waiver which does not comply with the requirements of this section. Moreover, the Department of Public Health may make periodic evaluations of any waiver that has been granted. The State Health Officer may revoke a waiver if the statements, representations, or supporting documentation that are part of the application are discovered to be false or inaccurate, or if local conditions upon which it was based change, or if public health, safety, or welfare is adversely affected by a continuation of the waiver.

(f) Waivers issued by the State Health Officer shall be valid for a finite period of time as specified in the waiver.

(7) **Disclosure of Information.** Official reports, such as statements of deficiencies generated by the State Board of Health as a result of on-site inspections, and plans of correction submitted in response to those statements of deficiencies, are subject to public disclosure. Information received through other means and reports, other than statements of deficiencies, shall be deemed to be confidential and shall not be publicly disclosed except in response to a valid subpoena or court order or in proceedings involving the affected facility's license or proceedings involving the license of another facility operated by the same governing authority. Inspection reports will never contain the name or other identification of any patient in the inspected facility.

Author: L. O'Neal Green, Rick Harris, W. T. Geary, Jr., M.D., Dana Billingsley

Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-21-28, et seq.

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420-5-11-.02 Administration.

(1) **Governing Authority.**

(a) Responsibility. The governing authority or the owner or the person or persons designated by the owner as the governing authority shall be the supreme authority of the facility including the appointment of a qualified medical staff, or in the absence of an organized medical staff, a medical doctor.

(b) Organization. The governing authority shall be formally organized in accordance with a written constitution and/or bylaws. In the event the governing authority consists of one person, this requirement must still be met. Such constitution and/or bylaws shall include:

1. Identification of the facility.

2. The purpose for which the facility is organized.

3. Describe qualifications for membership in the governing body, election, and tenure of office.

4. Provide for the election and specification of duties of officers.

5. Establish regular and special meetings of the governing body.

6. Describe method of amending bylaws.

7. Establish quorum requirements.

8. Appointment and duties of the chief executive officer.

(c) Meetings. The governing authority shall meet at least annually. A copy of the minutes of these meetings shall be kept as a permanent record of the facility.

(d) Notification of Chief Executive Officer. The State Board of Health shall be advised of the chief executive officer's name within 15 days of his appointment.

(2) **The Chief Executive Officer.**

(a) Responsibility.

1. The chief executive officer is also referred to as the facility administrator.

2. There shall be a competent, well trained chief executive officer who shall assume executive authority and responsibility for directing, coordinating, and supervising the overall activities of the center. The chief executive officer and the medical director or other qualified employee of the facility may be one and the same person, depending upon the size and degree of management and supervision required for appropriate operation of the center.

3. The chief executive officer shall designate a qualified individual to represent him in his absence.

(b) Enforcement of Medical Staff Regulations. As the authorized representative of the governing authority, the chief executive officer shall have the authority to enforce medical staff rules and regulations with regard to patient care, after consultation with appropriate members of the medical staff.

(c) Policies and Procedures. The chief executive officer shall be responsible for assuring either directly or through delegation of authority that policies promulgated by the governing authority are carried out. Appropriate procedures to enforce these policies, assure proper patient care and safety, and meet requirements of these Rules shall be developed in writing.

(3) **Personnel.**

(a) Medical Director. In the absence of organized medical staff, the center will have an appointed medical director. The functions provided by the medical director include:

1. To maintain a liaison role with the medical community.

2. To participate in quality of care review functions, such as utilization review and peer review program evaluation. Either minutes of this review will be maintained or procedure manuals shall be annotated to reflect the review, date, and persons involved in the review.

3. To establish, with the participation of professional staff, criteria for the adequacy of individual patient treatment presumptions.

4. To advise facility staff on problems in patient care management and to participate in inservice training.

5. To participate in staff evaluation of service concepts and techniques.

6. To advise on the development of new programs and modification of existing programs.

7. To advise on matters of a medical nature.

8. To assure that services required by law to be prescribed by a physician, when available, are provided in such a way as to assure acceptable levels of quality.

(b) Director of Nursing Services. If nursing services are not provided, AAC Rules 420-5-11-.02(3)(b) and (c) do not apply. A registered professional nurse shall be responsible for proper performance of nursing services provided in the center.

(c) Responsibilities of Director of Nursing Services.

1. Work within the framework of policies set forth by the medical director.

2. Develop nursing service policies and procedures.

3. Develop a job description for each nursing position.

4. Provide a thorough orientation for new nursing personnel, including written verification of their competency.

5. Provide supervision of nursing service personnel.

6. Provide ongoing inservice.

7. Verifications of license and physical exams to ensure they are current.

8. Ensure that adequate nursing personnel are provided to meet the needs of patients.

(d) Non-Nursing Service Personnel. Non-nursing service personnel, i.e., counselors, housekeeping, office, etc., shall be assigned in sufficient numbers and with sufficient training to meet the needs of patients.

(e) Personnel Policies. Facilities shall make available to each employee a manual setting forth personnel policies as approved by the governing body. These policies shall include, but not be limited to, the following: purpose; organizational structure; facility programs; personnel qualifications;

employment procedures to include application for employment; term of probationary service; work attendance; leave policies; general payroll information; evaluation; disciplinary measures; responsibilities to facility and to patients; dress; benefits; appeal or grievance process; and termination. These policies shall be reviewed and updated yearly by the governing body.

(g) Qualifications.

