2.B. Appointment of Administrator

Each licensee shall appoint an administrator for each facility. The licensee and the administrator may be one and the same person.

2.C. First Church of Christ, Scientist Homes

Nursing facilities conducted in accordance with the practice and principle of the body known as the Church of Christ, Scientist, shall be subject to the provisions for licensure by the Department. Approval shall be based upon conditions of public safety and sanitation. Certification shall be required by the First Church of Christ, Scientist, Boston, Massachusetts, that the home is operated in accordance with the practice and principle of that body, and the public shall be informed through the name of the home and any publicity thereon that such home is operated in accordance with the practice and principle of the Church body as indicated above. Nothing in these rules and regulations shall be construed to authorize any medical supervision, regulation or control of the remedial care and treatment of residents in certified Christian Science facilities.

2.E.7. Compliance with Local Laws

A letter from the appropriate municipal official having jurisdiction over the premises where the facility is to be located indicating compliance with all local laws or codes relative to the type of facility for which licensure is requested.

2.F.2. Multilevel Facility License

For multilevel facilities, a single license will be issued by the Department, identifying each level of service.

2.F.3. Facilities Located in Two Structures on the Same Grounds

When one owner, organization or corporation has separate facilities located in physically separated structures on the same grounds, separate licenses shall not be required.

2.F.4. Facilities Operated by Same Management on Different Premises

Facilities operated by the same management on different grounds shall be required to have in effect a separate license for each facility.

2.J. Posting of License

The license shall be conspicuously posted in an area highly visible to residents and the public.

4.A. Administrator

4.A.1. Qualifications

The administrator of a facility licensed pursuant to these regulations shall have a current
administrator's license or a temporary permit issued by the Nursing Home Administrators Licensing Board. Hospital based facilities are not required to have a licensed nursing home administrator.

4.A.2. Functions

The administrator designated on the license shall be responsible for:

a. Carrying out the policies of the facility;
b. The day-to-day operation and management;
c. The control, conservation and utilization of physical and financial resources;
d. The hiring of an adequate number of qualified, competent personnel;
e. The discharge of such functions as the licensee may properly delegate to him/her;
f. Ensuring that the facility is in compliance with State licensing and Federal certification regulations.

4.A.3. Non-Licensed Person to Act in Absence of Administrator

An individual, authorized to act in the absence of the administrator during the normal working day, shall be designated. Any planned absence of the administrator for a period longer than thirty (30) days shall be reported in writing to the Department.


If the licensee of a licensed skilled nursing facility and/or a nursing facility is required to secure a new administrator as a result of an unexpected vacancy, he/she may, upon seventy-two (72) hours notice to the Department and in accordance with the rules and regulations thereof, place the facility in charge of an acting administrator qualified through current experience in administrative long term care responsibilities. This shall be for such limited time mutually agreed upon between the Department and the licensee, as may be necessary to permit the securing of a licensed administrator, but in no event to exceed sixty (60) days. When a licensed administrator has been secured, the provisions of Section 2.H.6., Change of Administrator, shall apply. If unable to secure a licensed administrator within sixty (60) days, the facility shall submit to the Department written evidence of action taken to secure an administrator.

4.A.5. Full-Time Administrator Each nursing facility larger than forty (40) beds in size shall have a full-time administrator.

4.A.6. Part-Time Administrator

a. Each nursing facility of forty (40) beds or less in size, may have a part-time administrator.
b. All duties and schedules of working hours of part-time administrators of nursing facilities shall be outlined in the policies of the facility.

4.A.7. Shared Administrator

a. Separately licensed nursing facilities and/or assisted living facilities may share the same administrator as long as the number of beds for which the administrator is responsible does not exceed one hundred (100), subject to approval of the Department.
b. Requests to the Department for exceptions to (a) above may be made in writing when administrative functions for two (2) or more licensed facilities are carried out in a central office. Such requests shall define the functions being handled centrally. The Department shall indicate in writing whether or not the request for an exception is granted.

c. Any sharing of the same administrator shall be defined and the duties and schedule of working hours for each facility shall be outlined in the policy material of the facilities involved.

