200 GENERAL PROVISIONS FOR LICENSURE

201 LICENSURE

Nursing homes, or related institutions, shall be operated, conducted, or maintained in this State by obtaining a license pursuant to the provisions of these Licensing Standards. Separate institutions operated by the same management require separate licenses. Separate licenses are not required for separate buildings on the same grounds. The classification of license shall be Skilled Nursing Facility, Intermediate Care Facility, and Intermediate Care Facility for the Mentally Retarded.

Whenever ownership or controlling interest in the operation of a facility is sold, both the buyer and the seller must notify the Office of Long Term Care at least thirty (30) days prior to the completed sale. The thirty (30) day notice shall be the date the paperwork is stamped received by the Office of Long Term Care.

300 ADMINISTRATION

301 MANAGEMENT

301.1 BY-LAWS

The governing body shall adopt effective patient care policies and administrative policies and by-laws governing the operation of the facility in accordance with legal requirements.

301.2 ADMINISTRATOR

Each nursing home shall have a full-time (minimum forty (40) hours per week) administrator on the premises during normal business hours, who shall be currently licensed as a nursing home administrator in accordance with Act 58 of 1969, Statute 82-2201 through 82-2215 and the rules and regulations promulgated there under. Each facility administrator, if required, should provide verification that a minimum of forty (40) hours is spent in the facility. The administrator must have responsibility for overall operation of the facility and is responsible for any non-compliance with regulations found in the nursing home. Correspondence between this office and the facility shall be through the licensed administrator. The licensed administrator shall not leave the nursing home premises during the day tour of duty without first delegating authority in writing to a qualified individual who may manage the facility temporarily during the administrator’s absence. Nursing personnel on the day tour of duty shall not be delegated authority to operate the facility unless relief nursing personnel are employed to replace the selected nurse. Also, the facility administrator shall notify this office in writing if an absence from the facility will exceed seven (7) consecutive days. The name of the individual who will be administratively in charge of the facility should also be listed in the letter. Administrators-in-training shall receive training in facilities that employ a full-time licensed administrator. Administrators-in-training shall not serve as a nursing home administrator until such time that a nursing home administrator’s license is obtained. Applicants that qualify to take the administrator’s examination shall not practice as a nursing home administrator until licensed by this office. Arkansas Statute 82-2215 provides as follows: “It shall be
unlawful for any person to act or serve in the capacity of nursing home administrator in this state unless such person has been licensed to do so as authorized in this Act."

302 GENERAL ADMINISTRATION

...302.3 An accurate daily census sheet as of midnight shall be available to the Division at all times.

302.4 There shall be keys readily available for all locked doors within the home.

...302.10 A quiet atmosphere shall be maintained. Disturbances created within the home will not be permitted.

302.11 Laboratories and radiological facilities operated in nursing homes shall comply with the rules and regulations for hospitals and related institutions in Arkansas. Pharmacies operated in nursing homes shall be operated in compliance with Arkansas laws and shall be subject to inspection by personnel from the Division.

306 REPORTING SUSPECTED ABUSE, NEGLECT, EXPLOITATION, INCIDENTS, ACCIDENTS, DEATHS FROM VIOLENCE AND MISAPPROPRIATION OF RESIDENT PROPERTY

Pursuant to federal regulation 42 CFR 483.13 (Resident Behavior and Facility Practices) and state law Ark. Code Ann. § 5-28-101 et seq. (Abuse of Adults) and 12-12-501 et seq. (Child Maltreatment Act), the facility must develop and implement written policies and procedures to ensure incidents, including:

- alleged or suspected abuse or neglect of residents;
- accidents, including accidents resulting in death;
- unusual deaths or deaths from violence;
- unusual occurrences; and,

- exploitation of residents or any misappropriation of resident property, are prohibited, reported, investigated and documented as required by these regulations. A facility is not required under this regulation to report death by natural causes. However, nothing in this regulation negates, waives or alters the reporting requirements of a facility under other regulations or statutes.

308 PATIENT CARE POLICIES

The administrator, in consultation with one or more physicians and one or more registered professional nurses, department heads, and other related professional health care personnel, shall develop and at least annually review appropriate written policies and procedures for all services and/or patient care practices to include but not limited to dietary, medical records, nursing, pharmaceutical, diagnostic services, laboratory and radiological, housekeeping, maintenance, and laundry services.

