420-5-10-.02 Licensing and Administrative Procedures.

...(3) Application and Fee

...(b) Name of Facility. Every facility shall be designated by a permanent and distinctive name, which shall be used in applying for a license and shall not be changed without prior written notice to the Board specifying the name to be discontinued as well as the new name.

(4) Licensing.

(a) Issuance of License. The license document issued by the State Board of Health shall set forth the name and location of the facility, the type of facility, and the bed capacity for which the institution is licensed, and the type of license (regular or probational).

(b) Separate License. A separate license shall be required for each nursing facility when more than one facility is operated under the same management; (separate licenses are not required for separate buildings on the same grounds used by the same facility). Facilities offering different types of health care services in one building or complex of buildings (e.g., a building housing a nursing facility and a hospital) shall also be separately licensed.

...(8) Compliance with State and Local Laws.

(a) Licensing of Staff. Staff of the facility shall be currently licensed or registered in accordance with the applicable laws.

(b) Compliance with Other Laws. The facility shall be in compliance with laws relating to fire and safety, sanitation, communicable and reportable diseases, Certificate of Need, and other relevant health and safety requirements.

420-5-10-.03 Administrative Management.

(1) A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(2) A facility must be licensed under applicable State and local law.
(3) The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.

(4) Facilities must meet the applicable provisions of HHS regulations pertaining to nondiscrimination on the basis of race, color, or national origin; nondiscrimination on the basis of handicap; nondiscrimination on the basis of age; protection of human subjects of research and fraud and abuse. Although these regulations are not in themselves considered requirements under this part, their violation may result in the revocation of the facility license.

(5) Governing body. The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and

(6) The governing body appoints the administrator who is:

(a) Licensed by the State where licensing is required, and;

(b) Responsible for the management of the facility.

(7) A current roster of the governing authority members shall be maintained in the nursing facility. At its discretion, the Alabama Department of Public Health may request that a copy of this roster be placed on file with the Division.

(a) The facility must supply full and complete information to the Alabama Department of Public Health as to the identity: (1) of each officer and director of the corporation where the nursing facility is organized as a corporation and (2) where a nursing facility is organized as a partnership.

(b) Of each person who has any direct or indirect ownership interest of 10 percent or more in such nursing facility or who is the owner (in whole or in part) of any mortgage, deed of trust, note, or other obligation secured (in whole or in part) by such nursing facility or any of the property or assets of such nursing facility, and

(c) In case a nursing facility is organized as a corporation, of each officer and director of the corporation, and

(d) In case a nursing facility is organized as a partnership, the name of each partner.

(e) The governing authority shall submit to the state agency within 15 days any changes in the information herein required.

(f) There must be an individual authorized in writing to act for the administrator during absences.

(g) Written notification shall be made to the Alabama Department of Public Health, within 15 days of the Administrator's appointment.

(h) The accounting method and procedures shall be sufficient to permit an annual audit, accurate determination of the cost of operation, the cost per resident day, and accounting for resident's funds.

(i) Whenever there is found to be evidence of fraud or misrepresentation to secure money or property from residents, or applicants, or there is any evidence of misappropriation or conversion
of money or property of residents or applicants, this must be reported to the proper authorities at the Alabama Department of Public Health.

**ALASKA**

AAC 12.630. Governing body

(a) Each facility, with the exception of birth centers, hospice agencies that do not provide inpatient care on agency premises, and intermediate care facilities for the mentally retarded, must have a governing body that assumes responsibility for implementing and monitoring policies that govern the facility's operation and for ensuring that those policies are administered in a manner that provides quality health care in a safe environment. The facility must provide to the department the name, title, and mailing address for

(1) each owner of the facility;
(2) each person who is principally responsible for directing facility operations; and
(3) the person responsible for medical direction.

(b) The governing body shall

(1) adopt, and revise when necessary, written bylaws providing for

(A) election or appointment of officers and committees;
(B) appointment of a local advisory board if the governing body is outside the state; and
(C) frequency of meetings;

(2) appoint an administrator, in accordance with written criteria;

(3) maintain written records on the appointment of members to the medical staff, and the granting of privileges based on the recommendations of the medical staff;

(4) require medical staff to sign an agreement to follow the bylaws of the medical staff;

(5) establish appeal procedures for applicants for and members of the medical staff;

(6) provide resources and personnel as necessary to meet patient needs; and

(7) provide adequate equipment and supplies for the facility.

(c) In addition to meeting the responsibilities of a governing body set out at (b) of this section, the governing body of a critical access hospital shall

(1) make agreements with one or more appropriate entities identified in 42 C.F.R. 485.603(c), as amended through July 1, 1999 and adopted by reference, for credentialing of medical staff and for review of the quality and effectiveness of the diagnosis and treatment furnished by medical staff at the hospital; and
(2) if the hospital provides inpatient care through mid-level practitioners under the offsite supervision of a physician, participate in a rural health network as described in 42 C.F.R. 485.603(a), as amended through July 1, 1999 and adopted by reference, and enter agreements with other members of the network addressing the subjects described in 42 C.F.R. 485.603(b), as amended through July 1, 1999 and adopted by reference.

7 AAC 12.640 ADMINISTRATION.

(a) Each facility, with the exception of birth centers, intermediate care facilities for the mentally retarded, home health agencies, and ambulatory surgical facilities must comply with the provisions of this section.

(b) A facility must have an administrator, who is directly responsible to the governing body. The administrator shall

(1) coordinate staff services;
(2) provide liaison between the governing body and facility staff;
(3) report to the governing body regularly and at least annually on facility operations;
(4) provide written notice to medical staff of initial and annual or, if approved by the governing body, biennial appointments;
(5) evaluate for implementation recommendations of the facility's committees and consultants;
(6) ensure that the facility complies with program standards; and
(7) delineate responsibility and accountability of each service component of the facility to the administration.