4.A.8. Administrator In Training

Any facility that has an administrator in training (AIT) must ensure that a licensed administrator or designee other than the AIT is in charge of the facility. No AIT is to be listed on any facility license as the administrator.

4.B. Register

4.B.1. There shall be a waiting list for facility admissions which shall be maintained in a bound book, updated as necessary and available for public review.

4.B.2. There shall be a resident admission and discharge register in a bound book or on a computer identifying each resident and the date admitted to and discharged from the facility.

4.C. Daily Census Each facility shall maintain a daily census of residents, including the following:

4.C.1. Admissions;

4.C.2. Discharges;

4.C.3. The number and bed locations of each resident in the facility as of midnight each day.

4.F. Rebating Prohibited

No owner, administrator, employee or representative of a licensed facility shall directly or indirectly pay any commission, bonus, or gratuity in any form whatsoever to any physician, organization, agency or person for residents referred.

4.G.2. Deceased Residents

A facility shall comply with all appropriate Maine statutes and regulations pertinent to deceased residents.

5.B. Written Policies

5.B.1. The written policies of each facility shall be consistent with State licensing and Federal certification requirements and shall include:

a. Specific reference to indicate the person or persons responsible for the execution of such policies;

b. A written outline of the objectives of the facility;
c. Provision for these written policies to be available at all times to residents, families, admitting physicians, sponsoring agencies, staff, and the public;

d. Provision for implementation of policies and training of staff;

5.B.2. Policies shall address all areas of services provided and facility practices regarding:

a. Resident Rights, including advanced directives for care and treatment, and grievance procedures;
b. The types and extent of services that are available in the facility;
c. The extent of medical and nursing practices that may be provided by the facility;
d. The type of residents that the facility will accept, based on sex, mental status, source of referral, etc. Policies should also provide that residents will be accepted regardless of race, color, national origin, sexual orientation or reimbursement source;
e. the waiting list for facility admissions;
f. the Quality Assurance Committee;
g. admissions, transfers and discharges:

1. provision for prevention of resident transfer from one part of the facility to another, except from a private room, solely because of Medicaid status;
2. provision for prevention of discharging a patient from a nursing facility solely because of Medicaid status;
3. nursing facility must establish and follow written readmission policies which are consistent with all applicable regulations and statutes.

h. Physician services;
i. Emergencies;
j. Pharmaceutical services;
k. Dietary services;
l. Diagnostic and other services, including the tests which may be done within the facility;
m. Written agreements with outside resources;
n. Social services;
o. Independent and group activities;
p. Physical and chemical restraints;
q. Resident records;
r. Maintenance, laundry and housekeeping services;
s. Infection control and waste management;
t. Smoking restrictions;
u. Dental services;
v. Disaster preparedness;
w. Reporting of abuse, neglect and/or misappropriation of resident property;
x. Nursing services;
y. Staff orientation and inservice;
z. Rehabilitative services.

8.A. Personnel Policies

The facility shall have policies that address all personnel practices.

8.C.5. Employment Restrictions
The facility must not employ individuals who have been convicted by a court of law or have had complaints substantiated by the Department of abusing, neglecting, or mistreating individuals or misappropriating funds or property in a health care or related setting.

8.C.8. Grievances

Employees may voice grievances and register complaints with the administrative staff or appropriate outside agencies without fear of reprisal or discharge and shall expect prompt response and disposition of the grievance. No facility may take any action toward an employee which would create a fear of reprisal or a fear of discharge.

