

AGENCY 26**ARTICLE 52 CRISIS INTERVENTION CENTER**

26-52-1 Definitions. (a) Each of the following terms have the meaning specified in K.S.A. 2020 Supp. 59-29c02 and amendments thereto:

- (1) “Behavioral health professional”;
- (2) “crisis intervention center or facility”;
- (3) “domestic partner”;
- (4) “head of a crisis intervention center”;
- (5) “law enforcement officer”;
- (6) “physician”;
- (7) “qualified mental health professional”; and
- (8) “treatment”.

(b) Each of the following terms shall have the meaning specified as provided in K.S.A. 2020 Supp. 39-2002, and amendments thereto:

- (1) “Community mental health center”;
- (2) “department”;
- (3) “individual”;
- (4) “licensed addiction counsellor”;
- (5) “licensee”;
- (6) “licensing agency”;
- (7) “provider”;
- (8) “secretary”; and
- (9) “services”.

(c) Each of the following terms shall have the meaning as specified in K.S.A. 2020 Supp. 59-2946, and amendments thereto:

(1) “Mentally ill person subject to involuntary commitment for care and treatment”; and

(2) “likely to cause harm to self or others”.

(d) Each of the following terms shall have the meaning specified in this subsection :

(1) Terms used in K.S.A. 2020 Supp. 59-29c02 and amendments thereto, K.S.A. 2020 Supp. 39-2002 and amendments thereto, and K.S.A. 2020 Supp. 59-2946 and amendments thereto not defined in this regulation shall have their ordinary meaning.

(2) “Class I” when used to describe a violation shall mean that the violation presents an imminent danger to the health, safety, or well-being of the persons in the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a class I violation shall be abated or eliminated immediately unless a fixed period, as stipulated by the department, is required for correction. Each day the class I violation exists after expiration of the time established by the department, shall be considered a subsequent class I violation.

(3) “Class II” when used to describe a violation shall mean a violation, other than class I violations, that has a negative impact on the health, safety or well-being of persons in the facility. The citation of a class II violation shall specify the time within which the violation is required to be corrected. Each day the class II violation exists after expiration of this time shall be considered a subsequent class II violation.

(4) “Class III” when used to describe a violation shall mean a violation that is not classified as class I violation or a class II violation in these regulations or those that is a violation against the best practices. The citation of a class III violation shall specify the time within which the violation is required to be corrected. Each day a class III violation exists after expiration of this time shall be considered a subsequent class III violation.

(5) “Days” shall mean calendar days unless specifically stated otherwise.

(6) “Enforcement action” shall mean an proceeding taken by the department against a licensee to: (A) deny an application for a license, deny a renewal of a license or deny an amended license, (B) revoke a license, (C) suspend a license or (D) or assert a monetary penalty and any combination of actions (A) to (D). An enforcement action is not a plan of correction.

(7) “Evacuation” shall mean the process of removing patients from an endangered area.

(8) “Evaluation bed” shall mean a separately licensed bed for evaluation only. Evaluation occurs for a period of no more than 24 hours.

(9) “Hospital” shall mean any acute care medical care facility or a psychiatric hospital.

(10) “Straw man” means a person who applies for a license for another to conceal the identity of the real licensee. A straw man is a front person who is offered in name only to take part in an application process.

(11) “Plan of correction” means a plan to correct a deficiency in compliance with these regulations. A plan of correction is not an enforcement action but is considered in the history of compliance as specified in K.A.R. 26-52-4 (a)(1)(e). (Authorized by K.S.A. 39-2001 and K.S.A. 2020 Supp. 59-29c02 ; implementing K.S.A. 2020 Supp. 59-29c02; effective P-_____.)

26-52-2. Licensure. (a) No crisis intervention center may operate without a license. Failure to meet this requirement shall be a class I violation. Written applications for a license shall be available on the department website.

(1) Each applicant or licensees shall pay the fee for the license application specified on the application form.

(2) An applicant or licensee shall not admit patients before the effective date of the license. Failure to meet this requirement shall be a class I violation. The licenses shall be issued to the licensee for a specific time period, a specific number of beds, a specific location and any special limitations or conditions. All licensed beds allow crisis intervention services for treatment of mental health diagnosis, alcohol and substance abuse and co-occurring conditions. Straw man applications shall not be permitted. Licenses shall not be assignable.

(3) Each licenses shall be valid for the period of issuance unless revoked, suspended, or conditioned.

(4) Applicants or licensees, their facilities or programs, may be accredited by the Joint commission on accreditation of healthcare organizations, JCAHO, the council on accreditation of rehabilitative facilities, CARF, or the council on accreditation, COA. Even if accredited by JCAHO, CARF, or COA, each licensee or applicant shall meet all conditions of licensure in this regulation.

(5) The department may grant a provisional license under K.S.A. 2020 Supp. 39-2012 and amendments thereto.

(6) A CIC, hospital, CMHC, or other facility may contain multiple programs within its facility with the CIC licensed separately. CICs that are owned by the same entity but are not located on the same adjoining or contiguous property, shall be separately licensed. Roads or local streets, except limited access, shall not be considered as dividing otherwise adjoining or contiguous property. For CICs owned by the same entity, separate licenses shall not be required for separate buildings on the same or adjoining grounds where a single level or type of care is provided.

(7) The department may inspect the CIC before licensure for a determination that the facility complies with state law and regulations. After inspection, a written letter of findings shall be sent to the applicant or licensee. The letter shall detail whether a license is granted and shall contain the details of the license.

(8) No CIC shall be named with nor shall any existing facility have its name changed to the same or similar name as that of any other facility licensed in Kansas.

(9) The department may limit or enlarge licenses by crisis intervention service areas. In addition to licensed bed capacity, the department may license evaluation beds under the crisis intervention act.

(b) Application.

(1) Each applicant shall submit to the department a complete and accurate application on a form prescribed and furnished by the department before initial licensing and periodically thereafter at intervals determined by the department. Failure to meet this requirement shall be a class I violation. The application for initial licensure shall include the following:

(A) Completed application as specified in paragraph (b)(2)(A)-(E);

(B) proof of ownership of real property in which the facility is located, or a rental or lease agreement allowing the licensee to occupy the real property in which the facility is located;

(C) business license if applicable;

(D) zoning letter if applicable;

(E) verification of emergency preparedness plan;

(F) verification of administrator's qualifications;

(G) organizational chart of facility staff;

(H) policies and procedures for facility; and

(I) proof of commercial property and liability insurance coverage; and

(J) proof of compliance with state fire marshal approvals.

(2) Each applicant shall include the following for the completed application in paragraph (b)(1)(A):

(A) The applicant oath assuring that the contents of the application are accurate and true;

(B) an assurance that the applicant or licensee will comply with this regulation;

(C) the signature of the applicant ; by each individual owner; by each partner if a partnership; by two officers if a corporation; or by the head of the governmental department having jurisdiction if a governmental unit;

(D) the listing for the full name and address of the facility for which the applicant is seeking a license and of the owner if the address is different from that of the facility,

(E) the names of the persons in control of the facility;

(3) The department may require additional information.

(4) Each applicant that is a corporation, limited partnership, limited liability company, or any other organized business entity shall be registered with the Kansas secretary of state's office. Failure to meet the requirement of this paragraph (2) (A)-(E) shall be a class II violation.

(c) Licensing fees. The applicant shall pay a license fee for the issuance of a license. The annual license fee shall be \$100.00 plus \$30.00 per licensed bed.. The applicant shall submit the nonrefundable license fee by check or credit card to the department or online with the application. Failure to meet this requirement shall be a class II violation.

(d) Compliance. Each license holder notified by the department of noncompliance shall cease operation immediately and ensure the safety, health, and well-being of the patients. Failure to meet this requirement shall be a class I violation.

(1) Current or previous violations of the department regulations may jeopardize the issuance of any additional license held by the license holder, any new application by the license holder, any renewal or amendment for the license holder.

