12-003 LICENSING REQUIREMENTS AND PROCEDURES: Any person intending to establish, operate, or maintain a skilled nursing facility, nursing facility, or intermediate care facility must first obtain a license from the Department. A facility must not hold itself out as a skilled nursing facility, nursing facility, or intermediate care facility or as providing skilled nursing, nursing or intermediate care nursing services unless licensed under the Health Care Facility Licensure Act. An applicant for an initial or renewal license must demonstrate that the facility meets the care, treatment, operational, and physical plant standards contained in 175 NAC 12.

12-003.01B Application Requirements: The application must include:

...21. If applicable, the disclosure information required by the Alzheimer's Special Care Disclosure Act, Neb. Rev. Stat. §§ 71-516.01 to 71-516.04. The following information must be submitted:

a. The Alzheimer’s special care unit’s written statement of its overall philosophy and mission which reflects the needs of residents afflicted with Alzheimer’s disease, dementia, or a related disorder;
b. The process and criteria for placement in, transfer to, or discharge from the unit;
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 responsible 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; and
h. The costs of care and any additional fees.

12-004 GENERAL REQUIREMENTS

12-004.01 Separate License: An applicant must obtain a separate license for each type of health care facility or health care service that the applicant seeks to operate. All buildings in which care and treatment is provided must comply with 175 NAC 12-006 and, if applicable, 175 NAC 12-007. A single license may be issued for:

1. A facility operating in separate buildings or structures on the same premises under one management;

2. An inpatient facility that provides services on an outpatient basis at multiple locations; or

3. A health clinic operating satellite clinics on an intermittent basis within a portion of the total geographic area served by such health clinic and sharing administration with such clinics.

12-004.02 Single License Document: The Department may issue one license document that indicates the various types of health care facilities or health care services for which the entity is licensed.

12-004.07 Notification: An applicant or licensee must notify the Department in writing by electronic mail, facsimile, or postal service:
1. At the time of license renewal, of any change in the use or location of beds;

2. At least 30 working days prior to the date it wishes to increase the number of beds for which the facility is licensed;

3. To request a single license document;

4. To request simultaneous facility or service licensure inspections for all types of licensure held or sought;

5. If new construction is planned, and submit construction plans for Department approval prior to any new construction affecting resident living, care, or treatment portions of the facility. The Department may accept certification from an architect or engineer in lieu of Department review;

6. Within 24 hours of any resident death that occurred due to suicide, a violent act, or the resident's leaving the facility without staff knowledge when departure presented a threat to the safety of the resident or others;

7. Within 24 hours if a facility has reason to believe that a resident death was due to abuse or neglect by staff;

8. Within 24 hours of any facility fire requiring fire department response; or

9. Within 24 hours of an accident or natural disaster resulting in damage to the physical plant and having a direct or immediate adverse effect on the health, safety, and security of residents. This must include a description of the well-being of the facility's residents and the steps being taken to assure resident safety, well-being, and continuity of care and treatment. The notification may be made by telephone if the accident or natural disaster has affected the facility's capacity to communicate.

12-004.08 Information Available to Public: The licensee must make available for public inspection upon request licenses, license record information, and inspection reports. This information may be displayed on the licensed premises

12-06 STANDARDS OF OPERATION, CARE, AND TREATMENT:

To assure adequate protection and promotion of the health, safety, and well-being of facility residents and compliance with state statutes, skilled nursing facilities, nursing facilities, and intermediate care facilities must meet the following standards except where specified otherwise.

12-006.01 Licensee Responsibilities: The licensee of each facility must assume the responsibility for the total operation of the facility. The licensee may appoint a governing body. Licensee responsibilities include:

1. Monitoring policies to assure the appropriate administration and management of the facility;

2. Ensuring the facility's compliance with all applicable state statutes and relevant rules and regulations;

3. Periodically reviewing reports and recommendations regarding the quality assurance/performance improvement program and implementing programs and policies to
maintain and improve the quality of resident care and treatment;

4. Appointing a Nebraska-licensed administrator who is responsible for the day-to-day management of the facility;

5. Defining the duties and responsibilities of the administrator in writing;

6. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs, including who will be responsible for the position until another administrator is appointed; and

7. Notifying the Department in writing within five working days when the vacancy in the administrator position is filled, including the effective date, license number, and the name of the person appointed administrator.

