

SECOND REGULAR SESSION

# HOUSE BILL NO. 1554

98TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE NEELY.

4353H.011

D. ADAM CRUMBLISS, Chief Clerk

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## AN ACT

To repeal sections 198.018, 198.022, 198.026, 198.029, 198.032, 198.036, 198.045, 198.052, 198.074, 198.525, and 198.526, RSMo, and to enact in lieu thereof eleven new sections relating to nursing facility inspections.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Sections 198.018, 198.022, 198.026, 198.029, 198.032, 198.036, 198.045, 2 198.052, 198.074, 198.525, and 198.526, RSMo, are repealed and eleven new sections enacted 3 in lieu thereof, to be known as sections 198.018, 198.022, 198.026, 198.029, 198.032, 198.036, 4 198.045, 198.052, 198.074, 198.525, and 198.526, to read as follows:

198.018. 1. Applications for a license shall be made to the department by the operator 2 upon such forms and including such information and documents as the department may 3 reasonably require by rule or regulation for the purposes of administering sections 198.003 to 4 198.186, section 198.200, and sections 208.030 and 208.159.

5 2. The applicant shall submit all documents required by the department under this section 6 attesting by signature that the statements contained in the application are true and correct to the 7 best of the applicant's knowledge and belief, and that all required documents are either included 8 with the application or are currently on file with the department.

9 3. The application shall be accompanied by a license fee in an amount established by the 10 department. The fee established by the department shall not exceed six hundred dollars, and 11 shall be a graduated fee based on the licensed capacity of the applicant and the duration of the 12 license. A fee of not more than fifty dollars shall be charged for any amendments to a license 13 initiated by an applicant. In addition, facilities certified to participate in the Medicaid or 14 Medicare programs shall pay a certification fee of up to one thousand dollars annually, payable

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

15 on or before October first of each year. The amount remitted for the license fee, fee for  
16 amendments to a license, or certification fee shall be deposited in the state treasury to the credit  
17 of the "Nursing Facility Quality of Care Fund", which is hereby created. All investment earnings  
18 of the nursing facility quality of care fund shall be credited to such fund. All moneys in the  
19 nursing facility quality of care fund shall, upon appropriation, be used by [the department of  
20 health and senior services] **local health departments** for conducting inspections and surveys,  
21 and **by the department of health and senior services** for providing training and technical  
22 assistance to facilities licensed under the provisions of this chapter. The unexpended balance  
23 in the nursing facility quality of care fund at the end of the biennium is exempt from the  
24 provisions of sections 33.080. The unexpended balance in the nursing facility quality of care  
25 fund shall not revert to the general revenue fund, but shall accumulate in the nursing facility  
26 quality of care fund from year to year.

27 4. Within ten working days of the effective date of any document that replaces, succeeds,  
28 or amends any of the documents required by the department to be filed pursuant to this section,  
29 an operator shall file with the department a copy of such document. The operator shall attest by  
30 signature that the document is true and correct. If the operator knowingly fails to file a required  
31 document or provide any information amending any document within the time provided for in  
32 this section, a circuit court may, upon application of the department or the attorney general,  
33 assess a penalty of up to fifty dollars per document for each day past the required date of filing.

34 5. If an operator fails to file documents or amendments to documents as required  
35 pursuant to this section and such failure is part of a pattern or practice of concealment, such  
36 failure shall be sufficient grounds for revocation of a license or disapproval of an application for  
37 a license.

38 6. Any facility defined in subdivision (6), (14), (22), or (23) of section 198.006 that is  
39 licensed by the state of Missouri pursuant to the provisions of section 198.015 may not be  
40 licensed, certified or registered by any other political subdivision of the state of Missouri whether  
41 or not it has taxing power, provided, however, that nothing in this subsection shall prohibit a  
42 county or city, otherwise empowered under law, to inspect such facility for compliance with local  
43 ordinances of food service or fire safety. **Nothing in this subsection shall prohibit a local**  
44 **health department from inspecting any facility licensed under this chapter.**

198.022. 1. Upon receipt of an application for a license to operate a facility, the  
2 department shall review the application[,] **and** investigate the applicant and the statements sworn  
3 to in the application for license [and] . **The local health department where the facility is**  
4 **located shall** conduct any necessary inspections. **The local health department shall submit**  
5 **copies of all inspection reports to the department of health and senior services.** A license  
6 shall be issued if the following requirements are met:

- 7 (1) The statements in the application are true and correct;
- 8 (2) The facility and the operator are in substantial compliance with the provisions of  
9 sections 198.003 to 198.096 and the standards established thereunder;
- 10 (3) The applicant has the financial capacity to operate the facility;
- 11 (4) The administrator of an assisted living facility, a skilled nursing facility, or an  
12 intermediate care facility is currently licensed under the provisions of chapter 344;
- 13 (5) Neither the operator nor any principals in the operation of the facility have ever been  
14 convicted of a felony offense concerning the operation of a long-term health care facility or other  
15 health care facility or ever knowingly acted or knowingly failed to perform any duty which  
16 materially and adversely affected the health, safety, welfare or property of a resident, while acting  
17 in a management capacity. The operator of the facility or any principal in the operation of the  
18 facility shall not be under exclusion from participation in the Title XVIII (Medicare) or Title XIX  
19 (Medicaid) program of any state or territory;
- 20 (6) Neither the operator nor any principals involved in the operation of the facility have  
21 ever been convicted of a felony in any state or federal court arising out of conduct involving  
22 either management of a long-term care facility or the provision or receipt of health care;
- 23 (7) All fees due to the state have been paid.
- 24 2. Upon denial of any application for a license, the department shall so notify the  
25 applicant in writing, setting forth therein the reasons and grounds for denial.
- 26 3. The department **or local health department** may inspect any facility and any records  
27 and may make copies of records, at the facility, at the department's **or local health department's**  
28 own expense, required to be maintained by sections 198.003 to 198.096 or by the rules and  
29 regulations promulgated thereunder at any time if a license has been issued to or an application  
30 for a license has been filed by the operator of such facility. Copies of any records requested by  
31 the department **or local health department** shall be prepared by the staff of such facility within  
32 two business days or as determined by the department **or local health department**. The  
33 department **or local health department** shall not remove or disassemble any medical record  
34 during any inspection of the facility, but may observe the photocopying or may make its own  
35 copies if the facility does not have the technology to make the copies. In accordance with the  
36 provisions of section 198.525, the **local health** department shall make at least two inspections  
37 per year, at least one of which shall be unannounced to the operator. The department **or local**  
38 **health department** may make such other inspections, announced or unannounced, as it deems  
39 necessary to carry out the provisions of sections 198.003 to 198.136.
- 40 4. Whenever the department has reasonable grounds to believe that a facility required  
41 to be licensed under sections 198.003 to 198.096 is operating without a license, and the  
42 department **or local health department** is not permitted access to inspect the facility, or when

43 a licensed operator refuses to permit access to the department **or local health department** to  
44 inspect the facility, the department **or local health department** shall apply to the circuit court  
45 of the county in which the premises is located for an order authorizing entry for such inspection,  
46 and the court shall issue the order if it finds reasonable grounds for inspection or if it finds that  
47 a licensed operator has refused to permit the department **or local health department** access to  
48 inspect the facility.

49 5. Whenever the **local health** department is inspecting a facility in response to an  
50 application from an operator located outside of Missouri not previously licensed by the  
51 department, the **local health** department may request from the applicant the past five years  
52 compliance history of all facilities owned by the applicant located outside of this state.

198.026. 1. Whenever a duly authorized representative of the department **or the local**  
2 **health department** finds upon an inspection of a facility that it is not in compliance with the  
3 provisions of sections 198.003 to 198.096 and the standards established thereunder, the operator  
4 or administrator shall be informed of the deficiencies in an exit interview conducted with the  
5 operator or administrator, or his or her designee. The department **or local health department**  
6 shall inform the operator or administrator, in writing, of any violation of a class I standard at the  
7 time the determination is made. A written report shall be prepared of any deficiency for which  
8 there has not been prompt remedial action, and a copy of such report and a written correction  
9 order shall be sent to the operator or administrator by certified mail or other delivery service that  
10 provides a dated receipt of delivery at the facility address within ten working days after the  
11 inspection, stating separately each deficiency and the specific statute or regulation violated.