1. Professional staff members shall meet all educational requirements as approved by a nationally recognized accrediting body, and/or shall currently hold certification by a national association, or shall have documented equivalent training and/or experience. All professional personnel shall be licensed, if applicable, under state statute for the profession in which they practice.

2. Position descriptions shall be written for all employees and volunteer personnel. Position description shall specify qualifications, duties, positions supervised, and whom the employee or volunteer will report to.

3. Provisions must be established to maintain competency of staff members through inservice training, continuing education courses, or other means.

(4) **Disaster Plan.**

(a) Written Disaster Plan.

1. Rehabilitation centers shall have a written disaster plan which contains procedures to be followed in the event of fire, explosion, or other disaster. The plan must address the following:

(i) Notification of emergency services and designated personnel.

(ii) Assignment of specific responsibilities to all personnel.

(iii) Instructions on the use of alarm systems and signals, also the location and use of fire fighting equipment and methods of fire containment.

(iv) An operational plan dealing with bomb threats, including appropriate notifications, search procedures, and evacuation of patients and personnel.

(v) Specification of evacuation routes and procedures.

(vi) Management of casualties and records.

2. Written instructions, including evacuation routes, shall be posted in conspicuous places in the facility and kept current.

(b) Drills. A simulated disaster drill shall be conducted annually. Fire drills shall be conducted quarterly at varied times and for each shift, if the facility operates multiple shifts. Written records of sufficient detail to record staff response to the fire/disaster drills shall be maintained for a period of three years.

(5) **Communication.**

(a) Call System. Arrangements shall be provided within the facility to summon additional personnel or help when or if needed in the event of emergency conditions. Requirements will depend on the size and physical configuration of the facility. In general, if all personnel (or occupants) are within hearing distance of any area of the facility, this would be deemed sufficient. Otherwise, there shall be a call system to all portions of the building normally occupied by personnel of the facility.

(b) Telephones. There shall be an adequate number of telephones to summon help in case of fire or other emergency, and these shall be located so as to be quickly accessible from all parts of the building.

(6) **Records and Reports.**

(a) Medical Records to be Kept. Rehabilitation centers shall keep adequate records, including admission and discharge notes, histories, results of examinations, nurses' notes, social service records, records of tests performed, and other records as indicated.

(b) Authentication of Records. All records shall be written, dated and signed in an indelible manner and made a part of the patient's permanent record.

(c) Filing of Records. All patient medical records shall be filed in a manner which will facilitate easy retrieval of any individual's record. If records are filed according to a number system, alphabetical cross-indexing shall be available.

(d) Title to Records. Records of patients are the physical property of the rehabilitation center and responsibility for

control of them shall rest with the chief executive officer and governing authority.

(e) Records Shall be Confidential. Records and information regarding patients shall be confidential. Access to these records shall be determined by the governing authority of the facility. Inspectors for licensure or other persons authorized by State or Federal laws shall be permitted to review medical records as necessary for compliance.

(f) Preservation of Records. Medical records shall be preserved, either in the original or by microfilm for a period of not less than five years following the most recent discharge, or three years after the patient becomes of age.

(g) Personnel Records. The facility shall maintain a personnel record for each employee. As a minimum the record shall include:

1. Application for employment that contains information regarding education, experience, and if applicable, registration and/or licensure information of the applicant.

2. Record of physical examination or certificate of freedom from communicable disease.

(h) Accounting System. The facility shall establish an accounting system which properly accounts for all revenue and expenses.

(i) Fees. Fees for services shall be established and be made known to patients prior to, or at time of, entry into any program offered.

(j) Maintenance of Records. Each facility shall establish policies and appropriate safeguards to insure confidentiality, protection from unauthorized removal, protection from fire and water hazards, and limit access to those authorized by the Chief Executive Officer. Records shall be maintained for a minimum of five years. Records shall include:

1. Minutes of governing body meetings.

2. Minutes of administrative and professional staff meetings.

3. Safety and health related inspection reports.

4. Financial records.

5. Accident and incident reports which shall be recorded on a form designed for this purpose and which have

documentation contained thereon which indicates a thorough investigation of the accident/incident has been conducted. These reports shall apply to patients and staff members.

6. Statistical records and correspondence files.

7. Cleaning and disinfecting of therapy equipment.

8. Machine calibration.

(k) Case Records.

1. A committee of professional staff members shall review quarterly a sample of active and closed records to determine compliance and effectiveness of established programs and procedures.

2. Case records shall contain sufficient information to identify the patient clearly, to justify the diagnosis(es) and treatment, and to document the results accurately. Required information shall, as a minimum, include:

(i) Documented evidence of the assessment of the needs of the patient, of an appropriate plan of care, and of the care and services provided.

(ii) Identification data, consent forms, and name and address of sponsor/guardian.

(iii) Medical history.

(iv) Report of physical examination, if appropriate.

(v) Observations and progress notes from each service involved.

(vi) Evaluation reports, reports of treatment and clinical findings.

(vii) Discharge summary.

(l) Transfer Agreement. Facility shall have a written plan to ensure prompt referral and backup services for patients requiring attention for an emergency or other condition necessitating hospitalization.

(m) Disposition of Records. When a rehabilitation center ceases to operate, either voluntarily or by revocation of its license, the governing body (licensee) at or prior to such action shall develop a proposed plan for the disposition of its medical records. Such plans shall be submitted to the

State Committee of Public Health for approval and shall contain provisions for the proper storage, safeguarding and confidentiality, transfer and/or disposal of patient's medical records and x-ray files. Any rehabilitation center that fails to develop a plan of disposition, acceptable by the State Committee of Public Health, of its records shall dispose of its records as directed by a court of appropriate jurisdiction.