12-006.02 Administration: Every skilled nursing facility, nursing facility, and intermediate care facility must have a Nebraska-licensed administrator who is responsible for the overall management of the facility. Each administrator must be responsible for and oversee the operation of only one licensed facility or one integrated system, except that an administrator may be responsible for and oversee the operations of up to three licensed facilities if approval is granted by the Board of Examiners in Nursing Home Administration and such facilities are located within two hours’ travel time of each other, the distance between the two facilities the farthest apart does not exceed 150 miles, and the combined total number of beds in the facilities does not exceed 200. With approval of the Board, an administrator may act in the dual role of administrator and department head but not in the dual role of administrator and director of nursing. The administrator is responsible for:

1. The facility’s compliance with rules and regulations.

2. Planning, organizing, and directing those responsibilities delegated to him or her by the licensee of the facility;

3. Maintaining liaison, through meetings and periodic reports, among the governing body, medical and nursing staff, and other professional and supervisory staff of the facility;

4. The facility’s protection and promotion of residents’ health, safety and wellbeing; promotion of resident individuality, privacy and dignity; and resident participation in decisions regarding care and services;

5. Ensuring staffing appropriate in number and qualification to meet the resident needs;

6. Designating an appropriate person to act as a substitute in his or her absence who is responsible and accountable for management of the facility. The administrator remains responsible for the acts of the designated person. In case of an extended absence, an appropriate person means one who holds a current license or provisional license issued by the Department to act as a nursing home administrator;

7. Ensuring that facility staff identify and review incidents and accidents, resident complaints and concerns, patterns and trends in overall facility operation such as provisions of resident care and service and take action to alleviate problems and prevent recurrence;
8. Ensuring that a report is made on any alleged abuse of a resident by a staff member, volunteer, family member, visitor, or any other person to Adult Protective Services or local law enforcement as directed in the Adult Protective Services Act, Neb. Rev. Stat. §§ 28-348 to 28-387. All alleged abuse must be investigated and residents protected from further abuse throughout the investigation; and

9. Ensuring the establishment of a quality assurance/performance improvement committee and that the recommendations of the committee are addressed.

12-006.04A Employment Eligibility: The facility must provide for and maintain evidence of the following:

12-006.04A1 Staff Credentials: The facility must verify the current licensure, certification, registration, or other credentials of staff prior to the staff assuming job responsibilities and must have procedures for verifying that current status is maintained.

12-006.04A2 Health Status: The facility must establish and implement policies and procedures related to the health status of staff to prevent the transmission of disease to residents.

12-006.04A2a Health History Screening: The facility must complete a health history screening for each staff prior to assuming job responsibilities. A physical examination is at the discretion of the employer based on results of the health history screening.

12-006.04A3 Criminal Background and Registry Checks: The facility must complete and maintain documentation of pre-employment criminal background and registry checks on each unlicensed direct care staff member.

12-006.04A3a Criminal Background Checks: The facility must complete criminal background checks through a governmental law enforcement agency or a private entity that maintains criminal background information.

12-006.04A3b Registry Checks: The facility must check for adverse findings on the following registries:

1. Nurse Aide Registry;
2. Adult Protective Services Central Registry;
3. Central Register of Child Protection Cases; and
4. Nebraska State Patrol Sex Offender Registry.

12-006.04A3c The facility must:

1. Determine how to use the criminal background and registry information, except for the Nurse Aide Registry, in making hiring decisions;

2. Decide whether employment can begin prior to receiving the criminal background and registry information; and

3. Document any decision to hire a person with a criminal background or adverse registry findings, except for the Nurse Aide Registry. The documentation must include the basis for the decision and how it will not pose a threat to patient safety or patient property.
12-006.04A3d: The facility must not employ a person with adverse findings on the Nurse Aide Registry regarding resident abuse, neglect, or misappropriation of resident property.

12-006.16F Chronological Resident Register: The facility must maintain a chronological resident register. This register, if kept on computer, must be reproducible and safeguarded from destruction. The register must identify:

1. Name of resident;
2. Date of admission;
3. Date of birth;
4. Social Security number;
5. Admission number;
6. Gender;
7. Names of medical practitioner and dentist; and
8. Date of discharge and destination.

12-006.16G Other Facility Records: The facility must have and maintain the following records:

12-006.16G1 Daily Census Record: A count of residents must be taken at the same hour each day, and must be noted and totaled at the end of 365 days. The total represents the number of “individual care days for the past 12 months.”

12-006.16G2 Written policies and procedures that govern all services provided by the facility. Policies and procedures must address the following areas but are not limited to:

1. Admission of residents to facility which ensure that only individuals whose needs can be met by the facility or by providers of care under contract to the facility are admitted;
2. Transfer and discharge;
3. Methods the facility uses to receive complaints and recommendations from its residents and ensuring facility response;
4. Clinical record protection;
5. Care and services provided by facility staff and contracted services; and
6. All areas identified in 175 NAC 12-006.09, 12-006.10, and 12-006.12

12-006.16H Inspection of Records: Records required by 175 NAC 12 must be available for inspection and copying by authorized representatives of the Department.