19 CSR 30-81.010 General Certification Requirements

...(2) An operator of an SNF or ICF licensed by the department electing to be certified as a provider of skilled nursing services under the Title XVIII (Medicare) or NF services under the Title XIX (Medicaid) program of the Social Security Act; or an operator of a facility electing to be certified as an ICF/MR facility under Title XIX shall submit application materials to the department as required by federal law and shall comply with standards set forth in the Code of Federal Regulations (CFR) of the United States Department of Health and Human Services in 42 CFR chapter IV, part 483, subpart B for nursing homes and 42 CFR chapter IV, part 483, subpart I for ICF/MR facilities, as appropriate.

...(8) A facility, in its application, shall designate the number of beds to be certified and their location in the facility. A facility can be wholly or partially certified. If partially certified, the beds shall be in a distinct part of the facility and all beds shall be contiguous.

...(13) If a change in the administrator or the director of nursing of a facility occurs, the facility shall provide written notice to the department’s SLTC central office licensure unit within ten (10) calendar days of the change. The notice shall show the effective date of the change, the identity of the new director of nursing or administrator and a copy of his or her license or the license number. Change of administrator information shall be submitted as a notarized statement by the operator in accordance with section 198.018, RSMo.

...(B) Every facility that provides specialized Alzheimer’s or dementia care services, as defined in sections 198.500 to 198.515, RSMo, by means of an Alzheimer’s special care unit or program shall submit to the department with the licensure application or renewal, the following:

1. Form MO 580-2637, Alzheimer’s Special Care Services Disclosure (2-07).... The form shall be completed showing how the care provided by the special care unit or program differs from care provided in the rest of the facility in the following areas:

   A. The Alzheimer’s special care unit’s or program’s written statement of its overall philosophy and mission which reflects the needs of residents afflicted with dementia;
   B. The process and criteria for placement in, or transfer or discharge from, the unit or program;
   C. 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;
   D. Staff training and continuing education practices;
   E. The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;
   F. The frequency and types of resident activities;
   G. The involvement of families and the availability of family support programs;
   H. The costs of care and any additional fees; and
   I. Safety and security measures; and

2. Form Guide to Selecting an Alzheimer’s Special Care Unit (6/06) #455

19 CSR 30-82.060 Hiring Restrictions— Good Cause Waiver
Any person who is not eligible for employment by a provider due to the hiring restrictions found in section 660.317, RSMo, may apply to the director for a good cause waiver. If the director, or the director’s designee, determines that the applicant has demonstrated good cause, such restrictions prohibiting such persons from being hired by a provider shall be waived and such persons may be so employed unless rejected for employment on other grounds. Hiring restrictions based on the Department of Health and Senior Services’ employee disqualification list established pursuant to section 660.315, RSMo, are not subject to a waiver.

19 CSR 30-82.070 Alzheimer’s Demonstration Projects

...(9) All facilities selected to participate in the demonstration projects shall demonstrate the ability to comply with the following minimum requirements set forth in section 198.086, RSMo Supp. 1999:

(A) Each health care facility for persons with Alzheimer’s disease or other related dementias shall maintain substantial compliance with all regulations under which they are licensed or certified. A facility may request an exception to a state licensure regulation in accordance with 13 CSR 15-10.010(4);

(B) Facilities shall design and implement self-care, productive and leisure activity programs for individuals with Alzheimer’s or other related dementias. These programs shall continually strive to promote the highest practicable physical and mental abilities and functioning of each resident;

(C) The facility may admit to the demonstration project facility only persons who have been diagnosed with Alzheimer’s disease or other related dementia and for whom it has been determined that the facility is able to meet their needs. The determination of whether a facility is able to meet a resident’s needs shall be made in consultation between the resident’s physician, family members or health care advocates;

(D) Facilities shall designate a contiguous portion of the facility as the demonstration project site, unless such facility exclusively admits individuals with Alzheimer’s or other related dementias as part of the demonstration project. All designated demonstration project beds shall be located within this designated contiguous portion of the facility;

(E) Facilities shall design and implement a resident environment which promotes the maintenance of the residents’ social abilities through daily and frequent opportunities for socialization and appropriate activities. The residential environment shall be designed and utilized in such a way as to reflect the individual preferences of residents and to provide as much independence and opportunities for choices throughout a day as possible;

(F) A Minimum Data Set (MDS) assessment shall be completed for any resident who occupies a bed designated for demonstration project participants. The MDS must be completed within fourteen (14) days of admission and an MDS quarterly review assessment must be completed every ninety (90) days thereafter. The MDS must also be completed whenever a significant change in condition occurs. For the purposes of this rule, “significant change” means a change in medical condition or in cognitive or psychosocial functioning which requires a change or modification in services or treatments provided in order to maintain the individual at the highest practicable level of functioning.
(G) Facilities shall be staffed twenty-four (24) hours a day by the number and type of licensed and unlicensed personnel sufficient to insure that all the needs of residents are met throughout the day. Facilities must remain in compliance with the staffing regulations in effect for the licensure category of the facility and as established by statute and must provide any additional staffing required to insure that residents’ needs are met. Facilities shall determine appropriate staffing levels by utilizing current and updated Minimum Data Set information to identify residents’ needs and shall make a determination on a daily and as-needed basis regarding the number of staff required to meet these needs;

(H) Facilities shall conduct a total of at least twenty-four (24) hours of staff training for all employees providing direct care to demonstration project residents within the first thirty (30) days of employment. This training shall consist of at least six (6) hours of classroom training and two (2) hours of on-the-job training in the special needs, care and safety of individuals with Alzheimer’s disease or related dementias;