12 2. The operator or administrator shall have five working days following receipt of a  
13 written report and correction order regarding a violation of a class I standard and ten working  
14 days following receipt of the report and correction order regarding violations of class II or class  
15 III standards to request any conference and to submit a plan of correction for the department's  
16 approval which contains specific dates for achieving compliance. Within five working days after  
17 receiving a plan of correction regarding a violation of a class I standard and within ten working  
18 days after receiving a plan of correction regarding a violation of a class II or III standard, the  
19 department shall give its written approval or rejection of the plan. If there was a violation of any  
20 class I standard, immediate corrective action shall be taken by the operator or administrator and  
21 a written plan of correction shall be submitted to the department. The department shall give its  
22 written approval or rejection of the plan and if the plan is acceptable, a reinspection shall be  
23 conducted within twenty calendar days of the exit interview to determine if deficiencies have  
24 been corrected. If there was a violation of any class II standard and the plan of correction is  
25 acceptable, an unannounced reinspection shall be conducted between forty and ninety calendar  
26 days from the date of the exit conference to determine the status of all previously cited

27 deficiencies. If there was a violation of class III standards sufficient to establish that the facility  
28 was not in substantial compliance, an unannounced reinspection shall be conducted within one  
29 hundred twenty days of the exit interview to determine the status of previously identified  
30 deficiencies.

31 3. If, following the reinspection, the facility is found not in substantial compliance with  
32 sections 198.003 to 198.096 and the standards established thereunder or the operator is not  
33 correcting the noncompliance in accordance with the approved plan of correction, the department  
34 shall issue a notice of noncompliance, which shall be sent by certified mail or other delivery  
35 service that provides a dated receipt of delivery to each person disclosed to be an owner or  
36 operator of the facility, according to the most recent information or documents on file with the  
37 department.

38 4. The notice of noncompliance shall inform the operator or administrator that the  
39 department may seek the imposition of any of the sanctions and remedies provided for in section  
40 198.067, or any other action authorized by law.

41 5. At any time after an inspection is conducted, the operator may choose to enter into a  
42 consent agreement with the department to obtain a probationary license. The consent agreement  
43 shall include a provision that the operator will voluntarily surrender the license if substantial  
44 compliance is not reached in accordance with the terms and deadlines established under the  
45 agreement. The agreement shall specify the stages, actions and time span to achieve substantial  
46 compliance.

47 6. Whenever a notice of noncompliance has been issued, the operator shall post a copy  
48 of the notice of noncompliance and a copy of the most recent inspection report in a conspicuous  
49 location in the facility, and the department shall send a copy of the notice of noncompliance to  
50 the department of social services, the department of mental health, and any other concerned  
51 federal, state or local governmental agencies.

198.029. The provisions of section 198.026 notwithstanding, whenever a duly authorized  
2 representative of the department **or the local health department** finds upon inspection of a  
3 licensed facility, and the director of the department finds upon review, that the facility or the  
4 operator is not in substantial compliance with a standard or standards the violations of which  
5 would present either an imminent danger to the health, safety or welfare of any resident or a  
6 substantial probability that death or serious physical harm would result and which is not  
7 immediately corrected, the department shall:

8 (1) Give immediate written notice of the noncompliance to the operator, administrator  
9 or person managing or supervising the conduct of the facility at the time the noncompliance is  
10 found;

11 (2) Make public the fact that a notice of noncompliance has been issued to the facility.  
12 Copies of the notice shall be sent to appropriate hospitals and social service agencies;

13 (3) Send a copy of the notice of noncompliance to the department of social services, the  
14 department of mental health, and any other concerned federal, state or local government  
15 agencies. The facility shall post in a conspicuous location in the facility a copy of the notice of  
16 noncompliance and a copy of the most recent inspection report.