Author: L. O'Neal Green, Rick Harris
Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-21-20, et seq.
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420-5-11-.03 Patient Care.

(1) **Admission Policy.**

(a) Patient Admission. All patients shall be admitted to the services of the facility on orders from a physician.

(b) Restrictions. Patients shall not be accepted without reasonable assurance that existing programs will improve the patient's condition. Each potential patient shall be thoroughly evaluated to determine if needs are consistent with available services.

(c) Grievance Procedure. A grievance procedure shall be established and adequately explained to each patient. A brochure or manual shall be provided to the patient which outlines the programs, rules and responsibilities.

(2) **Medical Direction.**

(a) Physician Direction. The physician retains overall responsibility for the general medical direction of the patient and is periodically apprised of the patient's condition and progress.

(b) Emergency Physician Coverage. Provision shall be made for physician coverage of medical emergencies.

(3) **Rehabilitation Services.**

(a) Scope of Service. The facility shall provide or arrange for services essential to the implementation of its program. These services shall be of such quality and so applied that they constitute an effective program which achieves the rehabilitation objective for the individual patient.

(b) Program Requirements. Each specialized rehabilitative service offered has an adequate program designed in accordance to the discipline's professional practices.

(c) Facilities and Equipment. The organization has the equipment and facilities required to provide the range of services necessary in the treatment of the types of disabilities accepted for service.

(d) Personnel Qualifications. Services are provided by or under the supervision of a qualified therapist. The number of qualified therapists and qualified therapy assistants shall be adequate for the volume and diversity of service offered. A qualified therapist in each service offered shall be on the premises or be readily available during the operating hours of the organization.

(e) Supportive Personnel. If personnel are available to assist qualified therapists by performing services incidental to the therapy that do not require professional knowledge and skill, such personnel are instructed in appropriate patient care policies by qualified therapists who retain responsibility for the treatment prescribed by the attending physician.

(f) Therapy Assistants. A qualified therapist is present, or is readily available to offer needed supervision to the therapy assistant when therapy services are provided on or off the organization's premises. When a qualified therapist is not on the premises during all hours of operation, patients are scheduled in such a manner as to ensure the therapist's presence when specific skills are needed (e.g., the evaluation and reevaluation), and to provide appropriate and needed supervision to the therapy assistant when providing service. When therapy services are provided off the premises of the organization by a qualified therapist assistant, such services are provided under the supervision of a qualified therapist who makes an on-site supervisory visit at least once every 30 days.

(g) Qualification of Staff. The agency's social or vocational adjustment services are rendered, as applicable, by qualified psychologists, qualified social workers, or qualified vocational specialists. Social or vocational adjustment services may be performed by a qualified psychologist or qualified social worker. Vocational adjustment services may be furnished by a qualified vocational specialist.

(h) Arrangements for Social or Vocational Services. Adjustment services may be provided by means of a written contract with others which provide for retention by the agency of responsibility for, and control and supervision of such services. The terms of the contract shall:

1. Provide that the regimen of social or vocational adjustment services to be furnished is developed in consultation between appropriate professional staff members and the patient's attending physician.

2. Specify the geographical areas in which the services are to be furnished.

3. Provide that such services are furnished by personnel meeting professional qualifications.

4. Provide that personnel under contract will participate as needed in conferences required to coordinate patient care.

5. Provide for the preparation of treatment records and notes, and for the prompt incorporation of such into the clinical records of the agency.

6. Specify the period of time the contract is to be in effect and the manner of termination of renewal.

(i) Arrangements for Specialized Rehabilitative Therapists.

1. When an organization provides specialized rehabilitative therapists under an arrangement with others, such services are to be furnished in accordance with the terms of a written contract, which provides for retention by the organization of professional and administrative responsibility for, and control and supervision of such services.

2. Contract provision. The terms of the contract:

(i) Provide that the specialized rehabilitative therapy services are to be furnished in accordance with the plan of care established by the physician responsible for the patient’s care and may not be altered in type, amount, frequency, or duration by the therapists (except in the case of an adverse reaction to a specific treatment).

(ii) Specify the geographic area in which the services are to be furnished.

(iii) Provide the personnel and service contracted for, meet the same requirement as those which would be applicable if the personnel and services were furnished directly by the agency.

(iv) Provide that, as needed, the therapists will participate in conferences required to coordinate the care of an individual patient.

(v) Provide for the preparation of treatment records, with progress notes and observations, and for the prompt incorporation of such into clinical records of the agency.

(vi) Specify the financial arrangements which provide that the contracting outside resource may not bill the patient.

(vii) Specify the period of time the contract is to be in effect and the manner of termination or renewal.

(4) **Pharmaceutical Services.**

(a) Applicability. The provisions of this section shall apply to all rehabilitation centers.

(b) Administering Drugs and Medicines. Drugs and medicines shall not be administered to individual patients nor to anyone within or outside the facility unless ordered by a physician duly licensed to prescribe drugs. Such orders shall be in writing and signed personally by the physician who prescribes the drug or medicine.

(c) Medicine Storage. Medicines and drugs maintained for daily administration shall be properly stored and safeguarded in enclosures of sufficient size which are not accessible to unauthorized persons. Only authorized personnel shall have access to storage enclosures.