(c) Each facility must have an institutional budget plan which includes an annual operating budget and a capital expenditure plan for a projected three-year period. A committee comprised of representatives of the governing body and administrative staff shall prepare the plan.

7 AAC 12.660. Personnel

(a) ...the facility must maintain for each employee a file that includes

(2) a copy of the employee's current license or certification, if a license or certification is required by statute for the employee's profession;

(b) If required by AS 08, patient care personnel must be currently licensed, certified, authorized, or registered in the state for the practice of their particular profession.

7 AAC 12.920. Applicable federal, state, and local laws and regulations

A facility must comply with all applicable federal, state, and local laws and regulations. If a conflict or inconsistency exists between codes or standards, the more restrictive provision applies.
R9-10-101. Definitions

24. "Health care institution" means every place, institution, building or agency, whether organized for profit or not, which provides facilities with medical services, nursing services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and includes home health agencies as defined in A.R.S. § 36-151 and hospice service agencies.

R9-10-103. Licensure Exceptions

A. Except for R9-10-122, this Article does not apply to a behavioral health service agency regulated under 9 A.A.C. 20.

B. A health care institution license is required for each health care institution except:

1. A facility exempt from licensure under A.R.S. § 36-402, or

2. A health care institution's administrative office.

C. The Department does not require a separate health care institution license for:

1. An accredited facility of an accredited hospital under A.R.S. § 36-422(F) or (G);

2. A facility operated by a licensed health care institution that is:
   a. Adjacent to the licensed health care institution; or
   b. Not adjacent to the licensed health care institution but is connected to the licensed health care institution by an all-weather enclosure and that is:
      i. Owned by the health care institution, or
      ii. Leased by the health care institution with exclusive rights of possession; or

3. A mobile clinic operated by a licensed health care institution.

R9-10-904. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;

2. Approve or designate an individual to approve the nursing care institution policies and procedures required in subsection (E);

3. Comply with applicable federal and state laws, rules, and local ordinances governing operations
of a nursing care institution;

4. Appoint a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;

5. Appoint an acting licensed administrator if the administrator is absent for more than 30 consecutive days;

6. Except as permitted in subsection (A)(5), when there is a change of administrator, submit a copy of the new administrator’s license under A.R.S. Title 36, Chapter 4, Article 6 to the Department;

7. Adopt a quality management program according to R910-918;

8. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

9. Approve contracted services or designate an individual to approve contracted services;

10. Notify the Department immediately if there is a change in administrator according to A.R.S. § 36-425(E);

11. Notify the Department at least 30 days before the nursing care institution terminates operations according to A.R.S. § 36-422(D); and

12. Notify the Department of a planned change in ownership at least 30 days before the change according to A.R.S. § 36-422(D).

B. Except as provided in subsection (C), a governing authority may not appoint an administrator to provide direction in more than one health care institution.

C. A single governing authority may appoint an administrator to provide direction in:

1. Both a hospital and a hospital-based nursing care institution if the licensed capacity in the hospital-based nursing care institution does not exceed 60; or

2. Not more than two nursing care institutions if:
   a. The distance between the two nursing care institutions does not exceed 25 miles; and
   b. Neither nursing care institution is operating under a provisional license issued by the Department under A.R.S. § 36-425;

D. An administrator shall:

1. Be responsible to the governing authority for the operation of the nursing care institution;

2. Have the authority and responsibility to administer the nursing care institution;

3. Designate an individual, in writing, who is available and responsible for the nursing care institution when the administrator is not available; and

4. Ensure the nursing care institution's compliance with the fingerprinting requirements in A.R.S. § 36-411.
E. An administrator shall ensure that:

1. Nursing care institution policies and procedures are established, documented, and implemented that cover:
   a. Abuse of residents and misappropriation of resident property;
   b. Health care directives;
   c. Job descriptions, qualifications, duties, orientation, and in-service education for each staff member;
   d. Orientation and duties of volunteers;
   e. Admission, transfer, and discharge;
   f. Disaster plans;
   g. Resident rights;
   h. Quality management including incident documentation;
   i. Personal accounts;
   j. Petty cash funds;
   k. The nursing care institution’s refund policy;
   l. Food services;
   m. Nursing services;
   n. Dispensation, administration, and disposal of medication and biologicals;
   o. Infection control; and
   p. Medical records including oral, telephone, and electronic records;

2. An allegation of abuse of a resident or misappropriation of resident property is:
   a. Investigated by an individual designated by the administrator;
   b. Reported to the Department within five calendar days of the allegation; and
   c. Reported to Adult Protective Services of the Department of Economic Security if required by A.R.S. § 46-454;

3. During an investigation conducted according to subsection (E)(2), further abuse of a resident or misappropriation of resident property is prevented;

4. Nursing care institution policies and procedures are reviewed at least once every 24 months and updated as needed;

5. Nursing care institution policies and procedures are available to each staff member;

6. A known criminal conviction of a staff member who is licensed, certified, or registered in this state is reported to the appropriate licensing or regulatory agency;

7. An injury to a resident from an unknown source that requires medical services, a disaster, or an incident is investigated by the nursing care institution and reported to the Department within 24 hours or the first business day after the injury, disaster, or incident occurs;

8. A resident advocate assists a resident, the resident’s representative, or a resident group with a request or recommendation, and responds in writing to any complaint submitted to the nursing care institution;

9. The following are conspicuously posted on the premises:
a. The current nursing care institution license and quality rating issued by the Department;

b. The name, address, and telephone number of:
   i. The Department’s Office of Long Term Care,
   ii. The State Long Term Care Ombudsman Program, and
   iii. Adult Protective Services of the Department of Economic Security;

c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;

d. A map for evacuating the facility; and

e. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect.

