



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Rules and Regulations Filing Form

1. Agency Name and Address

Health, Department of
 Cannon Building

2. Title of Rule

Rules and Regulations for Licensing of Nursing Facilities [R23-17-NF]

3. Statutory Source of Authority

RIGL Chapter 23-17

4. Concise Explanatory Statement - §42-35-2.6

The purpose of the proposed changes is to update minimum requirements for the licensure of nursing homes in Rhode Island to include provisions for resident-directed homes. Based on industry feedback during the comment period, it was decided to retain the designation "Nursing Facility" rather than move forward with proposed change to "Nursing Home". Comments were received regarding sections 16.1, 19.25, 27.6(b)&(c) and 60.9 which required minor edits to clarify intent. In addition, several spelling errors were corrected and Reference 15 was updated to most current edition.

5. Type of Filing

Emergency Rules

A1. Emergency 120-day initial - §42-35-2.10

- Adoption
 Amendment of ERLID:
 Repeal of ERLID:

A2. Emergency 60-day renewal - §42-35-2.10

- Adoption
 Amendment
 Repeal
 Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:

Final Rules

B1. Amendment - §42-35-3(a)

B2. Adoption - §42-35-3(a)

B3. Repeal - §42-35-3(a)

C. Technical Revision

D. Direct Final Rule - §42-35-2.11

Supersedes ERLID: 7024

If B1 or C, please indicate new, amended, deleted, or revised sections:
 Major changes throughout. §§59.0 & 60.0 are new in their entirety.

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:04/16/2013

Date of Public Hearing - §42-35-2.8:05/20/2013

End of Comment Period - §42-35-2.8 :05/20/2013

7. Agency Additional Information - Web Page

http://

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

 Name

 Notary Public

 Title

Subscribed and sworn before me
 this _____ day of _____, _____