198.032. 1. Nothing contained in sections 198.003 to 198.186 shall permit the public  
2 disclosure by the department of confidential medical, social, personal or financial records of any  
3 resident in any facility, except when disclosed in a manner which does not identify any resident,  
4 or when ordered to do so by a court of competent jurisdiction. Such records shall be accessible  
5 without court order for examination and copying only to the following persons or offices, or to  
6 their designees:

7 (1) The department or any person or agency designated by the department;  
8 (2) The attorney general;  
9 (3) The department of mental health for residents placed through that department;  
10 (4) Any appropriate law enforcement agency;  
11 (5) The resident, the resident's guardian, or any other person designated by the resident;  
12 [and]

13 (6) Appropriate committees of the general assembly and the state auditor, but only to the  
14 extent of financial records which the operator is required to maintain pursuant to sections  
15 198.088 and 198.090; **and**

16 **(7) The local health department where the facility is located.**

17 2. Inspection reports and written reports of investigations of complaints, of substantiated  
18 reports of abuse and neglect received in accordance with section 198.070, and complaints  
19 received by the department relating to the quality of care of facility residents, shall be accessible  
20 to the public for examination and copying, provided that such reports are disclosed in a manner  
21 which does not identify the complainant or any particular resident. Records and reports shall  
22 clearly show what steps the department and the institution are taking to resolve problems  
23 indicated in said inspections, reports and complaints.

24 3. The department shall maintain a central registry capable of receiving and maintaining  
25 reports received in a manner that facilitates rapid access and recall of the information reported,  
26 and of subsequent investigations and other relevant information. The department shall  
27 electronically record and maintain a hotline caller log for the reporting of suspected abuse and  
28 neglect in long-term care facilities. Any telephone report of suspected abuse and neglect  
29 received by the department and such recorded reports shall be retained by the department for a  
30 period of one year after recording. The department shall in all cases attempt to obtain the name

31 of any person making a report after obtaining relevant information regarding the alleged abuse  
32 or neglect. The department shall also attempt to obtain the address of any person making a  
33 report. The identity of the person making the report shall remain confidential.

198.036. 1. The department may revoke a license in any case in which it finds that:

2 (1) The operator failed or refused to comply with class I or II standards, as established  
3 by the department pursuant to section 198.085; or failed or refused to comply with class III  
4 standards as established by the department pursuant to section 198.085, where the aggregate  
5 effect of such noncompliances presents either an imminent danger to the health, safety or welfare  
6 of any resident or a substantial probability that death or serious physical harm would result;

7 (2) The operator refused to allow representatives of the department **or local health**  
8 **department** to inspect the facility for compliance with standards or denied representatives of the  
9 department access to residents and employees necessary to carry out the duties set forth in this  
10 chapter and rules promulgated thereunder, except where employees of the facility are in the  
11 process of rendering immediate care to a resident of such facility;

12 (3) The operator knowingly acted or knowingly omitted any duty in a manner which  
13 would materially and adversely affect the health, safety, welfare or property of a resident;

14 (4) The operator demonstrated financial incapacity to operate and conduct the facility  
15 in accordance with the provisions of sections 198.003 to 198.096;

16 (5) The operator or any principals in the operation of the facility have ever been  
17 convicted of, or pled guilty or nolo contendere to a felony offense concerning the operation of  
18 a long-term health care facility or other health care facility, or ever knowingly acted or  
19 knowingly failed to perform any duty which materially and adversely affected the health, safety,  
20 welfare, or property of a resident while acting in a management capacity. The operator of the  
21 facility or any principal in the operation of the facility shall not be under exclusion from  
22 participation in the Title XVIII (Medicare) or Title XIX (Medicaid) program of any state or  
23 territory; or

24 (6) The operator or any principals involved in the operation of the facility have ever been  
25 convicted of or pled guilty or nolo contendere to a felony in any state or federal court arising out  
26 of conduct involving either management of a long-term care facility or the provision or receipt  
27 of health care.

28 2. Nothing in subdivision (2) of subsection 1 of this section shall be construed as  
29 allowing the department **or local health department** access to information not necessary to  
30 carry out the duties set forth in sections 198.006 to 198.186.

31 3. Upon revocation of a license, the director of the department shall so notify the  
32 operator in writing, setting forth the reason and grounds for the revocation. Notice of such  
33 revocation shall be sent either by certified mail, return receipt requested, to the operator at the

34 address of the facility, or served personally upon the operator. The department shall provide the  
35 operator notice of such revocation at least ten days prior to its effective date.