F. If an administrator administers a resident’s personal account at the request of the resident or the resident’s representative, the administrator shall:

1. Comply with nursing care institution policies and procedures established according to subsection (E)(1)(i),

2. Designate a staff member who is responsible for the personal accounts,

3. Maintain a complete and separate accounting of each personal account,

4. Obtain written authorization from the resident or the resident’s representative for each personal account transaction,

5. Document each account transaction and provide a copy of the documentation to the resident or the resident’s representative on request and at least every three months,

6. Transfer all money from the resident’s personal account in excess of $50.00 to an interest-bearing account and credit the interest to the resident’s personal account, and

7. Within 30 days of the resident’s death, transfer, or discharge, return all money in the resident’s personal account and a final accounting to the individual or probate jurisdiction administering the resident’s estate.

G. If a petty cash fund is established for use by residents, the administrator shall ensure that:

1. The nursing care institution policies and procedures established according to subsection (E)(1)(j) include:
   a. A prescribed cash limit of the petty cash fund, and
   b. The hours of the day a resident may access the petty cash fund; and

2. A resident’s written acknowledgment is obtained for each petty cash transaction.
200 GENERAL PROVISIONS FOR LICENSURE

201 LICENSURE

Nursing homes, or related institutions, shall be operated, conducted, or maintained in this State by obtaining a license pursuant to the provisions of these Licensing Standards. Separate institutions operated by the same management require separate licenses. Separate licenses are not required for separate buildings on the same grounds. The classification of license shall be Skilled Nursing Facility, Intermediate Care Facility, and Intermediate Care Facility for the Mentally Retarded.

Whenever ownership or controlling interest in the operation of a facility is sold, both the buyer and the seller must notify the Office of Long Term Care at least thirty (30) days prior to the completed sale. The thirty (30) day notice shall be the date the paperwork is stamped received by the Office of Long Term Care.

300 ADMINISTRATION

301 MANAGEMENT

301.1 BY-LAWS

The governing body shall adopt effective patient care policies and administrative policies and by-laws governing the operation of the facility in accordance with legal requirements.

301.2 ADMINISTRATOR

Each nursing home shall have a full-time (minimum forty (40) hours per week) administrator on the premises during normal business hours, who shall be currently licensed as a nursing home administrator in accordance with Act 58 of 1969, Statute 82-2201 through 82-2215 and the rules and regulations promulgated there under. Each facility administrator, if required, should provide verification that a minimum of forty (40) hours is spent in the facility. The administrator must have responsibility for overall operation of the facility and is responsible for any non-compliance with regulations found in the nursing home. Correspondence between this office and the facility shall be through the licensed administrator. The licensed administrator shall not leave the nursing home premises during the day tour of duty without first delegating authority in writing to a qualified individual who may manage the facility temporarily during the administrator's absence. Nursing personnel on the day tour of duty shall not be delegated authority to operate the facility unless relief nursing personnel are employed to replace the selected nurse. Also, the facility administrator shall notify this office in writing if an absence from the facility will exceed seven (7) consecutive days. The name of the individual who will be administratively in charge of the facility should also be listed in the letter. Administrators-in-training shall receive training in facilities that employ a full-time licensed administrator. Administrators-in-training shall not serve as a nursing home administrator until such time that a nursing home administrator's license is obtained. Applicants that qualify to take the administrator’s examination shall not practice as a nursing home administrator until licensed by this office. Arkansas Statute 82-2215 provides as follows: "It shall be unlawful for any person to act or serve in the capacity of nursing home administrator in this state unless such person has been licensed to do so as authorized in this Act."

302 GENERAL ADMINISTRATION
302.3 An accurate daily census sheet as of midnight shall be available to the Division at all times.

302.4 There shall be keys readily available for all locked doors within the home.

302.10 A quiet atmosphere shall be maintained. Disturbances created within the home will not be permitted.

302.11 Laboratories and radiological facilities operated in nursing homes shall comply with the rules and regulations for hospitals and related institutions in Arkansas. Pharmacies operated in nursing homes shall be operated in compliance with Arkansas laws and shall be subject to inspection by personnel from the Division.

306 REPORTING SUSPECTED ABUSE, NEGLECT, EXPLOITATION, INCIDENTS, ACCIDENTS, DEATHS FROM VIOLENCE AND MISAPPROPRIATION OF RESIDENT PROPERTY

Pursuant to federal regulation 42 CFR 483.13 (Resident Behavior and Facility Practices) and state law Ark. Code Ann. § 5-28-101 et seq. (Abuse of Adults) and 12-12-501 et seq. (Child Maltreatment Act), the facility must develop and implement written policies and procedures to ensure incidents, including:

- alleged or suspected abuse or neglect of residents;
- accidents, including accidents resulting in death;
- unusual deaths or deaths from violence;
- unusual occurrences; and,
- exploitation of residents or any misappropriation of resident property, are prohibited, reported, investigated and documented as required by these regulations. A facility is not required under this regulation to report death by natural causes. However, nothing in this regulation negates, waives or alters the reporting requirements of a facility under other regulations or statutes.

308 PATIENT CARE POLICIES

The administrator, in consultation with one or more physicians and one or more registered professional nurses, department heads, and other related professional health care personnel, shall develop and at least annually review appropriate written policies and procedures for all services and/or patient care practices to include but not limited to dietary, medical records, nursing, pharmaceutical, diagnostic services, laboratory and radiological, housekeeping, maintenance, and laundry services.

443 LIMITATIONS

The following limitations shall apply:

443.1 No nursing home shall be connected to any building other than a general hospital, chronic disease hospital, rehabilitation facility, boarding home, adult day care, or Home Health Agency. Upon request from the Office of Long Term Care, supporting documentation must be provided to
evidence proper allocation of costs and compliance with all applicable state and federal laws and regulations.

443.2 A nursing home shall not be located within thirty (30) feet from another nonconforming structure or the property line of the facility except where prohibited by local codes.