(I) Additional training provided shall address the needs, preferences and choices of the individual demonstration project residents, the degree of and the provision of assistance required with activities of daily living, the initiation of appropriate activities for residents and the promotion of each resident’s rights, dignity and independence;

(J) Facilities shall utilize personal electronic monitoring devices for any resident whose physician recommends and orders the use of the device. Such orders shall be documented in the resident’s health care record;

(K) The facility shall be equipped with a complete automated sprinkler system installed and maintained in accordance with the 1996 edition of the National Fire Protection Association (NFPA) 13, Standard for the Installation of Sprinkler Systems, or the 1996 edition of NFPA 13R, Sprinkler Systems in Residential Occupancies Up to and Including Four Stories in Height, which are hereby incorporated by reference in this rule. The facility shall also be equipped with a complete electrically supervised fire alarm system and smoke barriers in accordance with the provisions of the 1997 Life Safety Code for Existing Health Care Occupancy, which code is hereby incorporated by reference in this rule; and

(L) Buildings and furnishings shall be designed to provide for residents’ safety. Facilities shall have indoor and outdoor activity areas, and electronically controlled exits from the buildings and grounds to allow residents the ability to explore while preventing them from exiting the facility’s grounds unattended.

CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

(1) The operator shall designate a person as administrator who holds a current license as a nursing home administrator in Missouri.

(2) The facility shall post the administrator’s license.

(3) The operator shall be responsible to assure compliance with all applicable laws and rules. The administrator shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator’s
responsibilities shall include the oversight of residents to assure that they receive appropriate nursing and medical care.

(4) The administrator shall be employed in the facility and serve in that capacity on a full-time basis. An administrator cannot be listed or function as an administrator in more than one (1) licensed facility at the same time, except that one (1) administrator may serve as the administrator of more than one (1) licensed facility if all facilities are on the same premises.

(5) The licensed administrator shall not leave the premises without delegating the necessary authority in writing to a responsible individual. If the administrator is absent from the facility for more than thirty (30) consecutive days, the person designated to be in administrative charge shall be a currently licensed nursing home administrator. Such thirty (30) consecutive-day absences may only occur once within any consecutive twelve (12) month period.

...(8) Persons under seventeen (17) years of age shall not be admitted as residents to the facility unless the facility cares primarily for residents under seventeen (17) years of age.

(9) The facility shall not care for more residents than the number for which the facility is licensed.

(10) The facility's current license shall be readily visible in a public area within the facility. Notices provided to the facility by the Division of Aging granting exceptions to regulatory requirements shall be posted with the facility's license.

...(13) The facility shall develop policies and procedures applicable to its operation to insure the residents’ health and safety and to meet the residents' needs. At a minimum, there shall be policies covering personnel practices, admission, discharge, payment, medical emergency treatment procedures, nursing practices, pharmaceutical services, social services, activities, dietary, housekeeping, infection control, disaster and accident prevention, residents’ rights and handling residents’ property.

...(15) All personnel shall be fully informed of the policies of the facility and of their duties.

(16) All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner which would materially and adversely affect the health, safety, welfare or property of a resident.

(17) Effective August 28, 1997, each facility shall, not later than two (2) working days of the date an applicant for a position to have contact with residents is hired, request a criminal background check, as provided in sections 43.530, 43.540 and 610.120, RSMo. Each facility must maintain in its record documents verifying that the background checks were requested and the nature of the response received for each such request. The facility must ensure that any applicant who discloses prior to the check of his/her criminal records that he/she has been convicted of, plead guilty or nolo contendere to, or has been found guilty of any A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo, will not be allowed to work in contact with patients or residents until and unless a check of the applicant’s criminal record shows that no such conviction occurred.

(18) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have been
informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility—

(A) Shall also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August 28, 1997, any person who has or may have contact with a patient or resident, who has been convicted of, plead guilty or nolo contendere to, in this state or any other state, or has been found guilty of any A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo, unless the person has been granted a good cause waiver by the division;

(B) May consider for employment, in positions which have contact with resident or patients, any person who has been granted a good cause waiver by the division in accordance with the provisions of section 660.317, RSMo Supp. 1999 and 13 CSR 15-10.060; and;

(C) Shall contact the division to confirm the validity of an applicant's good cause waiver prior to hiring the applicant.

(19) No person who is listed on the employee disqualification list maintained by the division as required by section 198.070, RSMo shall work or volunteer in the facility in any capacity whether or not employed by the operator.

...(28) The administrator shall maintain on the premises an individual personnel record on each employee of the facility which shall include: the employee's name and address; Social Security number; date of birth; date of employment; experience and education; references, if available; the result of background checks required by section 660.317, RSMo; a copy of any good cause waiver, granted by the division, if applicable; position in the facility; record that the employee was instructed on resident's rights; basic orientation received; and reason for termination, if applicable. Documentation shall be on file of all training received within the facility in addition to current copies of licenses, transcripts, certificates or statements evidencing competency for the position held. Facilities shall retain personnel records for at least one (1) year following termination of employment.

(29) Facilities shall maintain written documentation on the premises showing actual hours worked by each employee.

(30) All persons who have or may have contact with residents shall at all times when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly.

(31) Employees other than nursing personnel shall be at least sixteen (16) years of age.

...(105) Facilities shall retain all financial records related to the facility operation for seven (7) years from the end of the facility's fiscal year.