36 198.045. Participation in reimbursement programs under either Medicare or Medicaid,  
37 Title XVIII and Title XIX of the Social Security Act, (Title 42, United States Code, Sec. 1395x  
38 or 1396d), or other federal laws, shall be at the option of the individual facility. A skilled  
39 nursing facility or an intermediate care facility which chooses to participate in such programs  
40 shall be surveyed for certification for reimbursement and inspected for state licensure **by the**  
41 **local health department where the facility is located** at the same time.

198.052. 1. The state auditor, at the request of the department or on his **or her** own  
2 initiative, may examine and audit any records relating to the operation of any facility.

3 2. The **local health department or** director of the department may examine and audit,  
4 or cause to be examined and audited, any records relating to the operation of any facility.

5 3. Each facility shall retain all financial information, data and records relating to the  
6 operation and reimbursement of the facility for a period of not less than seven years.

7 4. Notwithstanding anything to the contrary in sections 198.003 to 198.186, 198.200,  
8 202.905, 208.030, or 208.159, the state auditor shall have the right to examine the records of any  
9 facility which he **or she** deems necessary in connection with any examination conducted  
10 pursuant to his **or her** statutory authority, and to disclose the results of any such examination  
11 including the identity of any facility examined, provided that the identity of any resident of any  
12 such facility shall not be divulged or made known by the state auditor.

13 5. All financial information, data and records of facilities under the provisions of  
14 sections 198.003 to 198.186, 198.200, 202.905, 208.030, or 208.159 shall be open upon request  
15 for inspection, examination and audit by the director of the department, **the local health**  
16 **department**, the state auditor, appropriate committees of the general assembly, and their  
17 designees, at all reasonable times.

18 6. Each facility shall retain medical records of each resident for five years after he **or she**  
19 leaves the facility. In the event the resident is less than twenty-one years of age, the records shall  
20 be retained for five years after the age of twenty-one years is reached. The time limitations of  
21 this subsection shall not apply when longer time limitations are specified in standards for  
22 facilities certified under Medicare or Medicaid, Title XVIII and Title XIX of the Social Security  
23 Act, (Title 42, United States Code, Sec. 1395x or 1396d).

24 7. In the event a new operator takes over a facility's operation, the original medical  
25 records of the residents of such facility shall be retained in the facility by the new operator.

26 8. In the event a resident is transferred from the facility, the resident shall be  
27 accompanied by a copy of his **or her** medical records.

198.074. 1. Effective August 28, 2007, all new facilities licensed under this chapter on  
2 or after August 28, 2007, or any section of a facility licensed under this chapter in which a major  
3 renovation has been completed on or after August 28, 2007, as defined and approved by the  
4 department, shall install and maintain an approved sprinkler system in accordance with National  
5 Fire Protection Association (NFPA) 13.

6 2. Facilities that were initially licensed and had an approved sprinkler system prior to  
7 August 28, 2007, shall continue to meet all laws, rules, and regulations for testing, inspection  
8 and maintenance of the sprinkler system that were in effect for such facilities on August 27,  
9 2007.

10 3. Multi-level assisted living facilities that accept or retain any individual with a  
11 physical, cognitive, or other impairment that prevents the individual from safely evacuating the  
12 facility with minimal assistance shall install and maintain an approved sprinkler system in  
13 accordance with NFPA 13. Single-story assisted living facilities that accept or retain any  
14 individual with a physical, cognitive, or other impairment that prevents the individual from  
15 safely evacuating the facility with minimal assistance shall install and maintain an approved  
16 sprinkler system in accordance with NFPA 13R.

17 4. All residential care and assisted living facilities with more than twenty residents not  
18 included in subsection 3 of this section, which are initially licensed under this chapter prior to  
19 August 28, 2007, and that do not have installed an approved sprinkler system in accordance with  
20 NFPA 13R or 13 prior to August 28, 2007, shall install and maintain an approved sprinkler  
21 system in accordance with NFPA 13R or 13 by December 31, 2012, unless the facility meets the  
22 safety requirements of Chapter 33 of existing residential board and care occupancies of NFPA  
23 101 life safety code.

24 5. All skilled nursing and intermediate care facilities not required prior to August 28,  
25 2007, to install and maintain an approved sprinkler system shall install and maintain an approved  
26 sprinkler system in accordance with NFPA 13 by December 31, 2012, unless the facility receives  
27 an exemption from the department and presents evidence in writing from a certified sprinkler  
28 system representative or licensed engineer that the facility is unable to install an approved  
29 National Fire Protection Association 13 system due to the unavailability of water supply  
30 requirements associated with this system.