443.3 Occupancies not under the control of, or not necessary to the administration of a nursing home are prohibited therein with the exception of the residence of the owner or manager.

513 NURSING STAFF

513.1 All registered nurses, licensed practical nurses, and licensed psychiatric technicians employed in the nursing home shall be currently licensed in the State of Arkansas

702 DESIGNATION [GREEN HOUSE™ FACILITIES]

To be designated by the Office of Long Term Care as a Green House™ facility, the facility meet the minimum standards, and have approval to use the Green House™ service mark, issued by the Green House™ Project and NCB Capital Impact at the time of designation and at all times thereafter.

801 PILOT PROJECT

The construction and operation of HomeStyle facilities is a pilot project of the State of Arkansas to determine the efficacy of an alternative long-term care model. Facilities participating in the project will be required to maintain detailed medical and social records of residents. The records will contain an initial assessment of the medical and social conditions and needs of residents at the time of admission which will form a baseline measure. The baseline will be compared by the Office of Long Term Care or its designees with subsequent records maintained by the facility to determine whether HomeStyle facilities result in improvements in those areas, including but not limited to the type and dosage amounts and frequency of medications. Further, facilities will be required to maintain detailed financial records. To ensure accurate and reliable findings, the number of HomeStyle beds shall be limited to no more than one thousand (1000) in the state at any time. In the event that applications for the pilot program exceed one thousand (1000), the Office of Long Term Care shall have sole discretion in determining projects that shall be designated as HomeStyle facilities. Factors to be considered shall include, but not be limited to, the projected opening date of the project, the location of the project (in an attempt to locate projects in geographically and demographically diverse areas), whether the applicant has secured a Permit of Approval, whether the proposed project would meet criteria for approval by a nationally recognized organization that licenses, certifies, or permits the use of service marks for HomeStyle-type facilities, and related factors. To qualify for the project, a facility must return to the Health Services Permit Agency currently unoccupied facility beds in an amount equal to twenty percent (20%) of the total number of beds that will be utilized in the HomeStyle facility. The unused beds may originate from any location in the State of Arkansas. An exception will be provided when the owner of the proposed HomeStyle facility has no ownership interest, either directly or indirectly, in more than one other nursing facility.

803 DESIGNATION [HomeStyle facilities]
Facilities meeting the requirements for HomeStyle shall be designated as such on the license issued to the facility, with the designation specifying the number of HomeStyle homes and the total number of beds in the HomeStyle homes. Facilities designated as Green House® facilities shall be deemed to be HomeStyle facilities, and the one thousand (1000) bed limitation shall include all beds for facilities designated or deemed to be Green House® or HomeStyle. A facility may combine HomeStyle homes with a traditional nursing facility. However, the designation as HomeStyle shall apply only to those homes that meet the requirements for HomeStyle set forth herein and not to the facility as a whole.

901 GENERAL ADMINISTRATION [ALZHEIMER’S SPECIAL CARE UNITS]

a. General Program Requirements

1. Each long-term care facility that advertises or otherwise holds itself out as having one (1) or more special units for residents with a diagnosis of probable Alzheimer’s disease or a related dementia shall provide an organized, continuous 24-hour-per-day program of supervision, care and services that shall:

A. Meet all state, federal and ASCU regulations.

B. Require the full protection of residents’ rights;

C. Promote the social, physical and mental well-being of residents;

D. Is a separate unit specifically designed to meet the needs of residents with a physician’s diagnosis of Alzheimer’s disease or other related dementia;

E. Provide 24-hour-per-day care for those residents with a dementia diagnosis and meets all admission criteria applicable for that particular long-term care facility; and,

F. Receive approval of its disclosure statement from the Office of Long Term Care prior to advertising its ASCU.

1. Documentation shall be maintained by the facility and shall include, but not be limited to, a signed copy of all training received by the employee. Documentation shall be signed by the trainer and employee at the time of training.

2. Provide for relief of direct care personnel to ensure minimum staffing requirements are maintained at all times.

3. Upon request, make available to the Department payroll records of all staff employed during those pay periods for which the unit or facility is being surveyed or inspected.

4. Nursing, direct-care, or personal care staff shall not perform the duties of cooks, housekeepers, or laundry personnel during the same shift they perform nursing, direct-care or personal care duties.

5. Regardless of other policies or procedures developed by the facility, the ASCU will have specific policies and procedures regarding:

A. Facility philosophy related to the care of ASCU residents;

B. Use of ancillary therapies and services;
C. Basic services provided;

D. Admission, discharge, transfer; and,

E. Activity programming.

b. Disclosure Statement and Notice to the Office of Long Term Care

1. Each facility, prior to advertising that it has an Alzheimer's Special Care Unit, shall develop a disclosure statement and submit it to the Office of Long Term Care. The Office of Long Term Care shall examine the disclosure statement to ensure compliance with these regulations, and shall notify the facility of its determination. Thereafter, the Office of Long Term Care will, when surveying the facility and unit, determine continued compliance with the disclosure statement. The disclosure statement, once approved by OLTC, shall be made available to any person or the person's guardian or responsible party seeking placement within the ASCU prior to admission. Specifics as to the minimum requirements of the disclosure statement are listed in Sections 902-907 below.

2. Upon any changes to the services offered by the ASCU, the disclosure statement shall be amended, and shall be submitted to the Office of Long Term Care within thirty (30) days of the amendment. The Office of Long Term Care will examine the amended disclosure statement to ensure compliance with these regulations, and shall notify the facility of its determination. Thereafter, the Office of Long Term Care will, when surveying the facility and unit, determine continued compliance with the amended disclosure statement. The amended disclosure statement, once approved by OLTC, shall be made available to any person or the person's guardian or responsible party seeking placement within the ASCU prior to admission.