8.D. Personnel Records

8.D.1 Employee Record on File

a. Employment History

A record shall be completed for each employee, kept on file in the facility, and shall be available to Department personnel for inspection. Each record shall contain documentation of references and checks, dates of employment, home address, education or background, social security number, occupational license number if applicable, past experience or type of employment, where previously employed, type of position employed for in this facility and last day employed (if no longer in present facility). The current occupational license number, when applicable, shall be on file.

b. In-services Records shall be maintained of staff attendance at in-services and other educational programs.

c. Work Performance A record shall be kept for each employee of signed performance evaluations.

d. Illness and Accidents A record shall be kept for each employee of all illnesses and of all accidents occurring on duty.

e. Feeding Assistants

All nursing facilities shall maintain a record of the individuals who have successfully completed a State approved feeding assistance program. Feeding assistants shall not feed residents who require the assistance of staff with more specialized training, such as residents with recurrent lung aspirations, difficulty swallowing, on feeding tubes, and parenteral or IV feedings.

8.E. Weekly Time Schedule

Each facility shall post a dated employee weekly time schedule in a convenient place for employee use. This shall contain each employee's name, job title and location, hours of work and days off for each day of the week. Any changes in staff or hours of work are to be posted on the time schedule. These weekly time schedules shall be kept on file in the facility for one year and shall be available to Department personnel for inspection.

8.F. Laws of the Maine Department of Labor The current regulations of the Maine Department of Labor shall be followed.
8.G. Identification Badges

All direct care staff shall, at all times, wear identification badges reflecting their name and title, except in situations in which wearing an identification badge would create a safety hazard.

10.A. Written Policies

Written policies shall be established by the governing body of each facility regarding the rights and responsibilities of the residents.

10.B. Procedures

Procedures shall be developed and adhered to for training of facility staff concerning these policies and procedures, and for making the policies available to residents, to any guardians, next of kin, sponsoring agencies or representative payees.

19.C. Miscellaneous Records

19.C.1. Miscellaneous records shall be maintained and retained as follows:

a. Monthly activities schedule - retain for 12 months.

b. Staffing schedule - retain for 5 years for auditing purposes.

c. Menu plans - retain for 3 months.

d. Food purchase orders - retain for 5 years for auditing purposes.

e. Reports of fire drills - retain for 12 months.

f. Incident reports - in a separate file. Current file should include 12 months - retain for 5 years.

g. Quality Assurance Committee and utilization review reports - keep together for 12 months and retain for 5 years.

h. Minutes of Committee meetings, inservice, etc. keep together for 12 months and retain for 5 years.

i. Consultant reports - keep together for 12 months and retain for 5 years for auditing purposes.

j. Reports of surveys, inspections, water tests, permits - keep together for 12 months and retain for 3 years.

23.B. Alzheimer’s/Dementia Care Unit Program Disclosure

23.B.1. Disclosure Required

An entity that offers to provide or provides care for individuals with Alzheimer’s disease or a related disorder through an Alzheimer's/Dementia Care program shall disclose the form of care or treatment it provides that distinguishes it as being especially applicable to or suitable for those individuals. The disclosure must be made to the Department and to any individual seeking
placement within an Alzheimer's/Dementia Care Unit or the individual's guardian or other responsible party. The Department shall examine and verify the accuracy of all disclosures as part of an entity's license renewal procedure.

23.B.2. Disclosure Content

The disclosure must explain the additional care provided in the Alzheimer's/Dementia Care Unit and include, at a minimum:

a. The program's written statement of its philosophy and mission that reflect the needs of individuals afflicted with dementia;
b. The process and criteria for placement in, or transfer or discharge from the program;
c. The process used for the assessment and establishment of a plan of care and its implementation, including the methods by which the plan of care evolves and remains responsive to changes in an individual's condition;
d. The program's staff training and continuing education practices;
e. Documentation of the program's physical environment and design features appropriate to support the functioning of cognitively impaired adult individuals;
f. The frequency and types of individuals' activities provided by the program;
g. A description of family involvement and the availability of family support programs;
h. An itemization of the costs of care and any additional fees; and
i. A description of security measures provided by the facility.