(d) Medicine Preparation Area. Medicines and drugs shall be prepared for administration in an area which contains a counter and a sink. Where possible, this area shall be located in such a manner to prevent contamination of medicines being prepared for administration.

(e) Narcotic Permit. Each rehabilitation center shall procure a controlled drug permit from DEA if a stock of controlled drugs is to be maintained. The permit shall be displayed in a prominent location.

(f) Records. Records shall be kept of all stock supplies of controlled substances giving an accounting of all items received and/or administered.

(g) Medication Orders. All oral or telephone orders for medications shall be received by a licensed nurse or a physician, shall be reduced to writing on the physician's order sheet with an indication as to the prescribing physician and who wrote the order. Telephone or oral orders shall be signed by the prescribing physician within 48 hours. Patients requiring medications outside of the facility shall be given a

written prescription where that medication can be obtained from a licensed pharmacy, except in cases where the rehabilitation center has a licensed pharmacy as a part of the center.

(h) Pharmacy. If the facility has a pharmacy, it shall be of sufficient size to permit orderly storage and accurate identification of all drugs and medicines, and avoid overcrowding of preparation and handling areas. The pharmacy shall comply with all state and federal regulations governing the operation of a pharmacy. In addition, the pharmacy shall also:

1. Be adequately lighted with artificial illumination.

2. Be provided with proper safeguards.

3. Be provided with a counter and sink.

4. Be provided with shelving.

5. Have a refrigerator.

6. Be provided with prescription files.

7. Be provided with books and equipment in accordance with requirements of the Alabama State Board of Pharmacy for compounding and dispensing of drugs.

(i) Poisonous Substances. All poisonous substances must be plainly labeled and kept in a cabinet or closet separate from medicines and drugs to be prepared for administration.

(j) Emergency Kit or Emergency Drugs. Each rehabilitation center, upon the advice and written approval of the facility's physician, must maintain an emergency kit or stock supply of drugs and medicines for the use of the physician in treating the emergency needs of his patient. This kit or medicine shall be stored in such a manner as to limit its access to authorized personnel, but in such a manner as to allow quick retrieval.

(k) Drug Reference Sources. Each rehabilitation center shall maintain reference sources for identifying and describing drugs and medicines.

(5) **Infection Control.**

(a) Infection Control Committee. A committee shall be established to write and monitor policies and procedures for investigation, controlling, and preventing infections.

(b) Infection Control Committee Membership. The committee shall have representation of the professional staff, housekeeping, laundry, and maintenance and shall meet at least quarterly.

(c) Linens. Linens used by patients who have or are suspected of having a communicable disease shall be processed in a manner to prevent the spread of infection. Precautions shall be taken in storing and transporting soiled and clean linens in order to prevent contamination of clean linen.

(d) Location and Space Requirements. Each rehabilitation center shall have laundering facilities, unless proper commercial laundries are used. The laundry shall have adequate rooms and/or spaces for sorting, processing and storage of soiled material.

(e) There shall be policies and procedures for cleaning and disinfecting equipment such as hydrotherapy tanks and pools, hydrocullators, paraffin bath and other equipment.

(f) There shall be policies and procedures for the proper handling, cleaning and disposal of all infectious material and waste products. Space shall be provided for the sanitary storage and disposal of waste by incineration, containerization, removal or by a combination of these techniques.

(g) There shall be policies and procedures for aseptic techniques in the handling of patients to be followed by all personnel.

Author: L. O'Neal Green, Rick Harris
Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-21-20, et seq.
History: Original rules effective January 1, 1981. **Repealed and New Rule:** Filed December 17, 2003; effective January 21, 2004.

420-5-11-.04 Physical Environment.

(1) **Submission of Plans and Specifications.**

(a) Scope. Rehabilitation centers shall be classified as business occupancies. Facilities constructed or renovated after the effective date of these rules shall comply with the codes and standards, adopted by the State Board of Health and in effect at the time of plan submission.

(b) New Facilities, Additions, and Major Alterations. Plans and specifications shall be submitted for review and approval to the Alabama Department of Public Health, for any building that is intended to contain a Rehabilitation Center, and for

additions and alterations to existing facilities. Submissions shall be in accordance with Alabama Administrative Code Rule 420-5-22, "Submission of Plans and Specifications for Health Care Facilities."

(c) Minor Alterations and Remodeling. Minor alterations and remodeling which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the rehabilitation center is licensed, need not be submitted for approval.

(d) Inspections. The State Board of Health and its authorized representatives shall have access to the work for inspection wherever it is in preparation or progress.

(2) **General.**

(a) Location. The rehabilitation center shall be located in an area which is readily accessible to its patients, staff, and visitors and shall make available adequate parking and other common services with provisions for meeting the needs of the handicapped.

(b) Local Restrictions. The rehabilitation center shall comply with local zoning, building, and fire ordinances.

(c) Structural Soundness. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out.

(d) Fire Extinguisher. Fire extinguishers shall be installed, inspected annually and maintained as required by NFPA 10, “Standard for Portable Fire Extinguishers.” An attached tag shall bear the name of the business, initials or name of the inspector and date inspected. The facility shall perform a monthly inspection and annotate the inspection date on the attached tag.

(e) Ventilation. The building shall be well ventilated at all times with a comfortable temperature maintained.

(f) Waste Disposal. Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, containerization, or removal, or by combination of these techniques. Infectious waste materials shall be rendered non-infectious on the premises by appropriate measures.

(g) Elevators. Multi-story facilities shall be equipped with at least one automatic elevator of a size sufficient to carry a patient on a stretcher.