31 6. Facilities that take a substantial step, as specified in subsections 4 and 5 of this  
32 section, to install an approved NFPA 13R or 13 system prior to December 31, 2012, may apply  
33 to the state treasurer's office for a loan in accordance with section 198.075 to install such system.  
34 However, such loan shall not be available if by December 31, 2009, the average total  
35 reimbursement for the care of persons eligible for Medicaid public assistance in an assisted  
36 living facility and residential care facility is equal to or exceeds fifty-two dollars per day. The

37 average total reimbursement includes room, board, and care delivered by the facility, but shall  
38 not include payments to the facility for care or services not provided by the facility. If a facility  
39 under this subsection does not have an approved sprinkler system installed by December 31,  
40 2012, such facility shall be required to install and maintain an approved sprinkler system in  
41 accordance with NFPA 13 by December 31, 2013. Such loans received under this subsection  
42 and in accordance with section 198.075, shall be paid in full as follows:

43 (1) Ten years for those facilities approved for the loan and whose average total  
44 reimbursement rate for the care of persons eligible for Medicaid public assistance is equal to  
45 forty-eight and no more than forty-nine dollars per day;

46 (2) Eight years for those facilities approved for the loan and whose average total  
47 reimbursement rate for the care of persons eligible for Medicaid public assistance is greater than  
48 forty-nine and no more than fifty-two dollars per day; or

49 (3) Five years for those facilities approved for the loan and whose average total  
50 reimbursement rate for the care of persons eligible for Medicaid public assistance is greater than  
51 fifty-two dollars per day.

52 (4) No payments or interest shall be due until the average total reimbursement rate for  
53 the care of persons eligible for Medicaid public assistance is equal to or greater than forty-eight  
54 dollars.

55 7. (1) All facilities licensed under this chapter shall be equipped with a complete fire  
56 alarm system in compliance with NFPA 101, Life Safety Code for Detection, Alarm, and  
57 Communication Systems, or shall maintain a system that was approved by the department when  
58 such facility was constructed so long as such system is a complete fire alarm system. A complete  
59 fire alarm system shall include, but not be limited to, interconnected smoke detectors, automatic  
60 transmission to the fire department, dispatching agency, or central monitoring company, manual  
61 pull stations at each required exit and attendant's station, heat detectors, and audible and visual  
62 alarm indicators. If a facility submits a plan of compliance for installation of a sprinkler system  
63 required by this chapter, such facility shall install a complete fire alarm system that complies  
64 with NFPA 72 upon installation of the sprinkler system. Until such time that the sprinkler  
65 system is installed in the facility which has submitted a plan of compliance, each resident room  
66 or any room designated for sleeping in the facility shall be equipped with at least one  
67 battery-powered smoke alarm installed, tested, and maintained in accordance with NFPA 72.  
68 In addition, any such facility shall be equipped with heat detectors interconnected to the fire  
69 alarm system which are installed, tested, and maintained in accordance with NFPA 72 in all areas  
70 subject to nuisance alarms, including but not limited to kitchens, laundries, bathrooms,  
71 mechanical air handling rooms, and attic spaces.

72 (2) In addition, each floor accessed by residents shall be divided into at least two smoke  
73 sections by one-hour rated smoke partitions. No smoke section shall exceed one hundred fifty  
74 feet in length. If neither the length nor the width of the floor exceeds seventy-five feet, no  
75 smoke-stop partition shall be required. Facilities with a complete fire alarm system and smoke  
76 sections meeting the requirements of this subsection prior to August 28, 2007, shall continue to  
77 meet such requirements. Facilities initially licensed on or after August 28, 2007, shall comply  
78 with such requirements beginning August 28, 2007, or on the effective date of licensure.

79 (3) Except as otherwise provided in this subsection, the requirements for complete fire  
80 alarm systems and smoke sections shall be enforceable on December 31, 2008.

81 8. The requirements of this section shall be construed to supersede the provisions of  
82 section 198.058 relating to the exemption of facilities from construction standards.

