ADMINISTRATIVE RULE OF MONTANA
HEALTHCARE FACILITIES
37.106 Subchapter 3
CONSTRUCTION AND MINIMUM STANDARD FOR ALL HEALTHCARE FACILITIES

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37.106.301 DEFINITIONS

(1) The following definitions apply in this subchapter:

(a) "Administrator" means the individual responsible for the day-to-day operation of a health care facility.

(b) "Communicable disease" means a disease that may be transmitted directly or indirectly from one individual to another.

(c) "Inpatient" means a person who has been admitted to a hospital for bed occupancy for purposes of receiving inpatient hospital services.

(d) "Medical record" means a written document which is complete, current, and contains sufficient information for planning a patient's, resident's, or client's care, reviewing and evaluating care rendered, evaluating a patient's, resident's, or client's condition, and for providing a means of communication among all persons providing care.

(e) "Observation bed or unit" means a bed or unit within a hospital, critical access hospital, or specialty hospital that includes ongoing short-term treatment, assessment, and reassessment, and is not considered an inpatient bed. Patient stays in observation beds are limited to 48 hours during which time a decision must be made whether a patient requires further treatment as an inpatient.

(f) "Outpatient" means a person receiving health care services and treatment at a facility for a period of less than 24 hours without being admitted as an inpatient to the facility.

(g) "Secured care unit" means a licensed facility or unit of a facility that provides care in an environment where the doors are secured by delayed egress locks 24 hours a day.

(2) For purposes of ARM 37.106.310 and 37.106.330, the following terms shall have the meaning assigned to them in 50-4-1101, MCA:

(a) "Conscience";

(b) "Discriminate" or "Discrimination";

(c) "Health care service";

(d) "Medical practitioner";

(e) "Participate in a health care service";

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-4-1101, 50-5-101, 50-5-103, 50-5-104, 50-5-105, 50-5-106, 50-5-107, 50-5-108, 50-5-201, 50-5-202, 50-5-203, 50-5-204, 50-5-207, 50-5-208, 50-5-210, 50-5-211, 50-5-212, 50-5-225, 50-5-226, 50-5-227, 50-5-228, MCA

History: NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185; AMD, 2013 MAR p. 2146, Eff. 11/15/13; AMD, 2022 MAR p. 1876, Eff. 9/24/22; AMD, 2024 MAR p. 2286, Eff. 9/21/24.

37.106.302 MINIMUM STANDARDS OF CONSTRUCTION: GENERAL REQUIREMENTS

(1) The provisions of this subchapter apply to all health care facilities licensed or to be licensed by the department. To the extent that other licensure rules in ARM Title 37, chapter 106, subchapter 3 conflict with the terms of facility-specific rules, the specific facility rules will apply.

(2) The construction of, alteration, or addition to a health care facility shall comply with:

(a) the 2018 edition of the "American Institute for Architects (AIA) Guidelines for Design and Construction of Hospitals and Health Care Facilities," which the department adopts and incorporates by reference, which sets forth the minimum construction equipment requirements deemed necessary by the state Department of Public Health and Human Services to ensure health care facilities can be efficiently maintained and operated to furnish adequate care. Copies of the cited edition are available at the Department of Public Health and Human Services, Office of Inspector General, 2401 Colonial Drive, P.O. Box 202953, Helena, MT, 59620-2953;

(b) "NFPA 101: Life Safety Code Handbook," 2012 edition published by the National Fire Protection Association, which the department adopts and incorporates by reference, which sets forth construction and operation requirements designed to protect against fire hazards. Copies of the cited edition are available at the Department of Public Health and Human Services, Office of Inspector General, 2401 Colonial Drive, P.O. Box 202953, Helena, MT, 59620-2953;

(c) the 2009 "American National Standards Institute A117.1," which the department adopts and incorporates by reference, which sets forth standards for buildings and facilities providing accessibility and usability for physically handicapped individuals. Copies of the cited edition are available at the Department of Public Health and Human Services, Office of Inspector General, 2401 Colonial Drive, P.O. Box 202953, Helena, MT, 59620-2953;

(d) the water supply system requirements of ARM 37.111.115; and

(e) the sewage system requirements of ARM 37.111.116.