(h) Doors. Minimum width of doors to all rooms needing access for patients shall be 36 inches.

(i) Pest Control. The premises must be kept free from rodent and insect infestation.

(j) Lighting. All areas of the center shall have sufficient artificial lighting to provide proper illumination for all services.

(k) Emergency Lighting. Emergency lighting systems shall be provided to adequately light corridors, exit signs, stairways and lights on exterior at each exit in case of electrical power failure.

(l) Exit Doors. Exit doors shall be no less than 36 inches wide and swing in the direction of exit travel.

(m) Exit Signs. Exit signs shall be placed in corridors and passageways to indicate the direction of exit.

(n) Floors. All floors shall be covered with hard tile, resilient tile, carpet or the equivalent. Tile floors shall be smooth and be free from open cracks and finished so that they can be easily cleaned. Carpeting is prohibited in medical treatment and food preparation areas.

(o) Curtains. All draperies and cubicle curtains shall be rendered and maintained flame retardant per NFPA 701.

(p) Handicap Facilities. The facility shall be accessible to the physically handicapped and shall comply with ANSI A117.1 "Making Buildings and Facilities Accessible and Usable by the Physically Handicapped."

(3) **Service Facilities.**

(a) Admission Office. There shall be a room designated as the admission office where patients may discuss personal matters in private. The admission office may be combined with the business office and medical record room if privacy can be maintained when confidential matters are being discussed. This space shall be separated from the treatment area by walls and partitions.

(b) Waiting Room. A waiting room in the administrative section shall be provided with sufficient seating for the maximum number of persons that may be waiting at any time. Public toilets shall be available.

(c) Storage. A janitor closet shall be provided.

(4) **Housekeeping Services.**

(a) Personnel. Sufficient personnel shall be employed to maintain the facility clean and orderly. Primary patient care personnel shall not perform routine decontamination and housekeeping duties during periods in which they are caring for patients.

(b) Techniques. Written procedures outlining techniques to be followed in routine housekeeping and decontamination shall be developed and maintained. Treatment rooms must be cleaned, using appropriate disinfectants, to assure asepsis between each procedure as approved by the Infection Control Committee.

(c) General Storage.

1. Hallways shall not be used for storage of furniture, broken items, mop buckets, etc.

2. Combustible materials shall not be stored in the attic.

3. Basements used for storage shall meet acceptable standards for storage.

Author: Cecil Barnes, Jim Prince, Victor Hunt
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420-5-11-A **Appendix A.**

CODE OF ALA. 1975, SECTIONS 22-21-20, ET SEQ.

§22-21-20. Definitions. For the purpose of this article, the following terms shall have the meanings respectively ascribed to them by this section:

(1) HOSPITALS. General and specialized hospitals, including ancillary services; independent clinical laboratories; rehabilitation centers; ambulatory surgical treatment facilities for patients not requiring hospitalization; end stage renal disease treatment and transplant centers, including free-standing hemodialysis units; abortion or reproductive health centers; hospices; health maintenance organizations; and other related health care institutions when such institution is primarily engaged in offering to the public generally, facilities and services for the diagnosis and/or treatment of injury, deformity, disease, surgical or obstetrical care. Also included within the term are long term care facilities such as, but not limited to, skilled nursing facilities, intermediate care facilities, assisted living facilities, and specialty care assisted living facilities rising to the level of intermediate care. The term "hospitals" relates to health care institutions and shall not include the private offices of physicians or dentists, whether in individual, group, professional corporation or professional association practice. This section shall not apply to county or district health departments.

(2) PERSON. The term includes individuals, partnerships, corporations and associations. (Acts 1975, 3rd Ex. Sess., No. 140, p. 382, §1; Acts 1979, No. 79-798, p. 1461; Acts 1991, No. 91-548, p. 1010, §1; Act 1997, No. 97-632, §1; Act 2001, No. 1058.)

§22-21-21. Purpose of article. The purpose of this article is to promote the public health, safety and welfare by providing for the development, establishment and enforcement of standards for the treatment and care of individuals in institutions within the purview of this article and the establishment, construction, maintenance and operation of such institutions which will promote safe and adequate treatment and care of individuals in such institutions. (Acts 1949, No. 530, p. 835, §1; Acts 1962, Ex. Sess., No. 122, p. 157, §1.)

§22-21-22. License -- Required; exceptions. No person shall establish, conduct or maintain any hospital as defined in Section 22-21-20 without first obtaining the license provided in this article. Hospitals operated by the federal government and mental hospitals under the supervision of the board of trustees of the Alabama State Hospitals shall be exempt from the provisions of

this article. (Acts 1949, No. 530, p. 835, §2; Acts 1962, Ex. Sess., No. 122, p. 157, §2.)

§22-21-23. License -- Application. Any person desiring licensing under this article shall apply to the State Board of Health therefor. The applicant shall state the name of the applicant and whether an individual, partnership, corporation or other entity, the type of institution for which a license is desired, the location thereof and the name of the person in direct supervision and charge thereof. The person in charge of such hospital must be at least 19 years of age and of reputable and responsible character. The applicant shall submit evidence of ability to comply with the minimum standards provided in this article or by regulations issued under its authority. (Acts 1949, No. 530, p. 835, §4; Act 2001, No. 1058.)