3. The facility shall submit to the Office of Long Term Care in writing the number of beds allocated by the facility for the ASCU. The notification shall state the number of beds allocated to the ASCU as of the date of the notice, and shall be submitted:

   A. With the initial disclosure statement;
   
   B. With any amendment to the disclosure statement; and,
   
   C. No less than July 1 of each year.

1. The facility shall notify the Office of Long Term Care in writing when the facility no longer provides a special program for residents with a diagnosis of probable Alzheimer's disease or related dementia. The notice shall be provided to the Office of Long Term Care at least thirty (30) days prior to the cessation of services.

2. Prior to admission into the Alzheimer's Special Care Unit, the facility shall provide a copy of the disclosure statement and Residents' Rights policy to the applicant or the applicant's responsible party. The mission statement and treatment philosophy shall be documented in the disclosure statement. A copy of the disclosure statement signed by the resident or the resident's responsible party shall be kept in the resident's file. The disclosure statement shall include, but not be limited to, the following information about the facility's ASCU:

   A. The philosophy of how care and services are provided to the residents;
   
   B. The pre-admission screening process;
C. The admission, discharge and transfer criteria and procedures;

D. Training topics, amount of training time spent on each topic, and the name and qualifications of the individuals used to train the direct care staff utilized in the ASCU;

E. The minimum number of direct care staff assigned to the ASCU each shift;

F. A copy of the Residents’ Rights;


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 of the residents;

H. Planning and implementation of therapeutic activities and the methods used for monitoring; and,

I. Identification of what stages of Alzheimer’s or related dementia for which the ASCU will provide care.

J. Each facility shall document in their disclosure statement the assessments and dates assessments shall be completed and revised.

K. Admission, discharge and transfer requirements shall be documented in the facility’s disclosure statement.

L. Staffing ratios and staff training requirements shall be documented in the facility's disclosure statement.

M. The facility shall, in their disclosure statement, state the physical requirements and safety standards for the ASCU.

N. Types and frequency of therapeutic activities shall be listed in the facility’s disclosure statement.

902 TREATMENT PHILOSOPHY

Each Alzheimer's Special Care Unit shall develop a mission statement that reflects the ASCU’s treatment philosophy for those residents diagnosed with Alzheimer’s or related dementia.
s 72207. Separate Licenses.

Separate licenses shall be required for skilled nursing facilities which are maintained on separate premises even though they are under the same management. Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds.

s 72209. Posting.

The license or a true copy thereof shall be conspicuously posted in a location accessible to public view within the facility.


(a) The licensee shall notify the Department in writing of any changes in the information provided pursuant to Sections 1265 and 1267.5, Health and Safety Code, within 10 days of such changes. This notification shall include information and documentation regarding such changes.

...(d) When a change in the principal officer of a corporate licensee (chairman, president or general manager) occurs the Department shall be notified within 10 days in writing by the licensee. Such writing shall include the name and business address of such officer.

s 72213. Program Flexibility.

(a) All skilled nursing facilities shall maintain compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects, provided such exceptions are carried out with the provisions for safe and adequate care and with the prior written approval of the department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request and substantiating evidence supporting the request shall be submitted by the applicant or licensee to the Department.

(b) Any approval of the Department granted under this Section, or a true copy thereof, shall be posted immediately adjacent to the facility’s license.

s 72501. Licensee - General Duties.

(a) The licensee shall be responsible for compliance with licensing requirements and for the organization, management, operation and control of the licensed facility. The delegation of any authority by a licensee shall not diminish the responsibilities of such licensee.

(b) The licensee, if an administrator, may act as the administrator or shall appoint an administrator, to carry out the policies of the licensee. A responsible adult who is knowledgeable in the policies and procedures of the licensee shall be appointed, in writing, to carry out the policies of the licensee in the absence of the administrator. If the administrator is to be absent for more than 30 consecutive days, the licensee shall appoint an acting administrator to carry out the day-to-day functions of the facility.

(c) The licensee shall delegate to the designated administrator, in writing, authority to organize and carry out the day-to-day functions of the facility.
(d) Except where provided for in approved continuing care agreements, or except when approved by the Department, no facility owner, administrator, employee or representative thereof shall act as guardian or conservator of a patient therein or of that patient’s estate, unless that patient is a relative within the second degree of consanguinity.

(e) The licensee shall employ an adequate number of qualified personnel to carry out all the functions of the facility and shall provide for initial orientation of all new employees, a continuing in-service training program and competent supervision.

(f) If language or communication barriers exist between skilled nursing facility staff and patients, arrangements shall be made for interpreters or for the use of other mechanisms to ensure adequate communication between patients and personnel.

(g) The Department may require the licensee to provide additional professional, administrative or supportive personnel whenever the Department determines through a written evaluation that additional personnel is needed to provide for the health and safety of patients.

(h) The licensee shall ensure that all employees serving patients or the public shall wear name and title badges unless contraindicated.

§ 72503. Consumer Information to Be Posted.

(a) The following consumer information shall be conspicuously posted in a prominent location accessible to the public.

(1) Name, license number and date of employment of the current administrator of the facility.

(2) A listing of all services and special programs provided in the facility and those provided through written contracts.

(3) The current and following week’s menus for regular and therapeutic diets.

(4) A notice that the facility’s written admission and discharge policies are available upon request.

(5) Most recent licensing visit report supported by the related follow-up plan of correction visit reports.

(6) The names and addresses of all previous owners of the facility.

(7) A listing of all other skilled nursing and intermediate care facilities owned by the same person, firm, partnership, association, corporation or parent or subsidiary corporation, or a subsidiary of the parent corporation.

(8) A statement that an action to revoke the facility’s license is pending, if such an action has been initiated by the filing of an accusation, pursuant to Section 11503 of the Government Code, and the accusation has been served on the licensee.

(9) A notice of the name, address and telephone number of the District Office of the Licensing and Certification Division, Department of Health Services, having jurisdiction over the facility.