(2) If an applicant who already has a facility or activity licensed by the department submits an application for another facility or increase in licensed bed capacity, the currently licensed facility or activity shall be in substantial compliance with the applicable standards before the department issues a license to the

proposed facility or amended license to the existing facility. A copy of the licensing standards shall be maintained at the facility and accessible to all staff members and volunteers.

(e) The applicant shall post the license issued by the department in a conspicuous place in a public area within the CIC.

(f) The applicant shall agree that the issuance of a license shall not guarantee adequacy of individual care, services, personal safety, fire safety, or the well-being of any patient or occupant of a facility.

(g) License renewal. The applicant shall file an application with the department, pay the license fee, provide a fire inspection certificate, submit changes in facility policy and procedure, and submit proof of commercial property and liability insurance coverage. If the applicant or licensee has a pending enforcement action, then the department may deny the renewal application. If the license renewal is delayed due to enforcement actions, the renewal license may be issued only when the matter has been resolved satisfactorily by the department or when the adjudicatory process is completed, whichever is applicable. Failure to meet this requirement shall be a class II violation.

(h) Amended license. An applicant shall request issuance of an amended license by application to the department before any of the following :

- (1) Change of licensed bed capacity;
- (2) change of facility location from one geographic site to another; or
- (3) changes in facility name or address.;

Failure to meet this requirement shall be a class II violation.

(i) Change of licensee. An applicant shall request issuance of a new license by application to the department before either of the following :

- (1) A change in the controlling interest regardless of legal entity or name; or
- (2) a change of the legal entity even if the controlling interest does not change.

(j) Exceptions to licensing standards. The department may make exceptions to these standards in this article if the department determines that the health, safety, and well-being of the patients are not compromised,

and the standard is not specifically required by statute. (Authorized by K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp.59-29c01; implementing K.S.A. 2020 Supp. 59-29c01, K.S.A.2020 Supp 59-29c05, K.S.A. 2020 Supp. 39- 2003 , K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 39-2006, K.S.A. 2020 Supp. 39-2007, K.S.A. 2020 Supp. 39-2008, K.S.A. 2020, K.S.A. 2020 Supp. 39-2011 , K.S.A. 2020 Supp. 39-2012, K.S.A. 2020 Supp. 39-2014, effective P-_____.)

26-52-3. Standards administration. (a) Inspections, investigations, inquiries, and pertinent documentation regarding a licensee or applicant shall be used to enforce this regulation. Failure to meet this requirement shall be a class I violation.

(b) Upon inspections conducted before initial licensing of a facility and subsequent inspections conducted as deemed appropriate by the department, the department may issue a license. Applicants shall submit all written policies to the department 90 days before the initial inspection of the facility.

(1) All facilities shall be subject to inspection and investigation at any time without prior notice by individuals authorized by the department.

(2) Individuals authorized by the department shall be permitted to enter the facility for the purpose of inspection and investigation and granted access to all properties and areas, objects, requested records, and documentation at the time of the inspection or investigation. The applicant shall bear the cost of photocopies required during inspections or investigations. Photocopies shall be used only for purposes of standards administration and confidentiality shall be maintained except to verify the identity of individuals in enforcement action proceedings. Physical area of department inspections and investigations shall be determined by the department based on the potential impact or effect upon patients. Failure to meet this requirement shall be a class I violation.

(3) When a notice of noncompliance with the licensing standards is issued by the department, the licensee shall submit a plan of correction to remediate the deficiencies. The plan shall be subject to KDADS approval. The plan of correction shall be signed by the administrator and returned by the date specified on the notice. The licensee's plan of correction shall describe the following:

- (A) The actions taken to correct each cited deficiency along with its deficiency number;
- (B) the actions taken to prevent actual and similar recurrences; and
- (C) the actual or expected completion dates of the actions taken to correct each cited deficiency.

(4) A violation of the requirements of paragraph (3) shall be a class II violation.

(c) Consultations may be provided by the department and may be requested by any applicant or licensee. (Authorized by K.S.A. 20209 Supp. 39-2005, K.S.A. 2020 Supp. 39-2013, K.S.A. 2020 Supp. 39-2003,, K.S.A. 2020 Supp. 39-2004; implementing K.S.A. 2020 Supp. 39-2004.effective P-_____).

26-52-4. Enforcement actions. (a) If the secretary determines that a facility is in violation of any statutory provision, or regulation relating to the operation or maintenance of the facility, the secretary, upon proper notice to the licensee, may deny, suspend, revoke licenses, or assess a monetary penalty, or both.

(b) Violation classifications. If the department takes an enforcement action against a licensee, then the department shall denote violation classifications as a class I violation, a class II violation, or a class III violation. . The notations class I, class II or class III placed after sections of this regulation, shall indicate those standards are considered class I or II violations if they are not met, respectively. Failure to meet standards not so annotated shall be considered class III violations.

(1) In determining an enforcement action, the department may consider the following factors:

(A) Specific conditions and their impact or potential impact on health, safety or well-being of the patients including deficiencies in medication management; critical waste water problems; housekeeping, maintenance, or fire and life safety-related problems that pose a health threat to the patients; power, water, gas, or other utility and service outages or both; patients exposed to air temperature extremes that jeopardize their health; unsafe condition of the building or structure; indictment of an administrator for malfeasance or a felony, which by its nature indicates a threat to the patients; direct evidence of abuse, neglect, or exploitation; lack of food or evidence that the patients are not being fed properly; no staff available at the facility with patients present; and unsafe procedures and treatment or both being practiced by staff;

(B) repeated failure of the licensee or facility to pay assessed charges for utilities or services, or both, resulting in repeated or ongoing threats to terminate the contracted utilities or services or both;

(C) efforts by the facility to correct cited violations;

(D) overall condition of the facility;

(E) history of compliance; and

(F) any other pertinent conditions that may be applicable to statutes and regulations.

(2) When imposing a monetary penalty, the department shall apply K.S.A. 2020 Supp. 39- 3016 (b), (c), (d), and amendments thereto, shall be applied by the department to determine the dollar amount.

(c) Appeal of enforcement actions.

(1) . If the department takes an enforcement action as provided for in this regulation , then a licensee or applicant may file an appeal of the enforcement action under the provisions of K.S.A. 77-501 et seq and amendments thereto

(2) Notice of intent. The procedure for an enforcement action shall begin with a notice of intent sent by the department in the United States mail to the licensee or applicant. If the licensee or applicant consents to electronic mail notification, then the department may send the notice by electronic mail. The notice shall contain the following:

(A) The basis for the enforcement action;

(B) the effective date of the enforcement action;

(C) the effect of the enforcement action;

(D) if the enforcement action involves a fine or assessment, the factors used for to determine such fine or assessment;

(E) the licensee or applicant's appeal rights of the licensee;

(F) any other information that the department determines is relevant to the enforcement action.

(3) Licensee response. The licensee or applicant shall respond to the notice of intent not later than 10 days after receipt of the notice of intent.

(4) Department final notice. After review of the licensee's or applicant's response, a final notice may be sent by the department.

(5) Negotiation. Nothing in this regulation shall prevent the department and the licensee or applicant from negotiating the type or severity of the enforcement action. (Authorized by K.S.A. 2020 Supp. 39-2003,,

K.S.A. 2020 Supp. 39-2004 , implementing , K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2013 ,
K.S.A. 2020 Supp. 39-2014 , K.S.A. 200 Supp. 39-2015, K.S.A. 2020 Supp. 39-2016 effective P-
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26-52-5. General policies and procedures. (a) Each licensee or applicant shall maintain written policies and procedures addressing how the requirements of this regulation shall be met. The licensee or applicant's facility specific policies and procedures shall be implemented and reflect current facility practice regarding care, treatment, procedures, services, record keeping and reporting, admission and transfer, physician services, nursing services, social services, patient rights and assurances, medication management, pharmaceutical services, meal service operations, emergency procedures, fire prevention, maintenance, housekeeping and infection control, operation of the facility, and other special care and procedures as identified in this section. Failure to meet this requirement shall be a class II violation.

