150.001: Definitions

Levels of Long-term Care Facilities or Units.

(1) Intensive Nursing and Rehabilitative Care Facility (Level I) shall mean a facility or units thereof that provide continuous skilled nursing care and an organized program of restorative services in addition to the minimum, basic care and services required in 105 CMR 150.000. Level I facilities shall comply with the Conditions of Participation for Extended Care Facilities under Title XVIII of the Social Security Act of 1965 (P.L. 89-97) and shall provide care for patients as prescribed therein.

(2) Skilled Nursing Care Facilities (Level II) shall mean a facility or units thereof that provide continuous skilled nursing care and meaningful availability of restorative services and other therapeutic services in addition to the minimum, basic care and services required in 105 CMR 150.000 for patients who show potential for improvement or restoration to a stabilized condition or who have a deteriorating condition requiring skilled care.

(3) Supportive Nursing Care Facilities (Level III) shall mean a facility or units thereof that provide routine nursing services and periodic availability of skilled nursing, restorative and other therapeutic services, as indicated, in addition to the minimum, basic care and services required in 105 CMR 150.000 for patients whose condition is stabilized to the point that they need only supportive nursing care, supervision and observation.

150.002: Administration

(A) Every licensee shall designate a qualified administrator and shall establish by-laws or policies which describe the organization of the facility, establish authority and responsibility, and identify programs and goals.

(2) The licensee shall be responsible for compliance with all applicable laws and regulations of legally authorized agencies

(B) Administration

(1) A full-time administrator shall be provided in

(a) facilities that provide Level I care, (b) facilities that provide Level II care and consist of more than one unit, and (c) facilities that provide Level III ...care and consist of more than two units.

(2) Facilities that provide Level II care with only a single unit, and facilities that provide Level III ...care with less than two units shall provide an administrator for the number of hours as needed in accordance with the size and services provided by the facility.

(3) No more than one administrator is required even in facilities providing multiple units or multiple levels of care.

(4) A full-time administrator shall be on the premises during the work day.
(5) In facilities that provide Level I, II, or III care, the administrator shall be a licensed nursing home administrator.

(6) The administrator shall be a suitable and responsible person.

(7) A responsible person shall be designated to act in the absence of the administrator.

(8) The names and telephone numbers of the administrator and his alternate shall be posted and available to the individual in charge at all times.

(C) The administrator of the facility shall be responsible to the licensee and shall operate the facility to ensure that services required by patients or resident sat each level of care are available on a regular basis and provided in an appropriate environment in accordance with established policies.

(D) The licensee shall be responsible for procurement of competent personnel, and the licensee and the administrator shall be jointly and severally responsible for the direction of such personnel and for establishing and maintaining current written personnel policies, and personnel practices and procedures and encourage good patient and resident care.

(1) At all times, every facility shall provide a sufficient number of trained, experienced and competent personnel to provide appropriate care and supervision for all patients and residents and to ensure that their personal needs are met. Accurate time records shall be kept on all personnel. Personnel time records shall be posted and maintained on a weekly basis.

(2) There shall be written job descriptions for all positions including qualifications, duties and responsibilities. Work assignments shall be consistent with job descriptions and qualifications.

(3) There shall be an organized orientation program for all new employees to explain job responsibilities, duties and employment policies.

(4) Personnel shall be currently licensed or registered where applicable laws require licensure and registration.

(5) Completed and signed application forms and employee records shall be maintained. They shall be accurate, current and available on the premises. Such records shall include the following:

(a) Pertinent information regarding identification (including maiden name).

(b) Social Security number, Massachusetts license or registration number (if applicable) and year of original licensure or registration.

(c) Names and addresses of educational institutions attended, dates of graduation, degrees or certificates conferred and name at the time of graduation.

(d) All professional experience, on-the-job training and previous employment in chronological order with name and location of employer, dates of employment, and reasons for terminating employment.

(9) No individual who is an alcoholic or drug abuser whose current use of alcohol and drugs prevents such individual from performing the duties of the job in question or whose employment,
by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others shall be employed or permitted to work.

(10) The Department shall be notified promptly in writing of the resignation or dismissal of the administrator, the director of nurses or the supervisor of nurses and the name and qualifications of the new employee. In the case of dismissal, notice to the Department shall state the reasons.