443 LIMITATIONS

The following limitations shall apply:
443.1 No nursing home shall be connected to any building other than a general hospital, chronic disease hospital, rehabilitation facility, boarding home, adult day care, or Home Health Agency. Upon request from the Office of Long Term Care, supporting documentation must be provided to evidence proper allocation of costs and compliance with all applicable state and federal laws and regulations.

443.2 A nursing home shall not be located within thirty (30) feet from another nonconforming structure or the property line of the facility except where prohibited by local codes.

443.3 Occupancies not under the control of, or not necessary to the administration of a nursing home are prohibited therein with the exception of the residence of the owner or manager.

513 NURSING STAFF

513.1 All registered nurses, licensed practical nurses, and licensed psychiatric technicians employed in the nursing home shall be currently licensed in the State of Arkansas.

702 DESIGNATION [GREEN HOUSE™ FACILITIES]

To be designated by the Office of Long Term Care as a Green House™ facility, the facility meet the minimum standards, and have approval to use the Green House™ service mark, issued by the Green House™ Project and NCB Capital Impact at the time of designation and at all times thereafter.

801 PILOT PROJECT

The construction and operation of HomeStyle facilities is a pilot project of the State of Arkansas to determine the efficacy of an alternative long-term care model. Facilities participating in the project will be required to maintain detailed medical and social records of residents. The records will contain an initial assessment of the medical and social conditions and needs of residents at the time of admission which will form a baseline measure. The baseline will be compared by the Office of Long Term Care or its designees with subsequent records maintained by the facility to determine the level of functioning, social interaction, and medical conditions of residents to determine whether HomeStyle facilities result in improvements in those areas, including but not limited to the type and dosage amounts and frequency of medications. Further, facilities will be required to maintain detailed financial records. To ensure accurate and reliable findings, the number of HomeStyle beds shall be limited to no more than one thousand (1000) in the state at any time. In the event that applications for the pilot program exceed one thousand (1000), the Office of Long Term Care shall have sole discretion in determining projects that shall be designated as HomeStyle facilities. Factors to be considered shall include, but not be limited to, the projected opening date of the project, the location of the project (in an attempt to locate projects in geographically and demographically diverse areas), whether the applicant has secured a Permit of Approval, whether the proposed project would meet criteria for approval by a nationally recognized organization that licenses, certifies, or permits the use of service marks for HomeStyle-type facilities, and related factors. To qualify for the project, a facility must return to the Health Services Permit Agency currently unoccupied facility beds in an amount equal to twenty percent (20%) of the total number of beds that will be utilized in the HomeStyle facility. The unused beds may originate from any location in the State of Arkansas. An exception will be provided when the owner of the proposed HomeStyle facility has no ownership interest, either directly or indirectly, in more than one other nursing facility.
803 DESIGNATION [HomeStyle facilities]

Facilities meeting the requirements for HomeStyle shall be designated as such on the license issued to the facility, with the designation specifying the number of HomeStyle homes and the total number of beds in the HomeStyle homes. Facilities designated as Green House® facilities shall be deemed to be HomeStyle facilities, and the one thousand (1000) bed limitation shall include all beds for facilities designated or deemed to be Green House® or HomeStyle. A facility may combine HomeStyle homes with a traditional nursing facility. However, the designation as HomeStyle shall apply only to those homes that meet the requirements for HomeStyle set forth herein and not to the facility as a whole.

901 GENERAL ADMINISTRATION [ALZHEIMER'S SPECIAL CARE UNITS]

a. General Program Requirements

1. Each long-term care facility that advertises or otherwise holds itself out as having one (1) or more special units for residents with a diagnosis of probable Alzheimer's disease or a related dementia shall provide an organized, continuous 24-hour-per-day program of supervision, care and services that shall:

A. Meet all state, federal and ASCU regulations.

B. Require the full protection of residents' rights;

C. Promote the social, physical and mental well-being of residents;

D. Is a separate unit specifically designed to meet the needs of residents with a physician's diagnosis of Alzheimer's disease or other related dementia;

E. Provide 24-hour-per-day care for those residents with a dementia diagnosis and meets all admission criteria applicable for that particular long-term care facility; and,

F. Receive approval of its disclosure statement from the Office of Long Term Care prior to advertising its ASCU.

1. Documentation shall be maintained by the facility and shall include, but not be limited to, a signed copy of all training received by the employee. Documentation shall be signed by the trainer and employee at the time of training.

