Part 1. GOVERNING BODY

1.1 GOVERNING BODY. The governing body is the individual, group of individuals, or corporate entity that has ultimate authority and legal responsibility for the operation of the long-term care facility.

1.1.1 The governing body shall provide the necessary facilities, qualified personnel, and services to meet the total needs of the facility’s residents.

1.1.2 The governing body shall appoint for the facility a full-time administrator, qualified as provided in Section 2.1, and delegate to that officer the executive authority and full responsibility for day-to-day administration of the facility.

1.1.3 The governing body is responsible for the performance of all persons providing services within the facility.

1.2 STRUCTURE. If the governing body includes more than one individual, the group shall be formally organized with written constitution or articles of incorporation and by-laws; hold regular, periodic meetings; and maintain meeting records.

1.2.2 The governing body shall provide a formal means of obtaining local community involvement and opportunity to communicate with the administrator on issues of residents’ rights. The means of community input shall provide opportunity for regular input and such input shall be documented.

   (a) The input may come through a formally organized community advisory committee that is given the opportunity to comment and advise the governing body on matters of facility policy; is composed of members, a majority of whom reside in the facility’s service area, and none of whom are owners or employees of or consultants to the facility.

   (b) The input may come through membership of at least 25% of the governing body representing citizens in the facility’s service area, none of whom are owners or employees of or consultants to the facility.

   (c) The facility may request Department approval of an alternative means of obtaining community input on residents’ rights.

1.5 POSTING DEFICIENCIES. The facility shall post conspicuously in public view either the statement of deficiencies following its most recent survey or a notice stating the location and times at which the statement can be reviewed.

Part 2 - ADMINISTRATION

2.1 ADMINISTRATOR. The administrator is responsible to the governing body for planning, organizing, developing, and controlling the operations or the facility.

2.1.1 The administrator shall be licensed in the State of Colorado.
2.1.2 The administrator's responsibilities:  1) liaison among the governing body, medical staff, and physicians whose patients reside in the facility, 2) financial and personnel management, 3) providing for appropriate resident care; and 4) maintaining relationships with the community and with other health care facilities, organizations, and services; 5) assuring facility and staff compliance with all regulations; and 6) any responsibilities prescribed by facility policy.

2.2 ORGANIZATION. The facility shall be organized formally to carry out its responsibilities with a plan of organization clearly defining the authority, responsibilities, and functions of each category of personnel.

2.3 POLICIES. In consultation with the Medical Advisor and one or more registered nurses and other related health care professionals, the administrator shall develop and at least annually review written resident care policies and procedures that govern resident care in the following areas: nursing, housekeeping, maintenance sanitation, medical, dental, dietary, diagnostic, emergency, and pharmaceutical care; social services; activities; rehabilitation; physical, occupational, and speech therapy; resident admission, transfer, and discharge; notification of physician and family or other responsible party of resident's incidents, accidents and changes of status; disasters; and health records and any other policies the department determines the facility needs based on its characteristics of its resident population.

2.4 FACILITY STAFFING PLAN. The facility shall have a master staffing plan for providing staffing in compliance with these regulations, distribution of personnel, replacement of personnel, and forecasting future personnel needs.

2.5 OCCURRENCE REPORTING. [Eff. 07/30/2008]

Notwithstanding any other reporting required by state regulation, each facility shall report the following to the department within 24 hours of discovery by the facility.

1. Any occurrence involving neglect of a resident by failure to provide goods and services necessary to avoid the resident's physical harm or mental anguish.

2. Any occurrence involving abuse of a resident by the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

3. Any occurrence involving an injury of unknown source where the source of the injury could not be explained and the injury is suspicious because of the extent or location of the injury.

4. Any occurrence involving misappropriation of a resident's property including the deliberate misplacement, exploitation, or wrongful use of a resident's belongings or money without the resident's consent.

Part 7. NURSING SERVICES

...7.8 CARE POLICIES. The facility shall have written resident care policies approved by the governing body, which staff shall follow.

Part 11. DIETARY SERVICES

11.4 POLICIES. The facility shall have written policies and procedures approved by the governing body for dietary practices and shall assure that they are followed by staff members.
Part 15. OCCUPATIONAL, AND PHYSICAL AND SPEECH THERAPY

15.1 OCCUPATIONAL THERAPY.

15.1.1 The facility shall have written policies approved by the governing body identifying the organization, administration, performance standards, direction, and supervision of resident care.

15.2 PHYSICAL THERAPY.

15.2.1 The facility shall have written policies approved by the governing body identifying the organization, administration, performance standards, direction, and supervision of resident care.

15.3 SPEECH THERAPY.

15.3.1 The facility shall have written policies approved by the governing body identifying the organization, administration, performance standards, direction, and supervision of resident care.

Part 16. PHARMACEUTICAL SERVICES

16.3 DRUG REQUISITION AND STORAGE POLICIES. The facility shall designate in written policies approved by the governing body the person authorized to requisition, receive, control, and manage drugs.

Part 22. INFECTION CONTROL

22.2 POLICIES. The facility shall have and follow the following written policies approved by the governing body

1) a policy prohibiting admission of residents who have a communicable disease with a significant risk of transmission to other persons, as determined by the Department;

2) a policy for preventing transmission of disease in the facility that is applicable to any resident who is discovered to have a communicable disease after admission or to any employee with a communicable disease; and

3) a policy of reporting diseases to the state of local health department, pursuant to regulations promulgated by the Board of Health pertaining to control of communicable diseases.