§22-21-24. License -- Fees; term; form; nontransferable; posting; renewal; hospital licensable when accredited by joint commission. The application for a license to operate a hospital other than an assisted living facility or a specialty care assisted living facility rising to the level of intermediate care shall be accompanied by a standard fee of two hundred dollars ($200), plus a fee of five dollars ($5) per bed for each bed over 10 beds to be licensed in accordance with regulations promulgated under Section 22-21-28. Increase in a hospital's bed capacity during the calendar year is assessed at the standard fee of two hundred dollars ($200) plus five dollars ($5) each for the net gain in beds. The initial licensure fee and subsequent annual licensure renewal fee for an assisted living facility and for a specialty care assisted living facility rising to the level of intermediate care shall be two hundred dollars ($200) plus fifteen dollars ($15) for each bed. A license renewal application for any hospital, as defined by this chapter, which is not received by the expiration date in a properly completed form and accompanied by the appropriate renewal fee shall be subject to a late penalty equal to two hundred fifty dollars ($250) or 100 percent of the renewal fee, whichever is greater. No fee shall be refunded. All fees received by the State Board of Health under the provision of this article shall be paid into the State Treasury to the credit of the State Board of Health and shall be used for carrying out the provisions of this article. A license granted under this article shall expire on December 31 of the year in which it was granted. A license certificate shall be on a form prescribed by the department, and shall be posted in a conspicuous place on the licensed premises. Licenses shall not be transferable or assignable and shall be granted only for the premises named in the application. Licenses may be renewed from year to year upon application, investigation, and payment of the required license fee, as in the case of procurement of the original license. All fees collected under this article are hereby appropriated for expenditure by the State Health Department. All hospitals which are accredited by the joint commission on accreditation of hospitals shall be deemed by the State Health Department to be

licensable without further inspection or survey by the personnel of the State Department of Health. Further accreditation by the joint commission on accreditation of hospitals shall in no way relieve that hospital of the responsibility of applying for licensure and remitting the appropriate licensure fee as specified in this article. (Acts 1949, No. 530, p. 835, §5; Acts 1975, 3rd Ex. Sess., No. 140, p. 382, §2; Acts 1980, No. 80-642, p. 1213; Acts 1988, 1st Ex. Sess., No. 88-902, p. 470; Act 2001, No. 1058.)

§22-21-25. License -- Issuance; suspension or revocation; new applications after revocation.

(a) The State Board of Health may grant licenses for the operation of hospitals which are found to comply with the provisions of this article and any regulations lawfully promulgated by the State Board of Health.

(b) The State Board of Health may suspend or revoke a license granted under this article on any of the following grounds:

(1) Violation of any of the provisions of this article or the rules and regulations issued pursuant thereto.

(2) Permitting, aiding or abetting the commission of any illegal act in the institution.

(3) Conduct or practices deemed by the State Board of Health to be detrimental to the welfare of the patients of the institution.

(c) Before any license granted under this article is suspended or revoked, written notice shall be given the licensee, stating the grounds of the complaint, and the date, time, and place set for the hearing of the complaint, which date of hearing shall be not less than 30 days from the date of the notice. The notice shall be sent by registered or certified mail to the licensee at the address where the institution concerned is located. The licensee shall be entitled to be represented by legal counsel at the hearing.

(d) If a license is revoked as provided in this section, a new application for license shall be considered by the State Board of Health if, when, and after the conditions upon which revocation was based have been corrected and evidence of this fact has been furnished. A new license shall then be granted after proper inspection has been made and all provisions of this article and rules and regulations promulgated under this article have been satisfied. (Acts 1949, No. 530, p. 835, §7; Act 2001, No. 1058.)

§22-21-26. License -- Judicial review of suspension or revocation. Any party aggrieved by a final decision or order of the Board of Health suspending or revoking a license is entitled to a review of

such decision or order by taking an appeal to the circuit court of the county in which the hospital is located or is to be located. (Acts 1949, No. 530, p. 835, §11.)

§22-21-27. Advisory board.

(a) There shall be an advisory board of 17 members to assist in the establishment of rules, regulations, and standards necessary to carry out the provisions of this article and to serve as consultants to the State Health Officer. The board shall meet at least twice each year and at the call of the State Health Officer. The members of the board shall annually elect one of its members to serve as chairman.

(b) The advisory board shall be constituted in the following manner:

(1) Four representatives of hospitals, who shall be appointed by the Board of Trustees of the Alabama Hospital Association as follows:

a. One administrator of a governmental hospital.

b. One administrator of a nongovernmental nonprofit hospital.

c. One owner or administrator of a proprietary hospital.

d. One member of a managing board of a nonprofit hospital.

(2) Three representatives who shall be doctors of medicine appointed by the Board of Censors of the Medical Association of the State of Alabama.

(3) One representative who shall be a registered nurse appointed by the executive board of the Alabama State Nurses Association.

(4) One representative from the State Board of Human Resources who shall be appointed by the board.

(5) One registered pharmacist actively engaged in the practices of pharmacy in the State of Alabama, to be appointed by the executive committee of the Alabama Pharmacy Association.

(6) Three members who shall be appointed by the executive committee of the Alabama Nursing Home Association, each of whom shall be the operator of a duly qualified licensed nursing home.

(7) One member shall be appointed by the Alabama Hospice Association.

(8) Two members shall be appointed by the Assisted Living Association of Alabama, one of whom shall be the operator of a licensed assisted living facility or licensed specialty care assisted living facility rising to the level of intermediate care with 16 or fewer beds, and one of whom shall be the operator of an assisted living facility or licensed specialty care assisted living facility rising to the level of intermediate care with more than 16 beds.