2. Provide for relief of direct care personnel to ensure minimum staffing requirements are maintained at all times.

3. Upon request, make available to the Department payroll records of all staff employed during those pay periods for which the unit or facility is being surveyed or inspected.

4. Nursing, direct-care, or personal care staff shall not perform the duties of cooks, housekeepers, or laundry personnel during the same shift they perform nursing, direct-care or personal care duties.

5. Regardless of other policies or procedures developed by the facility, the ASCU will have specific policies and procedures regarding:
A. Facility philosophy related to the care of ASCU residents;
B. Use of ancillary therapies and services;
C. Basic services provided;
D. Admission, discharge, transfer; and,
E. Activity programming.

b. Disclosure Statement and Notice to the Office of Long Term Care

1. Each facility, prior to advertising that it has an Alzheimer’s Special Care Unit, shall develop a disclosure statement and submit it to the Office of Long Term Care. The Office of Long Term Care shall examine the disclosure statement to ensure compliance with these regulations, and shall notify the facility of its determination. Thereafter, the Office of Long Term Care will, when surveying the facility and unit, determine continued compliance with the disclosure statement. The disclosure statement, once approved by OLTC, shall be made available to any person or the person’s guardian or responsible party seeking placement within the ASCU prior to admission. Specifics as to the minimum requirements of the disclosure statement are listed in Sections 902-907 below.

2. Upon any changes to the services offered by the ASCU, the disclosure statement shall be amended, and shall be submitted to the Office of Long Term Care within thirty (30) days of the amendment. The Office of Long Term Care will examine the amended disclosure statement to ensure compliance with these regulations, and shall notify the facility of its determination. Thereafter, the Office of Long Term Care will, when surveying the facility and unit, determine continued compliance with the amended disclosure statement. The amended disclosure statement, once approved by OLTC, shall be made available to any person or the person’s guardian or responsible party seeking placement within the ASCU prior to admission.

3. The facility shall submit to the Office of Long Term Care in writing the number of beds allocated by the facility for the ASCU. The notification shall state the number of beds allocated to the ASCU as of the date of the notice, and shall be submitted:

A. With the initial disclosure statement;
B. With any amendment to the disclosure statement; and,
C. No less than July 1 of each year.

1. The facility shall notify the Office of Long Term Care in writing when the facility no longer provides a special program for residents with a diagnosis of probable Alzheimer’s disease or related dementia. The notice shall be provided to the Office of Long Term Care at least thirty (30) days prior to the cessation of services.

2. Prior to admission into the Alzheimer’s Special Care Unit, the facility shall provide a copy of the disclosure statement and Residents’ Rights policy to the applicant or the applicant’s responsible party. The mission statement and treatment philosophy shall be documented in the disclosure statement. A copy of the disclosure statement signed by the resident or the resident’s responsible party shall be kept in the resident’s file. The disclosure statement shall include, but not be limited to, the following information about the facility’s ASCU:
A. The philosophy of how care and services are provided to the residents;

B. The pre-admission screening process;

C. The admission, discharge and transfer criteria and procedures;

D. Training topics, amount of training time spent on each topic, and the name and qualifications of the individuals used to train the direct care staff utilized in the ASCU;

E. The minimum number of direct care staff assigned to the ASCU each shift;

F. A copy of the Residents’ Rights;


The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition of the residents;

H. Planning and implementation of therapeutic activities and the methods used for monitoring; and,

I. Identification of what stages of Alzheimer’s or related dementia for which the ASCU will provide care.

J. Each facility shall document in their disclosure statement the assessments and dates assessments shall be completed and revised.

K. Admission, discharge and transfer requirements shall be documented in the facility’s disclosure statement.

L. Staffing ratios and staff training requirements shall be documented in the facility’s disclosure statement.

M. The facility shall, in their disclosure statement, state the physical requirements and safety standards for the ASCU.

N. Types and frequency of therapeutic activities shall be listed in the facility’s disclosure statement.

902 TREATMENT PHILOSOPHY

Each Alzheimer’s Special Care Unit shall develop a mission statement that reflects the ASCU’s treatment philosophy for those residents diagnosed with Alzheimer’s or related dementia.