(1) Each licensee or applicant's policies and procedures shall specifically address the restriction of rights as provided for in K.S.A. 2019 Supp. 59-29c12(b), and amendments thereto. The patient's record shall document any restriction of rights for that patient. Failure to meet this requirement shall be a class II violation.

(2) Each licensee or applicant's policies and procedures shall always be accessible to facility staff, either printed or electronic.

(3) Each licensee or applicant shall establish a time period for review of all policies and procedures no later than a period of two years. Policy and procedure review shall be documented and signed by the CIC administrator. (Authorized by , K.S.A. 2020 Supp. 2003 ;K.S.A. 2020 Supp.39-2004 , , K.S.A. 2020 Supp. 59-29c12 , implementing K.S.A. 2020 Supp. 39-2004; K.S.A. 2020 Supp. 59-29c12), effective P-_____).

26-52-6. Staff and training. (a) Each licensee or applicant shall conduct a criminal background check pursuant to K.S.A. 39-2009, and amendments thereto, for employed or contracted staff members, direct caregivers, or volunteer before employment at the facility. The licensee or applicant shall secure a waiver under K.S.A. 2020 Supp. 39-936 (b)(2) and amendments thereto before it employs each person who fails a background check. Failure to meet this requirement shall be a class I violation.

(b) Each licensee shall define in writing the responsibilities, qualifications, and competencies of staff for all positions. Failure to meet this requirement shall be a class I violation. The CIC staff shall be:

- (1) Properly licensed or credentialed in the professional field as required for assigned job duties;
- (2) present in numbers to provide services, support, care, and treatment to individuals as required; and
- (3) trained as necessary to perform the duties for which they are responsible in an effective manner.

(c) Each licensee or applicant shall ensure staff members shall have at least the following qualifications:

- (1) Capable of rendering care and services to patients; and
- (2) capable of following applicable regulations.

(d) Each licensee or applicant shall maintain current information regarding all staff members in the facility, to include:

- (1) Name, address, and telephone number;
- (2) date of hire and date of initial patient contact;
- (3) past employment, experience, and education;
- (4) professional licensure or credentials;
- (5) job description signed by the staff member;
- (6) annual reviews; and
- (7) any disciplinary actions.

(e) If the licensee or applicant engages a third party for the employment or management of staff, then each licensee or applicant shall have a written agreement with the third party describing how and when the

services are to be provided, the exact services to be provided, and that required services are to be provided by qualified individuals. (Authorized by K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2004, , implementing K.S.A. 2019 Supp. 39-970, K.S.A. 2019 Supp. 59-29c01, effective P-_____).

26-52-7. Administrator. (a) Each licensee or applicant shall have a full-time facility administrator who is responsible for the overall management and operation of the crisis intervention center. Failure to meet this requirement shall be a class II violation.

(b) Each licensee or applicant shall ensure that the qualifications of the administrator are; (1) that the person is at least 21 years of age, (2) that the persons holds at least a bachelor's degree in the human service field or nursing field.

(c) Each licensee or applicant shall ensure that the administrator's duty is to enforce the policies and procedures required by these regulations and the facility.

(d) The licensee or applicant shall ensure that the obligations of the administrator shall be those of a chief administrative officer as described in Kansas law.

(e) If the facility administrator is absent or changed, then each licensee or applicant shall:

(1) designate in writing, a staff member to act in the absence of the administrator, listing of the lines of authority by position title;

(2) notify the department in writing within seventy hours of any change in administrator status;

(3) provide the department the name of the newly appointed administrator, the effective date of the appointment.

(4) Notification shall be provided to department for aging and disability services, licensing department, 503 S. Kansas Ave., new england building, Topeka KS 66603 (Authorized by K.S.A. 2020 Supp. 39-2003 , K.S.A. 2019 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, K.S.A. 2019 Supp. 59-59c02 , , implementing K.S.A. 2020 Supp. 39-1402, K.S.A. 2019 Supp. 39-2003 K.S.A. 2019 Supp. 59-29c01, effective P-_____).

26-52-8 Alcohol and substance abuse services. (a) Each licensee or applicant shall provide crisis intervention services to patients suffering from an alcohol or substance abuse diagnosis.

(b) Social Detoxification treatment modality, Acute Detoxification treatment modality, and Alcohol and Drug Assessment and Referral Program services shall be provided in accordance with the standards promulgated by the department. (Authorized and implemented by K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2004, effective P-_____).

26-52-9 Acute Detoxification Treatment Modality. (a) Each licensee or applicant shall ensure that acute detoxification treatment provides care to those individuals whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. In this modality of treatment, 24-hour observation, monitoring and counseling services shall be provided.

(b) A licensee providing acute detoxification treatment shall provide :

(1) A registered nurse or licensed practical nurse on duty 24 hours a day on the unit;

(2) a 24- hour evaluation and withdrawal management performed by medical professionals in a licensed health care or substance abuse treatment facility;

(3) services based on policies and procedures that have been approved by the physician;

(4) a comprehensive medical assessment and physical examination for each detoxification client at the time of admission; and

(5) access to laboratory and toxicology testing. (Authorized and implemented by K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2004, effective P-_____).

26-52-10. Alcohol and Drug Assessment and Referral Programs. (a) For individuals presenting a current or past abuse pattern of alcohol or other drug use, each licensee shall provide an assessment designed to gather and analyze information regarding a client's current substance use behavior and social, medical and treatment history. The assessment shall provide sufficient information for problem identification and, if appropriate, substance abuse related treatment or referral.

(b) A licensee shall develop, implement, and comply with policies and procedures that establish processes for referrals for a client.

(c) A licensee may conduct an initial screen of an individual's presenting substance abuse problem before conducting an assessment of the individual.

(e) Once an individual receives an assessment, a staff member shall provide the individual with a recommendation for further assessment or treatment and an explanation of that recommendation. (Authorized and implemented by K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2004, effective P-_____).

26-52-11. Staff and staff ratios. (a) Each licensee or applicant shall ensure the following staff and staff ratios in the facility:

(1) One psychiatric nurse immediately accessible by phone and available to be in the facility within 30 minutes. Failure to meet this requirement shall be a class I violation,;

(2) one staff member on duty for each four or fewer patients . Failure to meet this requirement shall be a class I violation;

(3) one behavioral health professional and one clinical addiction counsel or either on staff or contracted with the facility. This requirement shall not be met with one behavioral health professional but may be met by using telehealth. Failure to meet this requirement shall be a class I violation;

(4) in a facility with multiple floors or buildings, a staff member available on each floor or building. Failure to meet this requirement shall be a class I violation.

(Authorized by K.S.A. 39-2003 , K.S.A. 2019 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c02 , implementing K.S.A. 2019 Supp. 39-2003 , K.S.A. 2019 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-12. Acute care services contracting. Each licensee or applicant's facility shall complete a physical exam and provide medical treatment to admitted patients. Such treatment shall be provided by facility staff or by contract (Authorized by K.S.A. 2020 Supp.39-2003 , K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c02 , K.S.A. 2020 Supp. 59-29c07, K.S.A.2020 Supp. 59-29c08, K.S.A. 2020 Supp.39-2003 , K.S.A. 2020 Supp. 39-2004 , implementing , K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2004 ,K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c08, effective P-_____).

26-52-13. Inservice training. (a) Each licensee or applicant shall ensure facility staff, including volunteers, complete in-service training. Failure to meet this requirement shall be a class I violation.

(b) The licensee or applicant shall ensure in-service training is documented, training is conducted by qualified persons, and completed before patient contact.