(9) One member who shall be appointed by the Governor to represent the interests of consumers. The consumer representative shall be at least 65 years of age and shall have no financial interest in any facility licensed under this article.

Each new appointee shall serve for five years or until his successor is appointed, whichever is later. Any vacancy caused by a member leaving the position before the expiration of his or her term shall be filled by the organization selecting the original member. The replacement member appointed shall serve for the remainder of the unexpired term.

(c) A member of the advisory board shall not be eligible to succeed himself or herself after serving one full five-year term, but shall be eligible for reappointment if he or she has not served immediately preceding the reappointment.

(d) Members of the advisory board shall serve without compensation, but shall be entitled to reimbursement for expenses incurred in the performance of the duties of the office at the same rate allowed state employees pursuant to general law. (Acts 1949, No. 530, p. 835, §9; Acts 1959, No. 134, p. 656; Acts 1991, No. 91-548, p. 1010, §1; Act 2001, No. 1058.)

§22-21-28. Rules and regulations.

(a) In the manner provided in this section, the State Board of Health, with the advice and after approval by the advisory board, shall have the power to make and enforce, and may modify, amend and rescind, reasonable rules and regulations governing the operation and conduct of hospitals as defined in Section 22-21-20. All such regulations shall set uniform minimum standards applicable alike to all hospitals of like kind and purpose in view of the type of institutional care being offered there and shall be confined to setting minimum standards of sanitation and equipment found to be necessary and prohibiting conduct and practices inimicable to the public

interest and the public health. The board shall not have power to promulgate any regulation in conflict with law nor power to interfere with the internal government and operation of any hospital on matters of policy. The procedure for adopting, amending, or rescinding any rules authorized by this chapter shall conform to the Alabama Administrative Procedure Act. At any public hearing called for the purpose of soliciting public comment on proposed rules, any interested hospital or any member of the public may be heard.

(b) Any person affected by any regulation, amendment, or rescission thereof may appeal consideration thereof to the circuit court of the county of that person's residence or in which that person does business or to the Circuit Court of Montgomery County, pursuant to the Alabama Administrative Procedure Act. And upon appeal, the question of the reasonableness of such regulation shall be a question of fact for the court to determine, and no presumption shall be indulged that the regulation adopted was and is a reasonable regulation.

(c) Regulations adopted under this section shall become effective as provided in the Alabama Administrative Procedure Act. (Acts 1949, No. 530, p. 835, §8; Act 2001, No. 1058.)

§22-21-29. Inspections.

(a) Every hospital licensed under this article shall be open to inspection to the extent authorized in this section by employees and agents of the State Board of Health, under rules as shall be promulgated by the board with the advice and consent of the advisory board. Employees and agents of the board shall also inspect unlicensed and suspected unlicensed facilities. Nothing in this section shall authorize the board to inspect quarters therein occupied by members of any religious group or nurses engaged in work in any hospital or places of refuge for members of religious orders for whom care is provided, but any inspection shall be limited and confined to the parts and portions of the hospital as are used for the care and treatment of the patients and the general facilities for their care and treatment. No hospital shall, by reason of this section, be relieved from any other types of inspections authorized by law.

(b) All inspections undertaken by the State Board of Health shall be conducted without prior notice to the facility and its staff. Notwithstanding the foregoing, an inspection of a hospital or other health care facility, prior to its licensure, may be scheduled in advance. An employee or contract employee of the state shall not disclose in advance the date or the time of an inspection of a hospital or other health care facility to any person with a financial interest in any licensed health care facility, to any employee or agent

of a licensed health care facility, to any consultant or contractor who performs services for or on behalf of licensed health care facilities, or to any person related by blood or marriage to an owner, employee, agent, consultant, or contractor of a licensed health care facility. For purposes of this section, the term inspection shall include periodic and follow-up compliance inspections and surveys on behalf of the State Board of Health, complaint investigations and follow-up investigations conducted by the State Board of Health, and compliance inspections and surveys, complaint investigations, and follow-up visits conducted on behalf of the United States Department of Health and Human Services, Health Care Financing Administration, or its successors. The board may prescribe by rule exceptions to the prohibition where considerations of public health or safety make advance disclosure of inspection dates or times reasonable. Disclosure in advance of inspection dates when such disclosure is required or authorized pursuant to federal law or regulation shall not be a violation of this section. Scheduling inspections of hospitals or other health care facilities by the board at regular, periodic intervals which may be predictable shall not be a violation of this section.

(c) Any employee or contract employee of the state who discloses in advance the date or time of an inspection in violation of subsection (b) shall be guilty of a Class A misdemeanor. Any person who solicits an employee or contract employee of the state to disclose in advance the date or time of an inspection in violation of subsection (b) for the purpose of disclosing the information to others shall be guilty of a Class A misdemeanor. (Acts 1949, No. 530, p. 835, §6; Act 1997, No. 97-632, §1; Act 2001, No. 1058.)

§22-21-30. Disclosure of information. Information received by the State Board of Health through on-site inspections conducted by the State Licensing Agency is subject to public disclosure and may be disclosed upon written request. Information received through means other than inspection will be treated as confidential and shall not be directed publicly except in a proceeding involving the question of licensure or revocation of license. (Acts 1949, No. 530, p. 835, §10; Acts 1975, 3rd Ex. Sess., No. 140, p. 383, §3.)