(E) The administrator shall establish procedures for the notification of the patient, the next of kin or sponsor in the event of significant change in a patient’s or resident's charges, billings, benefit status and other related administrative matters.

(F) The administrator shall establish procedures for the notification of the physician or physician-physician assistant team or physician-nurse practitioner team and the patient's or resident’s next of kin or sponsor in the event of an emergency.

(G) The administrator shall be responsible for ensuring that all required records, reports and other materials are complete, accurate, current and available within the facility.

(H) The administrator shall develop and implement policies and procedures governing emergency transport. Such policies and procedures shall include criteria for deciding whether to call the emergency telephone access number 911 or its local equivalent, or a contracted private ambulance service provider, if any, in response to an emergency medical condition. The criteria for determining whether to call 911 versus the contracted provider shall address such factors as the nature of the emergency medical condition, and the time to scene arrival of specified in relevant agreements with the contracted provider, if any.

(I) No later than November 30, 2005, the administrator of a nursing facility shall acquire an automated external defibrillator and develop policies and procedures for the rendering of automated external defibrillation in the facility.

(J) No later than January 15, 2007 the administrator of a nursing facility shall develop and implement policies and procedures acceptable to the Department that govern the nursing facility's participation in the Satisfaction Survey conducted by the Department or its designee. These policies and procedures shall include, at a minimum, the provision of the following information to the Department or its designee:

1. The name of each facility resident.
2. The name or names of each resident’s family member or members, legal guardian or other resident designee or designees who acts on behalf of the resident.
3. The mailing address and telephone number for each resident's family member or members, legal guardian or other resident designee or designees who acts on behalf of the resident.
4. The admission date for each facility resident.

150.004: Patient Care Policies

(A) All facilities that provide Level I, II or III care shall have current, written policies that govern the services provided in the facility:
Admission, transfer and discharge procedures; Physician, physician-physician assistant team and physician-nurse practitioner team services; Diagnostic services; Nursing services; Pharmaceutical services and medications; Dietary services; Restorative services; Carry over services (in a certified facility); Social services; Other professional services (dental, podiatric, etc.) and diagnostic services; Patient or resident activities and recreation; Emergency and disaster plans; Personal comfort, safety, and accommodations; Clinical Records Utilization Review.

(B) The administrator shall be responsible for the development of these policies with the advice of professional advisors or consultants, the director or supervisor of nurses and representatives from other disciplines as may be appropriate.

(C) Policies shall be reviewed and revised at least annually

(E) In a facility having both a SNCFC and units for adults, written policies shall be established regarding interactions between children and adults.

(F) All facilities shall have policies and procedures sufficient to deal effectively with emergencies arising from a patient’s or resident’s mental health crisis.

153.030: Restrictions

(A) No facility in which part of the premises is utilized for tenant occupancy or for business shall be approved for licensure except as provided in 105 CMR 150.012(1).

(B) Office space for physicians, dentists, podiatrists, physiotherapists or paramedical persons is not permitted in any facility.

153.030: continued

(C) Facilities shall not provide laboratory services and shall not store or use x-ray equipment.

105 CMR 155.000: PATIENT AND RESIDENT ABUSE PREVENTION

155.010: Responsibilities of the Facility

(G) Adoption of Preventive Policies. Each facility... shall adopt and implement preventive administrative, management and personnel policies and practices, including, but not limited to, the following:

(1) careful interviewing of employee applicants;

(2) close examination of applicant references prior to hiring;

(3) in accordance with applicable federal and state laws, obtaining all available criminal offender record information from the criminal history systems board on an applicant under final consideration for a position that involves the provision of direct personal care or treatment to patients or residents.
(4) cooperation with other facilities...in providing information to prospective employers about an employee's competence, including the ability to handle patients or residents with difficult behavioral problems;

(5) staff support programs;

(6) development of patient or resident care plans which include approaches to dealing with patients or residents who may exhibit hostile behavior; and

(7) provision of timely and relevant information to employees regarding patients or residents who are emotionally unstable or have difficult behavior problems, and approaches to be used in caring for them.