§ 72513. Administrator.
(a) Each skilled nursing facility shall employ or otherwise provide an administrator to carry out the policies of the licensee. The administrator shall be responsible for the administration and management of only one skilled nursing facility unless all of the following conditions are met:

(1) If other skilled nursing facilities for which the administrator is responsible are in the same geographic area, and within one hour surface travel time of each other, and are operated by the same governing body.

(2) The administrator shall not be responsible for more than three facilities or a total of no more than 200 beds.

(3) The administrator shall designate a responsible adult who is knowledgeable in the policies and procedures of the licensee in each facility to be responsible for carrying out the policies of the licensee in the administrator’s absence.

(b) The administrator shall have sufficient freedom from other responsibilities and shall be on the premises of the skilled nursing facility a sufficient number of hours to permit adequate attention to the management and administration of the facility. The Department may require that the administrator spend additional hours in the facility whenever the Department determines through a written evaluation that such additional hours are needed to provide adequate administrative management.

(c) A copy of the current skilled nursing facility regulations contained in this chapter shall be maintained by the administrator and shall be available to all personnel.

(d) The administrator shall be responsible for informing appropriate staff of the applicable additions, deletions and changes to skilled nursing facility regulations.

(e) The administrator shall be responsible for informing the Department, via telephone within 24 hours of any unusual occurrences as specified in Section 72541. If the unusual occurrence involves the discontinuance or disruption of services occurring during other than regular business hours of the Department or its designee, a telephone report shall be made immediately upon the resumption of business hours of the Department.

(f) The administrator or designee shall be responsible for screening patients for admission to the facility to ensure that the facility admits only those patients for whom it can provide adequate care. The administrator, or designee, shall conduct preadmission personal interviews as appropriate with the patient’s physician, the patient, the patient’s next of kin or sponsor or the representative of the facility from which the patient is being transferred. A telephone interview may be substituted when a personal interview is not feasible.

§ 72525. Required Committees.

(a) Each facility shall have at least the following committees: patient care policy, infection control and pharmaceutical service.

(b) Minutes of every committee meeting shall be maintained in the facility and indicate names of members present, date, length of meeting, subject matter discussed and action taken.

(c) Committee composition and function shall be as follows:
(1) Patient care policy committee.

(A) A patient care policy committee shall establish policies governing the following services:
Physician, dental, nursing, dietetic, pharmaceutical, health records, housekeeping, activity
programs and such additional services as are provided by the facility.

(B) The committee shall be composed of: at least one physician, the administrator, the director of
nursing service, a pharmacist, the activity leader and representatives of each required service as
appropriate.

(C) The committee shall meet at least annually.

(D) The patient care policy committee shall have the responsibility for reviewing and approving all
policies relating to patient care. Based on reports received from the facility administrator, the
committee shall review the effectiveness of policy implementation and shall make
recommendations for the improvement of patient care.

(E) The committee shall review patient care policies annually and revise as necessary. Minutes shall
list policies reviewed.

(F) The Patient Care Policy Committee shall implement the provisions of the Health and Safety
Code, Sections 1315 and 1316.5, by means of written policies and procedures.

1. Facilities which choose to allow clinical psychologists to refer patients for admission shall do so
only if there are physicians who will provide the necessary medical care for the referred patients.

2. Only physicians shall assume overall care of patients, including performing admitting history and
physical examinations and issuing orders for medical care.

(G) The Patient Care Policy Committee shall implement the provisions of the Health and Safety
Code, Section 1316, by means of written policies and procedures.

1. Facilities which choose to allow podiatrists to refer patients for admission shall do so only if
there are physicians who will provide the necessary medical care for the referred patients.

2. Only physicians shall assume overall care of patients, including performing admitting history and
physical examinations.

(2) Infection control committee.

(A) An infection control committee shall be responsible for infection control in the facility.

(B) The committee shall be composed of representatives from the following services; physician,
nursing, administration, dietetic, pharmaceutical, activities, housekeeping, laundry and
maintenance.

(C) The committee shall meet at least quarterly.

(D) The functions of the infection control committee shall include, but not be limited to:

1. Establishing, reviewing, monitoring and approving policies and procedures for investigating,
controlling and preventing infections in the facility.
2. Maintaining, reviewing and reporting statistics of the number, types, sources and locations of infections within the facility.

(3) Pharmaceutical service committee.

(A) A pharmaceutical service committee shall direct the pharmaceutical services in the facility.

(B) The committee shall be composed of the following: a pharmacist, the director of nursing service, the administrator and at least one physician.

(C) The committee shall meet at least quarterly.

(D) The functions of the pharmaceutical service committee shall include, but not be limited to:

1. Establishing, reviewing, monitoring and approving policies and procedures for safe procurement, storage, distribution and use of drugs and biologicals.

2. Reviewing and taking appropriate action on the pharmacist's quarterly report.

3. Recommending measures for improvement of services and the selection of pharmaceutical reference materials.

COLORADO

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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.

CONNECTICUT
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19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision
...(b) Licensure procedure.
...(3) Issuance and renewal of license.
(A) Upon determination by the department that a facility is in compliance with the statutes and regulations pertaining to its licensure, the department shall issue a license or renewal of license to operate the facility for a period not to exceed one year.
(i) Each building which is not physically connected to a licensed facility shall be treated as a distinct facility for purposes of licensure;
(ii) A facility which contains more than one level of care within a single building shall be treated as a single facility for purposes of licensure;
(4) Notice to public. The license shall be posted in a conspicuous place in the lobby by reception room of the facility.
(5) Change in status. Change of ownership, level of care, number of beds or location shall require a new license to be issued. The licensee shall notify the department in writing no later than 90 days prior to any such proposed change.
(6) Change in personnel. The licensee shall notify the department immediately, to be confirmed in writing within five days, of both the resignation or removal and the subsequent appointment of the facility's administrator, medical director, or director of nurses.
...(e) Governing body.
(1) The facility shall have a governing body, which shall have the general responsibilities to:
(A) set policy;
(B) Oversee the management and operation of the facility; and
(C) Assure the financial viability of the facility.
(2) Specific responsibilities of the governing body necessary to carry out its general responsibilities shall include, but not necessarily be limited to, the following:

(A) Adoption and documented annual review of written facility by-laws and budget;

(B) Annual review and update of the facility's institutional plan, including anticipated needs, income and expenses;

(C) Review of facility compliance with established policy;

(D) Appointment of a qualified administrator;

(E) Provision of a safe physical plant equipped and staffed to maintain the facility and services in accordance with any applicable local and state regulations and any federal regulations that may apply to federal programs in which the facility participates;

(F) Approval of an organizational chart which establishes clear lines of responsibility and authority in all matters relating to management and maintenance of the facility and patient care;

(G) Annual review of personnel policies;

(H) Adoption of written policies assuring the protection of patients' rights and patient grievance procedures, a description of which shall be posted conspicuously in the facility and distributed personally to each patient;

(I) Determination of the frequency of meetings of the governing body and documentation of such meetings through minutes;

(J) Written confirmation of all appointments made or approved by the governing body; and

(K) Adoption of a written policy concerning potential conflict of interest on the part of members of the governing body, the administration, medical and nursing staff and other employees who might influence corporate decisions.

(f) Administrator.

(1) The administrator of any facility shall be licensed in accordance with Connecticut General Statutes, sections 19-593 through 19-599 inclusive.

(2) Application for licensure. The following shall be submitted with the administrator's initial application for licensure:

(A) Three references evaluating his/her suitability to administer a facility, as follows:

(i) One from a nursing home administrator, licensed physician, or registered nurse, attesting to the applicant's professional qualifications and degree of experience;

(ii) Two character references from persons not related to the applicant;

(B) A certificate of physical and mental health signed by a licensed physician.

(C) Educational background.
(3) The administrator shall be responsible for the overall management of the facility and shall have the following powers and responsibilities:

(A) Enforcement of any applicable local and state regulations, any federal regulations that may apply to federal programs in which the facility participates, and facility by-laws;

(B) Appointment, with the approval of the governing body, of a qualified medical director and director of nurses and, if required, an assistant director of nurses;

(C) Liaison between the governing body, medical and nursing staff, and other professional and supervisory staff;

(D) Protection of patients’ personal and property rights;

(E) Appointment, in writing and with the approval of the governing body, of a responsible employee to act in his/her behalf in temporary absences;

(F) With the advice of the medical director and director of nurses, employment of qualified personnel in sufficient numbers to assess and meet patient needs;

(G) Written definition of the duties and responsibilities of all personnel classifications;

(H) Maintenance of a patient roster and annual census of all patients admitted and/or discharged by the facility. Such census shall be submitted to the department no later than October 31 for each year ending September 30;

(I) Submission to the department of the facility’s annual license application and required reports, including, but not limited to, submission within 72 hours of reports on all accidents, or incidents, and any unusual or suspicious deaths in connection with subsection (g) of these regulations;

(J) Together with the medical director and director of nurses, development of a coordinated program for orientation to the facility, in-service training, and continuing education for all categories of staff in order to develop skills and increase knowledge so as to improve patient care;

(K) Establishment of procedures for notification of the patient, next of kin or sponsor in the event of a change in a patient’s charges, billing status and other related matters.

(4) In a chronic and convalescent nursing home with 45 or more licensed beds, the administrator shall serve full time on the premises of the facility and shall be on 24 hour call.

(5) In a rest home with nursing supervision with 60 or more licensed beds, the administrator shall serve full time on the premises of the facility, and shall be on 24 hour call.

(6) Except for a facility with 29 beds or less, the administrator may not serve as director of nurses.

...(i) Medical staff.

(1) Each facility shall have an active organized medical staff. All members of such staff shall possess a full and unrestricted Connecticut license for the practice of medicine.
(C) The active organized medical staff shall adopt written by-laws governing the medical care of the facility's patients. Such by-laws shall be approved by the medical director and the governing body.

(j) Director of nurses.

...(2) The director of nurses shall be responsible for the supervision, provision, and quality of nursing care in the facility. The director of nurses' powers and duties shall include, but not necessarily be limited to, the following:

(A) development and maintenance of written nursing service standards of practice, to be ratified by the governing body;

...(s) Social Work.

...(6) Written social work service policies and procedures shall be developed and implemented by a qualified social worker, or social work designee under the direction of a qualified social work consultant, and ratified by the governing body of the facility.

DELAWARE

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General Requirements

3.1 The term "nursing home" or "nursing facility" shall not be used as part of the name of any facility in this State unless it has been so licensed by the Division.

3.2 Each nursing facility shall develop written policies pertaining to the services provided.

3.3 A nursing facility shall not adopt any policy which conflicts with applicable statutes or regulations.

4.0 Licensing Requirements and Procedures

4.6 A new license shall be required in the event of a change in the nursing home management company, building owner or controlling person as defined in 16 Delaware Code, §1102(1).

4.7 Each license shall specify the number of licensed beds. A facility seeking to change the number of licensed beds shall apply to the Division for a modified license authorizing the revised number of beds.

4.8 Separate licenses are required for facilities maintained in separate locations, even though operated under the same management. A separate license is not required for separate buildings maintained by the same management on the same grounds.

5.0 Personnel/Administrative

5.1 The administrator(s) shall be responsible for complying with all applicable laws and regulations.
5.2 Each nursing facility shall have a full-time administrator. When an administrator will be temporarily absent for a period of two weeks or more, a management employee shall be designated to be in charge. The Division shall be notified in writing upon such designation.