§22-21-31. Practice of medicine, etc., not authorized; child-placing. Nothing in this article shall be construed as authorizing any person to engage in any manner in the practice of medicine or any other profession nor to authorize any person to engage in the business of child-placing. Any child born in any such institution whose mother is unable to care for such child or any child who, for any reason, will be left destitute of parental support shall be reported to the Department of Human Resources or to any agency authorized or licensed by the Department of Human Resources to engage in child placing for such service as the child and the mother may require. In the rendering of service, representatives

of the Department of Human Resources and agencies authorized or licensed by the Department of Human Resources shall have free access to visit the child and the mother concerned. (Acts 1949, No. 530, p. 835, §2; Acts 1962, Ex. Sess., No. 122, p. 157, §2; Act 2001, No. 1058.)

§22-21-32. Repealed by Acts 1977, 1st Ex. Sess., No. 82, p. 1509, §19, effective June 16, 1977.

§22-21-33. Penalty for violation of article, etc. Any individual, association, corporation, partnership, limited liability company, or other business entity who operates or causes to be operated a hospital of any kind as defined in this chapter or any regulations promulgated thereunder without having been granted a license therefore by the State Board of Health shall be guilty of a Class A misdemeanor upon conviction except that the fine may be up to five thousand dollars ($5,000) upon conviction of a second or any subsequent offense. The State Board of Health, upon determination that a facility or business is operating as a hospital within the meaning of this statute or any rules promulgated thereunder, and that the facility does not have a current, valid license granted by the State Board of Health, may apply to the circuit court of the county in which the unlicensed facility is located for declaratory and injunctive relief. The proceedings shall be expedited. The sole evidentiary questions before the court in a proceeding shall be whether the facility that is the subject of the action meets the definition of a hospital within the meaning of this chapter and any rules promulgated thereunder, and whether the facility has been granted a current and valid license to operate by the State Board of Health. If the State Board of Health prevails on these questions, then the court shall, upon request of the State Board of Health, forthwith grant declaratory and injunctive relief requiring the operator or operators to close the facility and requiring the operator or operators to move all residents or patients to appropriate placements. Any individual failing to obey an injunction to close a hospital shall be guilty of a Class A misdemeanor except that the fine may be up to five thousand dollars ($5,000). Any individual, after having once been subject to such an injunction, who shall later operate or cause to be operated a hospital as defined in this chapter or any regulations promulgated thereunder without having been granted a license therefore by the State Board of Health shall be guilty of a Class A misdemeanor except that the fine may be up to five thousand dollars ($5,000). The State Board of Health may, upon the advice of the Attorney General, maintain an action in the name of the state for an injunction to restrain any state, county or local governmental unit, or any division, department, board or agency thereof, or any individual, association, corporation, partnership, limited liability company, or other business entity, from operating, conducting or managing a hospital in violation of any provisions of this article, or any regulation promulgated thereunder. No county or municipality shall grant a business license to a hospital as defined in this chapter unless the

facility holds a current license to operate granted by the State Board of Health. In any action to collect a fee for services brought against a resident or patient by a hospital as defined in this chapter or regulations promulgated thereunder, it shall be a defense to the action to demonstrate that the operator of the hospital did not have a current, valid license to operate pursuant to this chapter at the time the services in question were rendered. (Acts 1949, No. 530, p. 835, §12.)

Act 2001, No. 1058. Under the circumstances listed below, an assisted living facility or a specialty care assisted living facility rising to the level of intermediate care may be subject to a civil money penalty imposed by the Board of Health not to exceed ten thousand dollars ($10,000) per instance. The imposition of the penalty may be appealed pursuant to the provisions of the Alabama Administrative Procedure Act. All money penalties imposed pursuant to this section shall be remitted to the Department of Public Health and shall be deposited in the State General Fund. The penalties shall be deposited in the General Fund and shall not be earmarked for the Department of Public Health. Failure of an assisted living facility or a specialty care assisted living facility rising to the level of intermediate care to pay a civil money penalty within 30 days after its imposition or within 30 days after the final disposition of any appeal shall be grounds for license revocation unless arrangements for payment are made that are satisfactory to the State Board of Health. No assisted living facility or specialty care assisted living facility rising to the level of intermediate care may renew its license to operate if it has any unpaid civil money penalties which were imposed more than 30 days prior to the facility's license expiration date, except for any penalties imposed which are still subject to appeal and except for penalties for which arrangements for payment have been made that are satisfactory to the State Board of Health.

A civil money penalty may be imposed for falsification of any record kept by an assisted living facility or specialty care assisted living facility rising to the level of intermediate care, including a medication administration record or any record or document submitted to the State Board of Health, by an employee or agent of the facility, where such falsification is deliberate and undertaken with intent to mislead the Board of Health, or it agents or employees, or residents, sponsors, family members, another state, county, or municipal government agency, or the public, about any matter of legal compliance, regulatory compliance, compliance with fire or life safety codes, or quality of care.

A civil money penalty may be imposed as a result of a false statement made by an employee or agent of an assisted living facility or a specialty care assisted living facility rising to the level of intermediate care to an employee or agent of the State Board of Health, if the statement is made with intent to deceive or mislead the Board of Health, its agents or employees,

about any matter of legal compliance, regulatory compliance, compliance with fire or life safety codes, or quality of care. A civil money penalty shall not be imposed if the facility's employee or agent makes a false statement when he or she has no reason to believe the false statement is authorized by the administrator or operator of the facility and if it is likely that the facility's employee or agent made the statement with the intent to cause damage to the facility.

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