(c) The licensee or applicant shall ensure that training for direct care staff include the following:

- (1) Basic first aid to include emergency procedures as well as procedures to manage and care for minor accidents and injuries;
- (2) management and care of persons with contagious or communicable disease;
- (3) OSHA standards regarding bloodborne pathogens;
- (4) medication management including storage, interactions, and adverse reactions;
- (5) assessment and prevention of suicide;
- (6) crisis interventions and treatment;
- (7) patient rights and grievance procedures;
- (8) confidentiality of patient information and records;

(9) abuse, neglect, and exploitation;

(10) security training to prevent harm to staff and elopement of patients;

(11) use of restraint techniques that promote patient safety, including alternatives to physical restraints;

(12) fire response training within twenty-four hours of their first day on the job in the facility; and

(13) emergency procedures and disaster preparedness to address various types of potential disasters within twenty-four hours of initial patient contact;

(14) documented orientation to the purpose and environment of the facility within twenty-four hours of their first day on the job.

(d) The training requirement in subsection (c)(1) and (c)(2) is not applicable to nursing staff.

(Authorized by K.S.A. 2020 Supp.39-2003 , K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, , implementing K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-14. Health status. (a) Each licensee or applicant shall ensure that staff members and volunteers who have contact with patients, including food service staff and volunteers, have a documented health assessment within 12 months before initial patient contact. Failure to meet this requirement shall be a class I violation. The licensee or applicant shall ensure that documented health assessments are accessible at the facility where the staff member works. (Authorized by , K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004 , K.S.A. 2020 Supp. 59-29c01, , implementing K.S.A. 2020 Supp. 39-2003, K.S.A. 2020 Supp. 39-2004 ,K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-15. Reporting and investigating incidents. (a) Each licensee or applicant shall document the following types of incidents, and within 24 hours of the incident, report the incident to the department using the department's electronic reporting system, the adverse incident report, AIR, web application:

- (1) Crimes against patients;
- (2) confirmed or suspected abuse, neglect, or exploitation;
- (3) medication errors with adverse reaction;
- (4) hospitalization or death resulting from the incident;
- (5) severe hematoma, laceration or burn, requiring medical attention or hospitalization;
- (6) bone or joint fracture;
- (7) severe injury
- (8) attempted suicide;
- (9) fire; Failure to meet this requirement shall be class II violation;
- (10) natural disaster; Failure to meet this requirement shall be a class II violation;
- (11) displacement or relocation of patients; and
- (12) elopement.

(b) In addition to the reporting to the department, each licensee or applicant shall report incidents in

(a) (1)-(12) to the following persons:

- (1) The attending physician of the patient;
- (2) local law enforcement, in the case of a patient elopement.

(c) Each licensee or applicant shall provide a list of reportable incidents to each patient upon admission and allow the patient to select persons that shall be contacted if such incidents occur.

(d) Each licensee or applicant shall investigate the incident and submit a separate written investigation report within five days to the department pursuant to K.S.A. 39-1411, and amendments thereto via the department's electronic reporting system, the adverse incident report, AIR, web application. The investigative report shall at least include the following information about the incident: incident type, description, date, location, number of patients, staff, and visitors injured or affected, patients' age, gender, record numbers or last four digits of social security number, names of any witnesses, and identified cause of incident or internal investigation results.

(e) If the incident causes a significant change in the patient's condition, each licensee or applicant shall notify the patient's attending physician and emergency contact within 24 hours of significant changes in a patient's condition and shall document the significant changes and notification in the patient's record. Failure to meet this requirement shall be a class I violation.

(f) Each licensee or applicant shall maintain documentation that all reporting of abuse, neglect, and exploitation of adults is conducted in accordance with K.S.A. 39-1431..

(g) Each licensee or applicant shall retain all documented reports and investigations for six years after the patient is discharged. (Authorized by K.S.A. 2020 Supp.39-2003 , K.S.A. 2020 Supp. 39-2005, K.S.A. 2020 Supp. 59-29c01 , implementing K.S.A. 2020 Supp. 39-2003, K.S.A. 2020 Supp. 39-2005, K.S.A. 202019 Supp. 39-1404, K.S.A. 2020 Supp. 39-1411, K.S.A. 2020 Supp. 39-1431b, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-16. Closure and zero census. (a) If the licensee or applicant permanently closes the facility, then each licensee or applicant shall provide to the department a 15 day notice before the closure, the effective closure date, location of displaced patients, disclosure of the location of record maintenance, a return of the license.

(b) If the licensee or applicant temporary closes the facility, then each licensee or applicant shall provide the department, a 15 day notice before the closure, the reason for the closure, patient relocations, a record maintenance plan and anticipated reopening date. If the facility remains closed for a period of six months, then the licensee shall reapply for licensure.

(c) If the census of the facility is zero for a period of 100 calendar days, then each licensee or applicant shall notify the department. If the census remains at zero for a period of one year, then each licensee or applicant shall apply for a new license. (Authorized by K.S.A. 2020 Supp. 39-2003 , , K.S.A. 2020 Supp. 39-2004 , K.S.A. 2020 Supp. 59-29c01, implementing K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2005, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-17. Patient records. (a) Each licensee or applicant shall initiate and maintain on the site of the CIC, an organized record for each patient. An electronic health record or cloud based record system meets the site requirement if KDADS staff can access records at the facility. Failure to meet this requirement shall be a class II violation.

(b) Content. Each patient record contains the following information;

- (1) Sufficient documented information to identify the patient;
- (2) the agency or person responsible for each patient;
- (3) information to support the diagnosis and secure the appropriate care and services;
- (4) information to justify the care and services provided to include the course of action taken and results;

(5) information regarding symptoms or other indications of sickness or injury;

(6) information regarding changes in physical and mental condition; and

(7) the response and reaction to care, medication, and diet provided.

(c) All entries shall be written legibly in ink, typed or electronic media, and signed, and dated. If policy permits any portion of a patient's record to be generated by electronic or optical means, then the licensee or applicant shall ensure policies and procedures prohibit the use or authentication by unauthorized users.

(d) Each licensee or applicant shall ensure that specific entries and documentation include:

- (1) Consultations by physicians or other authorized healthcare providers;
- (2) signed and dated orders and recommendations for all medication, care, services, procedures, and diet from physicians or other authorized healthcare providers, which shall be completed before, or at the time of admission, and as care and treatment is rendered; failure to meet this requirement shall be a class I violation;

(3) intake screening and initial physical assessment completed by qualified staff;

(4) signed and dated original consent for treatment for voluntary admissions; failure to meet this requirement shall be a class I violation;

(5) report of the mental status examination and other mental health assessments, as appropriate;

(6) daily progress notes by the direct care staff involved in the treatment of the patient, to include documentation of significant behavioral events and actions taken by staff; and

(7) Medication management and administration, and treatment records. (Authorized by, K.S.A. 2020 Supp. 39-2003 , , K.S.A. 2020 Supp. 39-2004 , K.S.A. 2020 Supp. 39-2005, K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c10, K.S.A. 2020 Supp. 59-29c10) implementing K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2005, K.S.A. 2020 Supp. 59-29c01 effective P-_____).

26-52-18 Screening (a) Each licensee or applicant shall ensure that written protocols are developed for screening each individual presenting for emergency observation and treatment. If the patient is denied admission, then the licensee or applicant shall document the rationale and the referral of the patient. Failure to meet this requirement shall be a class I violation.

(1) The licensee or applicant shall ensure that an emergency observation and treatment application be made on a form set forth by the secretary for aging and disability services or a locally developed form approved by the secretary. The application shall state:

(A) The name and address of the person sought to be admitted,;

(B) the name and address of the person's spouse, domestic partner or nearest relative,

(C) the applicant's belief that the person may be a mentally ill person subject to involuntary commitment as defined in K.S.A. 59-2946, and amendments thereto, a person with an alcohol or substance abuse problem subject to involuntary commitment as defined in K.S.A. 59-29b46, and amendments thereto, or a person with co-occurring conditions, and because of such mental illness, alcohol or substance abuse problem or co-occurring conditions, is likely to cause harm to self or others if not immediately detained;

(D) the factual circumstances in support of that belief and the factual circumstances under which the person was taken into custody, including any known pending criminal charges; and

(E) whether the person has a wellness recovery action plan, known prior psychiatric, medical or substance abuse history, or psychiatric advance directive, if known. The failure to meet this requirement shall be a class I violation.