(3) A patient or resident may not be admitted, housed, treated, or cared for in an addition or altered area until inspected and approved, or in new construction until licensed.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, 50-5-201, 50-5-204, MCA

History: NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1984 MAR p. 929, Eff. 6/15/84; AMD, 1984 MAR p. 1090, Eff. 7/27/84; AMD, 1993 MAR p. 1658, Eff. 7/30/93; AMD, 1995 MAR p. 283, Eff. 2/24/95; AMD, 1997 MAR p. 1993, Eff. 11/4/97; AMD, 2001 MAR p. 1105, Eff. 6/21/01; TRANS & AMD, 2002 MAR p. 192, Eff. 2/1/02; AMD, 2003 MAR p. 1321, Eff. 7/1/03; AMD, 2013 MAR p. 2146, Eff. 11/15/13; AMD, 2022 MAR p. 1876, Eff. 9/24/22.

37.106.306 SUBMISSION OF PLANS AND SPECIFICATIONS: HEALTH CARE FACILITY NEW CONSTRUCTION, ALTERATION OR ADDITION

(1) Prior to beginning construction of a new health care facility or before construction of an addition or alteration to a health care facility, the following plans and specifications must be submitted to the department for approval:

(a) schematic plans which include but are not limited to:

(i) single line drawings of each floor;

(ii) the name of each room and the relationship of the various departments or services to each other and the room arrangement in each department must be noted;

(iii) total floor area and number of beds must be noted on the plans;

(iv) the proposed roads and walks, service and entrance courts, and parking must be shown on the site plan; and

(v) if requested by the department, submission of a narrative regarding a specific schematic function to clarify and provide additional information.

(b) the plans must be complete and adequate for bid, contract, and construction purposes, and include but are not limited to a complete set of the following:

(i) civil;

(ii) landscape;

(iii) architectural;

(iv) structural;

(v) mechanical;

(vi) plumbing;

(vii) electrical; and

(viii) special systems which include, but are not limited to, nurse call systems, fire alarms systems, and secured units.

(c) specifications supplementing the working drawings to fully describe types, sizes, capacities, workmanship, finishes, and other characteristics of all materials and equipment.

(2) All submitted plans and specifications must be stamped by an engineer or architect licensed to practice in Montana.

(3) The department's approval of an alteration or addition to a health care facility shall terminate one year after issuance or upon completion and acceptance of the project.

(a) A six-month extension is permitted upon request. The request must verify that plans are still the same and no changes have been made to the specifications.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, 50-5-201, 50-5-204, MCA

History: NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185; AMD, 2013 MAR p. 2146, Eff. 11/15/13.

37.106.310 LICENSING: PROCEDURE FOR OBTAINING A LICENSE: ISSUANCE AND RENEWAL OF A LICENSE

(1) A completed license application form must be submitted to the department.

(a) The application must be obtained from the department.

(b) The administrator or designee of the health care facility must sign the completed license application form.

(2) On receipt of a new or renewal license application, the department or its authorized agent will inspect the health care facility to determine if the facility meets the minimum regulatory standards set forth in this subchapter and other rules specific to the facility type as applicable.

(3) If minimum regulatory standards are met and the proposed staff is qualified, the department may issue a license for periods of up to three years.

(a) A three-year license may be offered to any facility:

(i) that has received a deficiency-free survey;

(ii) that has been granted accreditation by an accreditation entity approved by the U.S. Centers for Medicare & Medicaid Services; or

(iii) that has received a survey from another recognized department entity and the results of that survey determine that the facility meets the minimum requirements for issuance of a license.

(b) The facility must submit or make available to the department the full accreditation entity or department inspection report.

(c) A two-year license may be offered to any facility:

(i) that has received minor deficiencies, but those deficiencies do not significantly affect or threaten the health, safety, and welfare of any facility patient or resident.