83 9. Fire safety inspections of skilled nursing and intermediate care facilities licensed  
84 under this chapter for compliance with this section shall be conducted annually by the **local**  
85 **health** department. All **local health** department inspectors who inspect facilities for compliance  
86 under this section shall complete a fire inspector course, as developed by the division of fire  
87 safety within the department of public safety, by December 31, 2012. Fire safety inspections of  
88 residential care and assisted living facilities licensed under this chapter for compliance with this  
89 section shall be conducted annually by the state fire marshal. The provisions of this section shall  
90 be enforced by the **local health** department or the state fire marshal, depending on which entity  
91 conducted the inspection.

92 10. By July 1, 2008, all facilities licensed under this chapter shall submit a plan for  
93 compliance with the provisions of this section to the state fire marshal.

198.525. 1. Except as otherwise provided [pursuant to] **under** section 198.526, in order  
2 to comply with sections 198.012 and 198.022, the [department of health and senior services]  
3 **local health department where the facility is located** shall inspect residential care facilities,  
4 assisted living facilities, intermediate care facilities, and skilled nursing **facilities**, including  
5 those facilities attached to acute care hospitals at least twice a year.

6 2. The **local health** department shall not assign an individual to inspect or survey a  
7 long-term care facility licensed under this chapter, for any purpose, in which the inspector or  
8 surveyor was an employee of such facility within the preceding two years.

9 3. For any inspection or survey of a facility licensed under this chapter, regardless of the  
10 purpose, the **local health** department shall require every newly hired inspector or surveyor at the  
11 time of hiring or, with respect to any currently employed inspector or surveyor as of August 28,  
12 2009, to disclose:

13 (1) The name of every Missouri licensed long-term care facility in which he or she has  
14 been employed; and

15 (2) The name of any member of his or her immediate family who has been employed or  
16 is currently employed at a Missouri licensed long-term care facility. The disclosures under this  
17 subsection shall be disclosed to the **local health** department whenever the event giving rise to  
18 disclosure first occurs.

19 4. For purposes of this section, the phrase "immediate family member" shall mean  
20 husband, wife, natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother,  
21 stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law,  
22 sister-in-law, grandparent or grandchild.

23 5. The information called for in this section shall be a public record under the provisions  
24 of subdivision (6) of section 610.010.

25 6. Any person may notify the **local health** department if facts exist that would lead a  
26 reasonable person to conclude that any inspector or surveyor has any personal or business  
27 affiliation that would result in a conflict of interest in conducting an inspection or survey for a  
28 facility. Upon receiving that notice, the **local health** department, when assigning an inspector  
29 or surveyor to inspect or survey a facility, for any purpose, shall take steps to verify the  
30 information and, if the **local health** department has probable cause to believe that it is correct,  
31 shall not assign the inspector or surveyor to the facility or any facility within its organization so  
32 as to avoid an appearance of prejudice or favor to the facility or bias on the part of the inspector  
33 or surveyor.

198.526. 1. Except as provided in subsection 3 of this section, the [department of health  
2 and senior services] **local health department where the facility is located** shall inspect all  
3 facilities licensed by the department at least twice each year. Such inspections shall be  
4 conducted:

5 (1) Without the prior notification of the facility; and

6 (2) At times of the day, on dates and at intervals which do not permit facilities to  
7 anticipate such inspections.

8 2. The **local health** department shall annually reevaluate the inspection process to ensure  
9 the requirements of subsection 1 of this section are met.

10 3. The **local health** department may reduce the frequency of inspections to once a year  
11 if a facility is found to be in substantial compliance. The basis for such determination shall  
12 include, but not be limited to, the following:

13 (1) Previous inspection reports;

14 (2) The facility's history of compliance with rules promulgated pursuant to this chapter;

15 (3) The number and severity of complaints received about the facility; and

16           (4) In the year subsequent to a finding of no class I violations or class II violations, the  
17 facility does not have a change in ownership, operator, or, if the department finds it significant,  
18 a change in director of nursing.

19           4. Information regarding unannounced inspections shall be disclosed to employees of  
20 the **local health** department on a need-to-know basis only. Any employee of the **local health**  
21 department who knowingly discloses the time of an unannounced inspection in violation of this  
22 section is guilty of a class A misdemeanor and shall have his or her employment immediately  
23 terminated.

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