(2) The licensee or applicant shall provide screening services on a 24 per day, seven days per week basis. Screening shall be completed no later than four hours after each patient enters the crisis intervention center. Failure to meet this requirement shall be a class I violation.

(3) The licensee or applicant shall ensure that an initial screening for risk of suicide or harm to self or others is completed for each patient who enters the crisis intervention center. Failure to meet this requirement shall be a class I violation. (Authorized by , , K.S.A. 2020 Supp. 39-2003,, K.S.A. 2020 Supp. 39-2004 , K.S.A. 2020 Supp. 39-2005, K.S.A. 2020 Supp. 59-29c01, K.S.A.2020 Supp. 59-29c04, K.S.A. 2020 Supp. 59-29c05, K.S.A. 2020 Supp. 59-29c06 , implementing K.S.A. 2020 Supp.39-2003 , K.S.A.2020 Supp. 39-2003, K.S.A. 2020 Supp. 39-2005 K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c05, K.S.A. 2020 Supp. 59-29c06, effective P-_____).

26-52-19. Assessments. (a) Each licensee or applicant shall ensure that a behavioral health professional evaluates whether each person admitted meets the criteria for treatment in the crisis intervention act:

(1) No later than 23 hours after admission;

(2) again, after 23 hours and no later than 48 hours after admission;

(b) Each licensee or applicant shall ensure all evaluations are documented and placed in the patient's record. Failure to meet this requirement shall be a class I violation. (Authorized by K.S.A. 2020 Supp. 39-2003 , , K.S.A. 2020 Supp. 59-29c01, K.S.A.2020 Supp. 59-29c08 , implementing K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c08 , K.S.A. 2020 Supp. 59-29c08 effective P-_____).

26-52-20. Individual plan of care. (a) Each licensee or applicant shall ensure that an individual plan of care, IPC, is developed for each admitted person to the crisis intervention center. The IPC shall be based on initial and ongoing needs and completed within 24 hours of admission. If the patient is discharged prior to 24 hours of admission, the IPC need not be completed. The IPC shall be documented in the patient's record and shall include the following:

- (1) Patient's name;
- (2) diagnosis;
- (3) date of IPC development;
- (4) problems and strengths of the patient;
- (5) individual objectives that relate to the specific problems identified;
- (6) treatment that address each specific objective;
- (7) signatures of direct care staff involved in the treatment of the patient and the development of the IPC;
- (8) signature of the patient; and
- (9) projected discharge date and anticipated post-discharge needs, including documentation of resources needed in the community. Failure to meet this requirement shall be a class II violation.

(b) Each licensee or applicant shall ensure that a review of the IPC occur at least daily or upon completion of the stated goals and objectives. (Authorized by K.S.A. 2020 Supp. 59-29c01, K.S.A.2020 Supp. 59-29c10 , , K.S.A. 2020 Supp. 39-2003 , , K.S.A. 2020 Supp. 59-29c01, K.S.A.2020 Supp. 59-29c10, implementing K.S.A. 2020 Supp. 59-29c10 ,effective P-_____).

26-52-21. Record maintenance. (a) Each licensee or applicant shall provide accommodations, space, supplies, and equipment for the protection, storage, and maintenance of patient records. Patient records shall be stored in an organized manner.

(b) Each licensee or applicant shall ensure that;

(1) The patient record is confidential and be made available only to individuals authorized by the facility or as authorized by Kansas law, K.S.A. 59-2979 and amendments thereto, K.S.A. 65-5602 and amendments thereto, , K.S.A. 60-427 and amendments thereto, 42 U.S.C. 290dd-2; the failure to meet this requirement shall be a class II violation;

(2) the records generated by organizations or individuals contracted by the facility for care or services shall be maintained by the facility that has admitted the patient;

(3) upon discharge of a patient, the record shall be completed within 30 days and filed in an inactive or closed file maintained by the licensee;

(4) before the closing of a facility for any reason, the licensee shall arrange for preservation of records;

(5) the records of patients shall be maintained for at least 10 years following the discharge of the patient;

(6) for purposes of inspections, and investigations, records shall be available on-site for review. (Authorized by , K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c13, ,K.S.A. 60-427, K.S.A. 65-5602, implementing K.S.A. 2019 Supp. 59-29c13, effective P-_____).

26-52-22. Admission and retention. (a) Each licensee or applicant shall evaluate each person admitted to a crisis intervention center no later than four hours after entry. Failure to meet this requirement shall be a class I violation. Whether presented by a law enforcement officer or voluntarily by a person, the licensee or applicant shall evaluate each person for admission by determining whether the person is likely to be a mentally ill person subject to involuntary commitment for care or treatment or a person with an alcohol and substance abuse problem subject to involuntary commitment for care or treatment or a person with co-occurring conditions making the person subject to involuntary commitment.

(b) Each licensee or applicant shall ensure that patient stays shall not exceed 72 hours after admission or any time the patient no longer meets the criteria for admission under the crisis intervention act,

whichever is sooner. (Authorized by , , K.S.A. 2020 Supp. 39-2003 , , K.S.A. 2020 Supp. 59-29c01, K.S.A.2020 Supp. 59-29c08 , , implementing K.S.A. 2020 Supp. 59-29c08 , effective P-_____).

26-52-23. Patient care and services. (a) Each licensee or applicant shall provide necessary items and assistance for patients to maintain their personal cleanliness.

(b) Each licensee or applicant shall have policies that;

(1) Recognize and respect the culture of staff and patients;

(2) provide reasonable accommodations for patient's religious and dietary preferences;

(3) provide opportunity for participation in religious services; and

(4) provide reasonable assistance for pastoral counseling upon request by the patient. Failure to meet this requirement is a class II violation. (Authorized by K.S.A. 2020 Supp. 39-2003, K.S.A. 2020 Supp. 59-29c01 , implementing , K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 59-29c01 effective P-_____).

26-52-24. Transportation. If hospital or physician services are necessary to treat the patient and un- available in the crisis intervention center, then each licensee or applicant shall provide transportation services to the patient to receive necessary hospital or physician services. Transportation services may be provided directly or by contract. Failure to meet this requirement is a class II violation. (Authorized by K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 39-2003, K.S.A. 2020 Supp. 59-29c01 , , implementing K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 39-2003, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-25. Restraints and seclusion. Each licensee or applicant shall comply with K.S.A. 2020 Supp. 59-29c11, and amendments thereto, for the use of restraints or seclusion of a patient. Failure to meet this requirement shall be a class I requirement. (Authorized by K.S.A. 2019 Supp. 39-2003, K.S.A. 2019 Supp.

59-29c01, K.S.A. 2019 Supp. 59-29c11, , implementing K.S.A. 2019 Supp. 59-29c01, K.S.A. 2019 Supp. 59-29c11, effective P-_____).

26-52-26. Discharge and transfer. (a) Each licensee or applicant shall ensure a discharge summary is documented as follows:

- (1) Reasons for discharge;
- (2) specific instructions for post-discharge care; and
- (3) contact information for how to access community services.

(b) Each licensee or applicant may discharge a patient if one of the following conditions occur:

(1) The patient's behavioral, substance-related, psychiatric or co-morbid symptoms require a less intensive level of care;

(2) the patient is at imminent risk of causing serious physical harm to self or others;

(3) the symptoms are a result of or complicated by a medical condition that warrants admission to a medical facility for treatment;

(4) any other medical condition or behavior which the facility staff deems unsafe for continued retention in the facility; or

(5) the passage of 72 hours after admission.