(d) A one-year license may be offered to any facility:

(i) that has been in operation for less than one year;

(ii) upon a change in ownership; or

(iii) that has received deficiencies within the preceding 12 months that threaten the health, safety, and welfare of residents or staff.

(4) Licensed premises must be open to inspection by the department or its authorized agent and access to all records must be granted to the department at all reasonable times.

(5) The department will not:

(a) require a health care facility to participate in a health care service that violates that facility's conscience;

(b) require that the facilities of a health care facility be made available for uses or purposes, including abortion, contrary to the facility's conscience, religious beliefs, or moral tenets or that of its staff or governing body;

(c) discriminate or take an action that constitutes discrimination (including an adverse licensure or other action) against a health care facility as a result of that facility's exercise of conscience;

(d) deny any health care facility any privileges or immunities, or deny it any public benefits as a result of its exercise of conscience; and/or

(e) discriminate against a health care facility that exercises whistleblower rights with respect to suspected violations of conscience rights or that testifies, assists ,or participates, or intends to testify, assist, or participate, in a proceeding.

(6) For purposes of (5), a health care facility may establish a claim of conscience by reference to its governing documents as identified in 50-4-1101, MCA.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-4-1102, 50-4-1104, 50-5-103, 50-5-202, 50-5-203, 50-5-204, 50-20-111, MCA

History: NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185; AMD, 2013 MAR p. 2146, Eff. 11/15/13; AMD, 2024 MAR p. 334, Eff. 2/24/24; AMD, 2024 MAR p. 2286, Eff. 9/21/24.

37.106.311 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: FOOD SERVICE ESTABLISHMENTS

(REPEALED)

Authorizing statute(s): 50-5-103, 50-5-404, MCA

Implementing statute(s): 50-5-103, 50-5-204, 50-5-404, MCA

History: NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185; REP, 2013 MAR p. 2146, Eff. 11/15/13.

37.106.312 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: BLOOD BANK AND TRANSFUSION SERVICES

(REPEALED)

Authorizing statute(s):

Implementing statute(s): 50-5-103 and 50-5-404, MCA

History: IMP, Sec. 50-5-103, 50-5-204 and 50-5-404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185; REP, 2005 MAR p. 268, Eff. 2/11/05.

37.106.313 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: COMMUNICABLE DISEASE CONTROL

(1) All health care facilities shall develop and implement an infection prevention and control program. At a minimum, the facility must develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control which must include but are not limited to:

(a) procedures to identify high risk individuals; and

(b) the identification of methods used to protect, contain, or minimize the risk to patients, residents, staff, and visitors.

(2) The administrator or infection control officer will be responsible for the direction, provision, and quality of infection prevention and control services.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, 50-5-204, MCA

History: NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185; AMD, 2004 MAR p. 582, Eff. 3/12/04; AMD, 2013 MAR p. 2146, Eff. 11/15/13.

37.106.314 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: MEDICAL RECORDS

(1) A health care facility must initiate and maintain a safe, secure, and confidential medical record for each patient, resident, or client.

(2) A health care facility, excluding a hospital, shall retain a patient's, resident's, or client's medical records for no less than six years following the date of the patient's, resident's, or client's discharge or death, or upon the closure of the facility.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, 50-5-106, 50-5-204, MCA

History: NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1990 MAR p. 1259, Eff. 6/29/90; TRANS, from DHES, 2002 MAR p. 185; AMD, 2013 MAR p. 2146, Eff. 11/15/13.

37.106.315 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: EMPLOYEE FILES

(1) The facility is responsible for maintaining a file on each employee and substitute personnel. Employee files may be inspected by the department at any time. If the file is not maintained at the facility it must be available to the department within 24 hours of request.

(2) At a minimum, the employee file must contain:

(a) the employee's name;

(b) a job description signed by the employee;

(c) documentation of employee orientation, signed by the employee; and

(d) a copy of current credentials, certification, or professional licenses required to perform the duties described in the job description.

