

Title 15: Mississippi State Department of Health

Part 16: Health Facilities

Subpart 1: Health Facilities Licensure and Certification

**Chapter 48 MINIMUM STANDARDS FOR PERSONAL CARE HOMES
RESIDENTIAL LIVING**

Subchapter 12 MEDICAL AND PERSONAL CARE SERVICES

Rule 48.12.1 **Admission and Discharge.** The following criteria must be applied and maintained for resident placement in a licensed facility.

1. A person shall not be admitted or continue to reside in a licensed facility if the person:
 - a. Is not ambulatory;
 - b. Requires physical restraints;
 - c. Poses a serious threat to himself or herself or others;
 - d. Requires nasopharyngeal and/or tracheotomy suctioning;
 - e. Requires gastric feedings;
 - f. Requires intravenous fluids, medications, or feedings;
 - g. Requires a indwelling urinary catheter;
 - h. Requires sterile wound care; or
 - i. Requires treatment of decubitus ulcer or exfoliative dermatitis.
2. Licensed facilities which are not accessible to individuals with disabilities through the A.N.S.I. Standards as they relate to facility accessibility may not accept wheelchair bound residents. Only those persons who, in an emergency, would be physically and mentally capable of traveling to safety may be accepted. For multilevel facilities, no residents may be placed above the ground floor level that are unable to descend the stairs unassisted.
3. The licensed facility must be able to identify at the time of admission and during continued stay those residents whose needs for services are consistent with these rules and regulations, and those residents who should be transferred to an appropriate level of care.
4. Notwithstanding any determination by the licensing agency that skilled nursing services would be appropriate for a resident of a personal care home, that resident,

the resident's guardian, or the legally recognized responsible party for the resident may consent in writing for the resident to continue to reside in the personal care home, if approved in writing by a licensed physician. Provided, however, that no personal care home shall allow more than two (2) residents, or ten percent (10%) of number of residents in the facility, whichever is greater, to remain in the personal care home under the provisions herein. This consent shall be deemed to be appropriately informed consent as described by these regulations. After that written consent has been obtained, the resident shall have the right to continue to reside in the personal care home for as long as the resident meets the other conditions for residing in the personal care home. A copy of the written consent and the physician's approval shall be forwarded by the personal care home to the licensing agency within thirty (30) days of the issuance of the latter of the two (2) documents.

5. The licensed facility which accepts and admits residents requiring mental health services shall help arrange transportation to mental health appointments and cooperate with the community mental health center or other provider of mental health care, as necessary, to ensure access to and the coordination of care, within limits of the confidentiality and privacy rights of the individual receiving services.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.12.2 **Medical Evaluation.** Each person applying for admission to a licensed facility shall be given a thorough examination by a licensed physician or certified nurse practitioner/physician assistant within thirty (30) days prior to admission. The examination shall indicate the appropriateness of admission, according to the above criteria, to a licensed facility with an annual update by a physician and/or nurse practitioner/physician assistant.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.12.3 **Admission Requirements to Rule Out Active Tuberculosis (TB)**

1. The following are to be performed and documented within 30 days prior to the resident's admission to the licensed facility:
 - a. A TB signs and symptoms assessment by a licensed physician, physician assistant or nurse practitioner; and
 - b. A chest x-ray taken and have a written interpretation.
2. Admission to the facility shall be based on the results of the required tests as follows:
 - a. **Residents with an abnormal chest x-ray and/or signs and symptoms assessment** shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel OR an IGRA (blood test) drawn and results documented within 30 days prior to the patient's admission to the

“Licensed facility”. Evaluation for active TB shall be at the recommendation of the MSDH and shall be prior to admission. If TB is ruled out and the first step of the TST is negative, the second step of the two-step TST shall be completed and documented within 10-21 days of admission. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, TST (first and/or second step) is not done.

- b. **Residents with a normal chest x-ray and no signs or symptoms of TB** shall have a baseline IGRA test (blood test) OR a TST performed with the initial step of the two-step Mantoux TST placed on or within 30 days prior to the day of admission. IF TST is done, the second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel. If an IGRA (blood test) is done, a TST is not done (first or second step).
- c. **Residents with a significant TST OR positive IGRA (blood test)** upon baseline testing or who have documented prior significant TST shall be monitored regularly for signs and symptoms of active TB (cough, sputum production, chest pain, fever, weight loss, or night sweats, especially if the symptoms have lasted longer than three weeks) and if these symptoms develop, shall have an evaluation for TB per the recommendations of the MSDH within 72 hours.
- d. **Residents with a non significant TST** or negative IGRA (blood test) upon baseline testing shall have an annual tuberculosis testing within thirty (30) days of the anniversary of their last test. Note: Once IGRA testing is used, IGRA testing should continue to be used rather than TST testing.
- e. **Residents with a new significant TST or newly positive IGRA (blood test)** on annual testing shall be evaluated for active TB by a nurse practitioner or physician or physician’s assistant.
- f. **Active or suspected Active TB Admission.** If a resident has or is suspected to have active TB, prior written approval for admission to the facility is required from the MSDH TB State Medical Consultant.
- g. **Exceptions to TST/ IGRA requirement may be made if:**
 - i. Resident has prior documentation of a significant TST/positive IGRA.
 - ii. Resident has received or is receiving a MSDH approved treatment regimen for latent TB infection or for active TB disease.
 - iii. Resident is excluded by a licensed physician or nurse practitioner/physician assistant due to medical contraindications.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.12.4 **Transfer to another facility or return of resident to respite care** shall be based on the above tests (Rule 48.12.3) if done within the past 12 months and the patient has no signs and symptoms of TB.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.12.5 **Disease Prevention.** By September 1st of each year and in accordance with the latest recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, each Personal Care Home, both Assisted Living and Residential, shall provide residents educational information on Influenza disease. This educational information shall include, but need not be limited to, the risks associated with influenza disease, the availability, effectiveness and known contraindications of the influenza immunization, causes and symptoms of influenza and the means by which influenza is spread. (All information is free and available from the CDC website). Nothing in this provision shall require any Residential or Assisted Living Facility to provide or pay for any vaccination against influenza.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.12.6 **Transfer to a Hospital or Visit to a Physician Office.** If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the facility shall notify the MDH, the hospital, transporting staff, and physician's office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident has or is suspected to have active TB, prior written approval for admission or readmission to the facility is required from the MDH TB State Consultant.

SOURCE: Miss. Code Ann. §43-11-13