(c) If discharged, then each licensee shall provide transportation services as provided in K.A.R. 26-52-21. (Authorized by K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c08 , K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c08 , , implementing K.S.A. 2020 Supp. 59-29c01, K.S.A. 2019 Supp. 59-29c08 effective P-_____).

26-52-27. Rights and assurances. (a) Each licensee or applicant shall comply with all current federal, state, and local laws and regulations concerning patient care, patient rights and protections, and privacy and disclosure requirements.

(b) Patient rights shall be provided under the crisis intervention act, specifically K.S.A. 2020 Supp. 59-29c12 and amendments thereto. Failure to meet this requirement shall be a class I violation. (Authorized by , K.S.A. 2020 Supp. 39-2003, K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c12 , , implementing K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c12, effective P-_____).

26-52-28. Patient physical examination. (a) Each licensee or applicant shall ensure that each patient admitted to the crisis intervention center shall have a signed and dated physical examination conducted by a physician or other authorized healthcare provider no later than 24 hours of admission. The physical examination shall include a medical history and diagnosis supporting admission. Failure to meet this requirement shall be a class I violation.

(b) If the patient has a communicable disease, then each licensee shall seek advice from a physician or other authorized healthcare provider in order to:

(1) Ensure the facility has the capability to provide adequate care and prevent the spread of that condition, and that staff members and volunteers are adequately trained; and

(2) transfer the patient to an appropriate facility, if necessary. (Authorized by, K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2004 K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c10, K.S.A. 2020 Supp. 59-29c08, implementing K.S.A. 2020 Supp. 59-29c01, K.S.A. 59-29c08, K.S.A. 2020 Supp. 59-29c10, effective P-_____).

26-52-29. Quality improvement program. (a) Each licensee or applicant shall establish a written quality improvement program that provides effective self-assessment and implementation of changes designed to improve the care and services provided by the facility. Failure to meet this requirement shall be a class II violation.

(b) The written quality improvement program shall:

(1) Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished;

(2) identify, evaluate, and determine the causes of any deviation from the desired outcomes;

(3) identify the action taken to correct deviations and prevent future deviation, and the persons responsible for implementation of these actions;

(4) analyze the appropriateness of IPCs and the necessity of care and services rendered;

(5) analyze all incidents and accidents, to include all medication errors and patient deaths;

(6) analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the patients; and

(7) establish a systematic method of obtaining feedback from patients and other interested persons; and implemented during operation and annually reviewed. (Authorized by K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2004 , K.S.A. 2020 Supp. 59-29c01, implementing K.S.A. 2020 Supp. 39-2004 , K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-30. Construction Standards. (a) Each licensee or applicant shall ensure that new construction, building additions or alterations in each crisis intervention facilities shall meet the standards set forth in K.A.R. 22-1-2, K.A.R. 22-1-3, K.A.R. 22-1-7. Failure to meet this requirement shall be a class I violation.

(1) Each licensee or applicant shall provide code footprints to the Kansas state fire marshal in accordance with K.A.R. 22-1-7 and garner approval of such footprints.

(2) After approval by the state fire marshal, each licensee or applicant shall advise representatives of the licensing department of plans for building a new facility or renovating an existing structure for use as a crisis intervention center. The licensee or applicant shall, at all reasonable times, provide access to work in preparation or progress, and provide proper facilities for this access and inspection. If department officials request plans or specifications, then plans and specifications shall be made available for use by licensing department personnel.

(3) Each licensee or applicant shall have telephone service and a contract for fire protection in accordance with state law. Failure to meet this requirement shall be a class I violation.

(4) Each licensee or applicant shall comply with construction standards related to access for the handicapped under K.S.A. 58-1301 et seq. and amendments thereto. Failure to meet this requirement shall be a class II violation.

(b) Floor finishes. Failure to meet this requirement shall be a class II violation.

(1) Each licensee or applicant shall meet building code requirements for floor coverings and floor finishes.

(2) All floor coverings and finishes shall be appropriate for use in each area of the facility and free of hazards, such as slippery surfaces. Floor finishes shall be composed of materials that permit frequent cleaning, and when appropriate, disinfection.

(c) Wall Finishes. Failure to meet this requirement shall be a class II violation.

(1) Each licensee or applicant shall meet building code requirements for wall finishes.

(2) Manufacturers' certifications or documentation of treatment for flame spread and other safety criteria shall be furnished and maintained.

(3) Any décor affixed to a wall must be break away without the ability to connect to the item for ligature.

(d) Curtains and Draperies. Each licensee or applicant shall provide window treatments in bathroom and patient rooms to provide privacy for patients. All curtains and draperies must be ligature resistant and breakaway. Failure to meet this requirement shall be a class II violation.

(e) Gases. Failure to meet this requirement shall be a class I violation.

(1) Each licensee or applicant shall provide safety precautions for the prevention of fire and other hazards when oxygen is dispensed, administered, or stored. "No Smoking" signs shall be posted conspicuously, and cylinders shall be properly secured in place.

(2) Smoking shall be allowed only in designated areas in accordance with the facility smoking policy. No smoking is permitted in patient rooms or staff bedrooms or restrooms.

(f) Furnishings and equipment. Failure to meet this requirement shall be a class I violation.

(1) Each licensee or applicant shall maintain the physical plant to be free of fire hazards or impediments to fire prevention.

(2) No portable electric or unvented fuel heaters shall be permitted in the facility.

(3) Fireplaces, fossil-fuel, and wood-burning stoves shall have partitions or screens or other means to prevent burns. Fireplaces shall be vented to the outside. "Unvented" type gas logs are not allowed. Gas fireplaces shall have a remote gas shutoff within the room and not inside the fireplace.

(4) Wastebaskets, window dressings, cubicle curtains, mattresses, and pillows shall be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant. (Authorized by K.S.A. 31-133, K.S.A. 31-134a, K.S.A. 2020 Supp.39-2003 , K.S.A. 2020 Supp. 39-2004 , K.S.A.58-1301, K.S.A. 2020 Supp. 59-29c01, implementing K.S.A. 31-133, K.S.A. 31-134a, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01 effective P-_____).

26-52-31. Insurance. The licensee or applicant shall maintain commercial liability insurance, medical negligence insurance, workers compensation insurance, and commercial automobile insurance, if a commercial vehicle is operated. The minimum coverage for general liability insurance is one million dollars

per occurrence, two million dollars aggregate. For medical negligence the minimum coverage shall be one million per occurrence, two million dollars aggregate. . (Authorized and implemented by K.S.A. 2020 Supp. 39-2003 , K.S.A. 2020 Supp. 39-2004 , K.S.A. 2020 Supp. 59-29c01. effective P-_____.)

26-52-32. Heating, ventilation and air conditioning, HVAC. (a) Each licensee or applicant shall ensure that a certified technician inspect the HVAC system in each CIC at least once a year. Failure to meet this requirement shall be a class II violation.

(b) A temperature of between 72 and 78 degrees fahrenheit shall be maintained in patient areas in the CIC. Failure to meet this requirement shall be a class II violation.

(c) No HVAC supply or return grille shall be installed within three feet of a smoke detector. Failure to meet this requirement shall be a class I violation.

(d) HVAC grilles shall not be installed in floors.

(e) Intake air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. The system shall not discharge in such a manner that would be an irritant to the patients, staff, or volunteers.

(f) All kitchen areas shall be adequately ventilated to keep areas free from excessive heat, steam, condensation, vapors, smoke, and fumes.

(g) Each bathroom and or restroom shall have either operable windows or have approved mechanical ventilation.

(h) All exposed fixtures, including vents, grille's, shall be ligature resistant and breakaway.
(Authorized by K.S.A. 2020 Supp.39-2003 , K.S.A. 2020 Supp. 39-2004 , K.S.A. 2020 Supp. 59-29c01; implementing K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 39-2004 K.S.A. 2020 Supp. 59-29c01effective P-_____).