(3) Volunteers may be utilized at a health care facility, but may not be included in the facility staffing plan in lieu of employees. All volunteers who are performing duties which are commonly performed by facility staff must have a file which is maintained at the facility and documents the following:

(a) orientation to the facility and its residents; and

(b) orientation to and training of the duties to be performed.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, 50-5-106, 50-5-204, MCA

History: NEW, 2013 MAR p. 2146, Eff. 11/15/13.

37.106.316 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: SECURED CARE UNIT WITHIN A LICENSED LONG-TERM HEALTH CARE FACILITY

(1) All rules in this subchapter apply to secured care units.

(2) Special locking arrangements as specified in the "NFPA 101: Life Safety Code Handbook", 2012 Edition must be utilized, or an acceptable alternative is based on an equivalency for the automatically releasing, panic hardware required by section 7.2.1.6.1 of the "NFPA 101: Life Safety Code Handbook", 2012 Edition. Where local authorities having jurisdiction allow, the following conditions apply to this alternative:

(a) All locks must be electromagnetic. The use of mechanical locks, such as a deadbolt is not permitted;

(b) All of the secured doors must have a manual electronic keypad release. The keypad must release the lock(s) on the door(s) after entry of the proper code sequence;

(c) The code sequence must be posted in the vicinity of each keypad and may be inconspicuous;

(d) Provisions must be made for the rapid removal of occupants by such reliable means as the remote control of the locks. Typically this is done by placing a staff-accessible switch at the nurse's station which is capable of releasing all doors; and

(e) All the locks on all secured doors must automatically release upon any of the following conditions:

(i) the actuation of the approved supervised automatic fire alarm system;

(ii) the actuation of an approved supervised automatic sprinkler system; and

(iii) upon the loss of power controlling the lock(s) or locking mechanism.

(3) A secured care unit is considered a separate nursing unit and must have a nurse station located within the secured care unit. At a minimum, the nurse station must provide the following:

(a) provisions for charting;

(b) provisions for hand washing;

(c) provisions for medication storage and preparation;

(d) telephone access; and

(e) a nurse call system in compliance with table 2.1-4 as found in the 2018 Edition of the AIA Guidelines for Design and Construction of Hospitals and Health Care Facilities.

(4) The nurse call system for the secured care unit must report to the secured care unit nurse station, but may also annunciate the call at another location, such as a main nurse station.

(5) Observation beds cannot be located in secured care units.

(6) Space within the secured care unit used for dining, activities, and day space must be provided at a ratio of 35 square feet per resident, with at least 20 square feet per resident dedicated to the dining space.

(7) No more than two secured care unit residents can reside in a single room.

(8) Each secured care unit resident must have access to a toilet without entering the corridor.

(a) Doors to bathrooms may be removed in private rooms.

(9) A secured care unit must provide for a nourishment station. The minimum standards for a nourishment station as indicated in section 2.5-2.2.6.7 of the 2018 Edition of the AIA Guidelines for Design and Construction of Hospitals and Health Care Facilities include:

(a) a work counter;

(b) a refrigerator;

(c) storage cabinets;

(d) space for trays and dishes used for nonscheduled meal service;

(e) an icemaker dispenser unit for patient ice consumption within or in close proximity to the secured care unit;

(f) a sink for preparing nourishments between meals; and

(g) hand washing facilities that are in or immediately accessible from the nourishment station.

(10) A secured care unit must provide secured care unit residents access to large group activities when provided for the general population, such as holiday activities and special events as determined appropriate.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, 50-5-204, MCA

History: NEW, 2013 MAR p. 2146, Eff. 11/15/13; AMD, 2022 MAR p. 1876, Eff. 9/24/22.

37.106.320 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: PHYSICAL PLANT AND EQUIPMENT MAINTENANCE

(1) Each facility must have a written maintenance program describing the procedures to keep the building, grounds, and equipment in good repair and free from hazards.

(2) A health care facility must provide housekeeping services on a daily basis.

(3) All electrical, mechanical, plumbing, fire protection, heating, and sewage disposal systems must be kept in operational condition.

(4) Floors must be kept clean and in good repair at all times.

(5) Walls and ceilings must be kept in good repair and be of a finish that can be easily cleaned.

(6) Every facility must be kept clean and free of odors. Deodorants may not be used for odor control in lieu of proper ventilation.

(7) The temperature of hot water supplied to handwashing and bathing facilities must not exceed 120°F.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, 50-5-204, MCA

History: NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185; AMD, 2013 MAR p. 2146, Eff. 11/15/13.

37.106.321 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: ENVIRONMENTAL CONTROL

(1) A health care facility must be constructed and maintained so as to prevent entrance and harborage of rats, mice, insects, flies, or other vermin.

(2) Hand cleansing soap or detergent and individual towels must be available at each lavatory in the facility. A waste receptacle must be located near each lavatory.

(3) Cleaners used to clean bathtubs, showers, lavatories, urinals, toilet bowls, toilet seats, and floors must contain fungicides or germicides with current EPA registration for that purpose.

(4) Cleaning devices used for lavatories, toilet bowls, showers, or bathtubs may not be used for other purposes. Those tools used to clean toilets or urinals must not be allowed to contact other cleaning devices.

(5) A minimum of 10 foot-candles of light must be available in all rooms and hallways, with the following exceptions:

(a) all reading lamps must have a capacity to provide a minimum of 30 foot-candles of light;

(b) all toilet and bathing areas must be provided with a minimum of 30 foot-candles of light;

(c) general lighting in food preparation areas must be a minimum of 50 foot-candles of light; and

(d) hallways must be illuminated at all times by at least a minimum of five foot-candles of light at the floor.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, 50-5-204, MCA

History: NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185; AMD, 2013 MAR p. 2146, Eff. 11/15/13.

37.106.322 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: DISASTER PLAN

(1) All health care facilities must develop a written disaster plan as follows:

(a) skilled nursing facilities (long-term care), outpatient centers for primary care, outpatient centers for surgical services, critical access hospitals, hospitals, residential hospice facilities, inpatient hospice facilities, and infirmaries must develop a written disaster plan in conjunction with other emergency services in the community;

(b) these procedures must be developed such that they can be followed in the event of a natural or man-caused disaster.

(2) The health care facilities identified in (1) must conduct a review or physical exercise of such procedures at least once a year. After a review or exercise a health care facility shall prepare and retain on file for a minimum of three years a written report including but not limited to the following:

(a) date and time of the review or exercise;

(b) the names of staff involved in the review or exercise;

(c) the names of other health care facilities, if any, which were involved in the review or exercise;

(d) the names of other persons involved in the review or exercise;

(e) a description of all phases of the procedure and suggestions for improvement; and

(f) the signature of the person conducting the review or exercise.

(3) Adult day care facilities, adult foster care homes, assisted living facilities, chemical dependency treatment centers, eating disorder centers, end-stage renal dialysis facilities, intermediate care facilities for the developmentally disabled, mental health centers, outdoor behavioral facilities, residential treatment facilities, retirement homes, and specialty mental health facilities must develop a written disaster plan for their facility, and conduct a documented review of the disaster plan with all facility staff annually. This documentation must be maintained at the facility for a minimum of three years. The disaster plan must include:

(a) plans for remaining at the facility during and subsequent to the disaster. Plans must include such elements as acquisition of additional blankets, water, food, etc.; and

(b) plans for resident evacuation and identification of at least one off-site evacuation point. A written agreement must be maintained in the facility record and updated annually.

(4) Fire drills must be conducted at all health care facilities.

(a) health care facilities that house patients or residents must conduct at least four fire drills annually, no closer than two months apart, with at least one drill occurring on each shift. Drill observations must be documented and maintained at the facility for at least two years. The documentation must include:

(i) location of the drill;

(ii) documentation that identifies participating staff;

(iii) problems identified during the drill;

(iv) steps taken to correct such problems; and

(v) signature of the individual responsible for the day-to-day operation of the health care facility.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, 50-5-204, MCA

History: NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185; AMD, 2013 MAR p. 2146, Eff. 11/15/13; AMD, 2018 MAR p. 2214, Eff. 11/3/18.