26-52-33. Maintenance. (a) Each licensee or applicant shall ensure that in each CIC all equipment and building components, doors, windows, lighting fixtures, and plumbing fixtures remain good repair and operating condition. The facility shall document preventive maintenance. (Authorized by K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004 , K.S.A. 2020 Supp. 59-29c01, implementing K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-34. Infection control. (a) Each licensee or applicant shall maintain in each CIC an ongoing infection control program. The program shall be based upon policy established by the centers for disease control.

Failure to meet these requirements shall be a class I violation. The program policy shall include the following:

- (1) Measures for the surveillance, prevention, and control of infections;
- (2) identification of the positions responsible for the program and review of the findings;
- (3) written policies and procedures outlining infection control measures and aseptic techniques;
- (4) orientation and ongoing education provided to all personnel on the cause, effect, transmission, and prevention of infections;
- (5) policies and procedures that require all employees to adhere to universal precautions to prevent the spread of blood-borne infectious diseases;
- (6) policies and procedures related to employee's health;
- (7) review and evaluation, according to the facility's policies and procedures, of the quality and effectiveness of infection control throughout the crisis center; and
- (8) provisions for reporting, to the licensing department, infectious or contagious diseases in accordance with K.A.R. 28-1-2.

(b) Each licensee and applicant shall ensure that:

- (1) before employment each employee of the crisis intervention center shall have a medical examination consisting of examinations appropriate to the duties of the employee, including a tuberculin skin test;
- (2) subsequent medical examinations or health assessments shall be given periodically in accordance with the facility's policies;
- (3) each crisis intervention center shall develop policies and procedures for the control of communicable diseases, including maintenance of immunization histories and the provision of educational materials for patient care staff; and

(4) cases of employees with tuberculin skin test conversion shall be reported to the Kansas department of health and environment.

(c) Each licensee or applicant shall ensure that any personnel having a condition detrimental to patient well-being, or suspected of having such a condition, shall be excluded from work until the requirements of K.A.R. 28-1-6 are met.

(d) Each licensee or applicant shall ensure that the crisis intervention center develop, and implement written housekeeping procedure as well as comply with the following requirements:

(1) Be kept neat, clean, and free of rubbish;

(2) provide hand-washing facilities; and

(3) develop written procedures for the laundering of linen and washable goods.

(e) Each licensee or applicant shall ensure that soiled and clean linen are handled separately.

(f) Each licensee or applicant shall ensure that all garbage and waste shall be collected, stored, and disposed of in a manner that does not encourage the transmission of contagious disease. Containers in the food service area shall be washed and sanitized before being returned to work areas, or the containers may be disposable. Failure to meet the requirements of paragraphs (d), (e) and (f) shall be a class II violation.

(g) Each licensee or applicant shall ensure that staff make periodic checks, according to the facility's policies and procedures, throughout the premises to enforce sanitation procedures.

(Authorized by , K.S.A. 2019 Supp.39-2003 , K.S.A. 2019 Supp. 39-2004 , K.S.A. 2019 Supp. 59-29c01, implementing K.S.A. 2019 Supp. 39-2004 K.S.A. 2019 Supp. 59-29c01, effective P-_____).

26-52-35. COVID-19 protections. (a) Each licensee or applicant shall implement centers for disease control guidance for covid-19 protections in each CIC. This guidance can be found on KDADS website. Failure to meet this requirement shall be a class I violation. (Authorized by K.S.A. 2020 Supp.39-2003 , K.S.A. 2020 Supp. 39-2004 ,K.S.A. 2020 Supp. 59-29c01, , , implementing K.S.A. 2020 Supp. 39-2004 ,K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-36. Food service. (a) Each licensee or applicant shall develop food service policies and procedures in each CIC to meet the needs of patients and shall be in accord with physician's orders.

(b) The licensee or applicant shall ensure the development of written policies for food storage, preparation, and service. Policies shall meet the following standards:

- (1) There shall be a separate storage area above the floor level for food;
- (2) food transportation equipment shall be cleaned and disinfected daily or after each use if uneaten food or unclean dishes are transported;
- (3) there shall be separate hand-washing facilities in the food preparation and service area;
- (4) the temperature in each food freezer shall be no higher than 0° fahrenheit;
- (5) dishes and utensils shall be washed in water at 140° fahrenheit and shall be rinsed at 180° fahrenheit, or a ware-washing machine and its auxiliary components shall be operated in accordance with the machine's data plate and any other manufacturer's instructions;
- (6) foods being transported shall be protected from contamination and held at required temperatures in clean containers or serving carts;
- (7) except during preparation, cooking, or cooling, potentially hazardous food shall be maintained at or above 140° fahrenheit or at or below 41° Fahrenheit;
- (8) storage of toxic agents shall be prohibited in food preparation and food serving areas; and
- (9) food returned on patients' trays shall not be reused.

(c) Failure to meet the requirement in paragraphs (a) and (b) shall be a class II violation. (Authorized by K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004 , K.S.A. 2020 Supp. 59-29c01, implementing K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-37. Ice and drinking water. (a) Each licensee or applicant shall ensure ice and drinking water in each CIC is provided as follows:

(1) Ice from a water system, shall be available and precautions shall be taken to prevent contamination; the ice scoop shall be stored in a sanitary manner outside of the ice container;

(2) portable drinking water shall always be available to patients ;

(3) the usage of common cups shall be prohibited; and

(4) ice delivered to patient areas in bulk shall be in nonporous, covered containers that shall be cleaned after each use or delivered in disposable containers Failure to meet this requirement shall be a class II violation. (Authorized by , K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, implementing K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01 effective P-_____).

26-52-38. Water supply design and construction. (a) Each licensee or applicant shall ensure that the following design and construction regulations are followed in each crisis intervention center:

(1) Patient and staff hand washing lavatories and patient showers and tubs shall be supplied with hot and cold water at all times;

(2) all handwashing lavatories and patient showers, tubs, faucets, standard fixtures, and handicapped fixtures must be ligature resistant and breakaway;

(3) plumbing fixtures that require hot water and are accessible to patients shall be supplied with water that is thermostatically controlled to a temperature of at least one hundred degrees fahrenheit and not to exceed one hundred twenty degrees fahrenheit at the fixture; and

(4) the water heater or combination of heaters shall be sized to provide at least six gallons per hour per bed at the above temperature range. Failure to meet this requirement shall be a class II violation. (Authorized by K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, implementing K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-39. Physical environment. (a) Each licensee or applicant shall design, construct, equip and maintain each CIC to protect the health and safety of patients, staff, and visitors.

(b) Each crisis center shall include the following features:

- (1) A separate recovery area and waiting area;
- (2) business office facilities;
- (3) storage areas designated for janitorial supplies and equipment; and
- (4) separate toilet facilities designated for patients, staff, and visitors.

(c) Smoking shall be prohibited in each crisis center, and “no smoking” signs shall be posted in accordance with K.S.A. 21-6111, and amendments thereto.

(d) The physical space licensed as crisis center shall be separate from any physician's office. (Authorized by K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, , implementing K.S.A. 21-6111, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01 effective P-_____).

26-52-40. Ancillary services. (a) Each licensee or applicant shall provide laboratory and pharmacy services in each CIC. Laboratory and pharmacy services may be provided directly or through contractual arrangement. Failure to meet these requirements shall be a class I violation.

(b) Laboratory services. If the CIC provides its own clinical laboratory services, then the following criteria shall be met:

- (1) The laboratory performing analytical tests within the crisis center shall hold a valid clinical laboratory improvement amendment, CLIA, certificate for the type and complexity of all tests performed;
- (2) an authorized individual shall, through written or electronic means, request all tests performed by the laboratory;
- (3) the individual or individuals serving as the laboratory's clinical consultant or consultants shall be as defined in 42 C.F.R. 1417 and hereby adopted by reference;
- (4) the original report or duplicate copies of written tests, reports, and supporting records shall be retained in a retrievable from by the laboratory for at least the following periods:

- (A) Two years for routine test reports;
- (B) Five years for blood banking test reports; and
- (C) Ten years for histologic or cytologic test reports.