37.106.330 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: WRITTEN POLICY AND PROCEDURE

(1) A current written policy and procedure manual that describes all services provided in the health care facility must be developed, implemented, and maintained at the facility. The manual must be available to staff, residents, resident family members, resident legal representatives, and the department and must be complied with by all facility personnel and its agents. Policies and procedures must be reviewed at least every other year by either the administrator or the medical director with written documentation of the review.

(2) All health care facilities must develop policies and procedures that, consistent with 50-4-1103, 50-4-1105, and 50-20-111, MCA, require the facility to not discriminate against medical practitioners who exercise their conscience, or First Amendment free speech rights, or take certain whistleblower actions. These policies and procedures must include:

(a) a medical practitioner's right not to participate in health care services that violate the medical practitioner's conscience;

(b) how a medical practitioner can exercise the right to conscience;

(c) that the health care facility will not consider a medical practitioner's refusal to participate in a health care service on the basis of conscience with respect to staff privileges, as a basis for discrimination, other adverse action, and will not discriminate against a medical practitioner for exercise of conscience;

(d) that the health care facility will not discriminate against a medical practitioner who exercises whistleblower rights with respect to suspected violations of conscience rights or who testifies, assists ,or participates, or intends to testify, assist, or participate, in a proceeding;

(e) maintenance and management of information on the exercise of conscience as confidential information, disclosed only on a need to know basis; and

(f) training of all staff on the foregoing.

(3) All hospitals, critical access hospitals, rural emergency hospitals, abortion clinics, outpatient centers for primary care, and outpatient centers for surgical services must develop a policy that if the facility performs abortions, they do not require medical practitioners to participate in such procedures unless such practitioners have affirmatively opted in to participate in such services in writing.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-4-1103, 50-4-1105, 50-5-103, 50-20-111, MCA

History: NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185; AMD, 2013 MAR p. 2146, Eff. 11/15/13; AMD, 2024 MAR p. 2286, Eff. 9/21/24.

37.106.331 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: LAUNDRY AND BEDDING

(1) If a health care facility processes its laundry on the facility site, it must:

(a) use rooms solely for laundry purposes;

(b) equip the laundry room with at least one mechanical washer and hot air tumble dryer, handwashing facilities, mechanical ventilation to the outside, a fresh air supply, and a hot water supply system which supplies the washer with water of at least 160 ° F (71 ° C) during each use. If the laundry water temperature is less than 160 ° F, chemicals and detergent suitable to the water temperature and the manufacturer's recommended product time of exposure must be utilized.

(c) sort and store soiled laundry in an area separate from that used to sort and store clean laundry;

(d) provide well maintained carts or other containers impervious to moisture to transport laundry, keeping those used for soiled laundry separate from those used for clean laundry;

(e) dry all bed linen, towels, and washcloths in a manner that protects against contamination;

(f) protect clean laundry from contamination; and

(g) ensure that facility staff handling laundry cover their clothes while working with soiled laundry, use separate clean covering for their clothes while handling clean laundry, and wash their hands both after working with soiled laundry and before they handle clean laundry.

(2) If laundry is cleaned off-site, the health care facility must utilize a commercial laundry which satisfies the requirements stated in (1)(a) through (g).

(3) A health care facility with beds must:

(a) keep each resident bed dressed in clean bed linen in good condition;

(b) keep a supply of clean bed linen on hand sufficient to change beds often enough to keep them clean, dry, and free from odors;

(c) supply each resident at all times with clean towels and washcloths;

(d) provide each resident bed with a moisture-proof mattress or a moisture-proof mattress cover and mattress pad; and

(e) provide each resident with enough blankets to maintain warmth while sleeping.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, 50-5-204, MCA

History: NEW, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185; AMD, 2013 MAR p. 2146, Eff. 11/15/13.