(5) Facilities for procurement, safekeeping, and transfusion of blood, blood products, or both shall be provided or available. If blood products or transfusion services are provided by sources outside the crisis center, outside sources shall be provided by a CLIA-certified laboratory. The source shall be certified for the scope of testing performed or products provided.

(6) If the crisis intervention center contracts for laboratory services, then the center shall have a written agreement with that CLIA-certified, Medicare certified, laboratory.

(c) Pharmacy services. If the CIC provides its own pharmacy services, then the following criteria shall be met:

(1) The pharmaceutical service shall be under the direction of an individual designed responsible for the service and shall be provided in accordance with K.A.R. 68-7-11.

(2) Policies and procedures. There shall be policies and procedures developed by a pharmacist, and approved by the governing authority, related to the following:

- (A) Storage of drugs;
- (B) security of drugs;
- (C) labeling and preparation of drugs;
- (D) administration of drugs; and
- (E) disposal of drugs.

(3) All drugs and biologicals shall be ordered pursuant to a written order issued by a licensed physician and in accordance with K.S.A. 2019 Supp. 59-29c10, and amendments thereto.

(4) Each adverse drug reaction shall be reported to the physician responsible for the patient and shall be documented in the patient's record.

(5) Drugs requiring refrigeration shall be stored in a refrigerator that is used only for drug storage.

(d) Quality assurance. Each licensee shall ensure an ongoing review and evaluation of the quality and scope of laboratory and pharmacy services. (Authorized by K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, K.S.A. 2020 Supp. 59-29c10, implementing K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c10, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-41. Emergency procedures and disaster preparedness. (a) Each licensee or applicant shall develop, by contract and consultation with their county emergency preparedness agency, a written plan for actions to be taken in the event of a disaster and or emergency evacuation in each CIC. The plan shall be implemented as necessary and at the time of need and is referenced below as a disaster preparedness plan, DPP. Failure to meet this requirement shall be a class I violation.

(1) Before initial licensing and at the time of each license renewal as provided in section K.A.R. 52-26-2 (b), the licensee or applicant shall complete a form prescribed and furnished by the department addressing specific components of the DPP and shall include the form with each application submitted to the department for license renewal. The form is available on KDADS website.

(2) When a licensee or applicant amends its license under K.A.R. 52-26-2 (h), to increase the licensed bed capacity, the licensee's DPP shall be updated to address the proposed new total licensed bed capacity and an updated form shall be provided to the department with the application. Failure to meet this requirement shall be a class II violation.

(3) The licensee or applicant shall ensure that the DPP described in this shall be provided to staff with instructions required to implement the plan.

(4) The licensee or applicant shall make the DPP available for inspection upon request by the patient, or a patient's responsible party, or the department. The plan shall be reviewed and updated annually, and as appropriate.

(5) Each licensee shall conduct and document a rehearsal of the DPP at least annually and shall not require patient participation.

(b) If an evacuation takes place and patients are not returned to the crisis center in seven days, then the licensee shall assess each patient's current condition and identify each patient's current needs and preferences. Each licensee shall implement each patient's discharge plan. For patients needing assistance or support following discharge, the licensee shall coordinate the transfer of the patients to their responsible parties or to appropriately licensed facilities capable of meeting the patients' needs.

(c) The DPP required in subsection (a) (1) shall include:

(1) A sheltering plan to include:

(A) The licensed bed capacity and average occupancy rate;

(B) name, address and phone number of the sheltering facility to which the patients will be relocated during a disaster; and

(C) a letter of agreement signed by an authorized representative of each sheltering facility which shall include: the number of relocated patients that can be accommodated; sleeping, feeding, and medication plans for the relocated patients; and provisions for accommodating relocated staff members and volunteers. The letter shall be updated with the sheltering facility at least every three years and whenever significant changes occur.

(2) A transportation plan, to include agreements with entities for relocating patients, which addresses:

(A) Number and type of vehicles required

(B) how and when the vehicles are to be obtained;

(C) who, by name or organization, will provide drivers;

(D) procedures for providing appropriate medical support, food, water, and medications during transportation and relocation based on the needs and number of the patients;

(E) estimated time to accomplish the relocation; and

(F) primary and secondary routes to be taken to the sheltering facility.

(3) A staffing plan for the relocated patients, to include:

(A) How care will be provided to the relocated patients, including the number and type of staff members that will accompany patients who are relocated;

(B) prearranged transportation arrangements to ensure staff members are relocated to the sheltering facility; and

(C) co-signed statement by an authorized representative of the sheltering facility if staffing is to be provided by the sheltering facility. (Authorized by K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, implementing K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-42. Emergency call numbers. Each licensee or applicant shall post emergency call data in a conspicuous place in each CIC and shall include at least the telephone numbers of fire and police departments, ambulance service, and the poison control center. Other emergency call information shall be available, to include the names, addresses, and telephone numbers of staff members and volunteers to be notified in case of emergency. Failure to meet this requirement shall be a class I violation. (Authorized by K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01,, implementing K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-43. Continuity of essential services. Each licensee or applicant shall develop a written plan in each CIC to ensure the continuation of essential patient support services for such reasons as power outage, water shortage, or in the event of the absence from work of any portion of the workforce resulting from inclement weather or other causes. Violation of this requirement shall be a class I violation. (Authorized by K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01,, implementing K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-44. Fire response training. (a) Each licensee or applicant shall implement fire response training in each CIC. Failure to meet this requirement shall be a class I requirement. Fire response training shall address at a minimum, the following:

- (1) Fire plan, including the training of staff members and volunteers;
- (2) reporting a fire;
- (3) use of the fire alarm system, ;
- (4) location and use of fire-fighting equipment;
- (5) methods of fire containment; and
- (6) specific responsibilities, tasks, or duties of each position.

(b) Each licensee or applicant shall develop and implement a plan for the evacuation of patients, staff members, and visitors, to include evacuation routes and procedures, in case of fire or other emergencies, shall be established and posted in conspicuous public areas throughout the facility.

(c) All patients capable of assisting in their evacuation shall be trained in the proper actions to take in the event of a fire, for example, actions to take if the primary escape route is blocked. (Authorized by K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, implementing K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-45. Fire drills. (a) Each licensee or applicant shall conduct an unannounced fire or tornado drill at least quarterly in each CIC for all shifts. Each staff member and volunteer shall participate in a fire drill at least once each year. Records of drills shall be maintained at the facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff members and volunteers and patients directly involved in responding to the drill. Failure to meet the requirements of this section shall be a class I violation.

(b) Drills shall be designed and conducted in consideration of and reflecting the content of the fire response training in K.A.R. 52-26-37.

(c) All patients shall participate in fire drills.

(d) In conducting fire drills, all patients shall evacuate to the outside of the building to a selected assembly point. Drills shall be designed to ensure that patients attain the experience of exiting through all exits. (Authorized by K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01,, implementing K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01 effective P-_____).

26-52-46. Emergency electric service. (a) Each licensee or applicant shall provide emergency electric service as follows:

- (1) Exit lights,;
- (2) exit access corridor lighting;
- (3) illumination of means of egress; and
- (4) fire detection and alarm systems.. Violation of this requirement shall be a class I violation.

(Authorized by K.S.A. 2020 Supp.39-2003, K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01,, implementing K.S.A. 2020 Supp. 39-2004, K.S.A. 2020 Supp. 59-29c01, effective P-_____).

26-52-47. Severability. In the event that any portion of these regulations is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of these regulations, and they shall remain in effect as if such invalid portions were not originally a part of these regulations. (Authorized and implementing K.S.A. 2020 Supp. 39-2004 effective P-_____).