5.4 Nursing facilities shall provide professional nursing, nursing services direct care and other services as follows:

5.4.1 Nursing facilities subject to 16 Delaware Code, §1161 to §1165 shall provide professional nursing, nursing services direct care and other services in accordance with statutory requirements.

5.4.2 Nursing facilities not subject to 16 Delaware Code, §1161 to §1165 shall provide professional nursing, nursing services direct care and other services as follows:

5.4.2.5 Facilities not subject to 16 Delaware Code, §1164 may increase the level of care and services for a current resident whose condition requires such an increase in the level of care and services as an alternative to discharge to another facility. Such increased care and services shall be provided by a qualified caregiver(s) whose scope of practice includes the provision of such care and services, and shall be available during any shift when the resident's needs require such care and services.

5.4.2.6 All other nursing services direct caregivers shall be certified nursing assistants.

DISTRICT OF COLUMBIA

3201 ADMINISTRATIVE MANAGEMENT

3201.1 An Administrator shall be present forty (40) hours per week during regular business hours, and shall be responsible for the operation of the facility twenty-four (24) hours per day, seven (7) days per week.

3201.2 The Administrator shall be:

(a) Licensed or otherwise approved as a nursing home administrator in the District of Columbia; and

(b) Certified annually by a licensed physician as having no physical or mental disabilities that would interfere with carrying out the Administrator's responsibilities.

3201.3 The Administrator shall appoint the Director of Nursing, the Medical Director, the Assistant Administrator, a licensed registered nurse and a department head or another licensed or approved Administrator to act as Administrator in his or her absence. The Acting Administrator shall have the necessary authority to act in any absence of the Administrator so that each facility has an authorized Administrator on duty during regular business hours.

3201.4 If the Administrator is absent for more than six (6) consecutive weeks the facility shall designate an acting administrator who is qualified to be an administrator and shall notify the licensing agency.
3201.5 Each facility shall have written guidelines on the authority and responsibilities of the Administrator and the Acting Administrator.

3202 PERSONNEL POLICIES

3202.1 Personnel policies shall be in writing and maintained in an employee manual that is given to each employee during orientation and shall be made available to the licensing agency.

3202.2 Each facility shall develop and maintain personnel policies which shall include methods used to document the presence or absence of communicable disease.

3202.3 A person whose name appears on the nurse aide abuse registry or who has been convicted of a crime involving one of the following with regard to a resident or an individual within that person's care shall not provide services in the facility:

(a) Physical or sexual abuse or mistreatment;
(b) Financial exploitation or misappropriation of property; or
(c) Neglect.

3202.4 Each employee or person hired under contract who requires licensure, registration or certification in order to provide resident care shall be licensed, registered or certified under the laws and regulations of the District.

3203 LICENSES AND ADMINISTRATIVE RECORDS

3203.1 No facility shall operate without a license issued pursuant to the Act.

3203.2 A list of all employees, with the appropriate current license or certification numbers, shall be on file at the facility and available to the Director.

3203.3 Each facility license, permit, and documents of certification to operate the facility, if any, shall be posted in a conspicuous location in the room or hallway immediately inside the main or front door.

3203.4 Each facility shall comply with the number of authorized beds as indicated on each license.

3203.5 Each facility shall maintain the following administrative records:

(a) Payroll records;
(b) Reports of fire inspections;
(c) Compliance reports required to be maintained pursuant to the 1996 BOCA National Building Code, construction and permit regulations;
(d) Reports of inspections of the fire alarm system and fire drills;
(e) Reports of elevator inspections;
(f) Disaster plan and procedures;
(g) Certification of flame spread ratings of carpets, curtains and wall coverings;
(h) Each contract for professional and facility services;
(i) Radiation survey reports of x-ray equipment, if applicable;
(j) Summaries and analyses of each incident involving residents, staff, and visitors; and
(k) Policies and procedures governing the operations of the facility.

3203.6 A qualified employee shall be assigned the responsibility for ensuring that records are maintained, completed, and preserved.

3203.7 Each administrative record shall be retained for at least five (5) years from the date of creation.

3206 RESIDENT CARE POLICIES

3206.1 There shall be written policies to govern nursing care and related medical and other services provided.

3206.2 These policies shall be developed with the advice of a committee of professional personnel, including the Medical Director, the Director of Nursing and appropriate department heads as deemed necessary by the facility.

3206.3 Policies shall be reviewed by the committee at least annually with written notations, signatures, and dates of review.

3206.4 The Administrator shall be responsible for the execution of these policies.

3207. PHYSICIAN SERVICES AND MEDICAL SUPERVISION OF RESIDENTS

3207.2 The Medical Director shall:

(h) Ensure that attending medical professionals who treat residents in the facility have current District of Columbia licenses, U.S. Drug Enforcement Agency and D.C. Controlled Substances registrations on file in the facility, along with initial and annual certifications of their freedom from communicable disease.

3208. NURSING SERVICES

3208.3 Each Director of Nursing hired after the effective date of these regulations shall have, at a minimum, a District of Columbia license as a registered nurse...

3209. NURSING SERVICES SUPERVISION

3209.2 Each Nursing Services Supervisor shall:

(a) Be qualified by education or experience in geriatric, rehabilitation or psychiatric nursing or other appropriate nursing discipline, with appropriate documentation; and

(b) Be currently licensed as a registered nurse in the District of Columbia.

3229. SOCIAL SERVICES

3229.2 A nursing facility with more than 120 beds shall employ a full-time social worker who is licensed in the District of Columbia pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Code § 2-3301 et seq.
59A-4.103 Licensure, Administration and Fiscal Management.

...(4) Administration.

(a) The licensee of each nursing home shall have full legal authority and responsibility for the operation of the facility.

(b) The licensee of each facility shall designate one person, who is licensed by the Agency for Health Care Administration, Board of Nursing Home Administrators under Chapter 468, Part II, F.S., as Administrator who oversees the day to day administration and operation of the facility.

(c) Each nursing home shall be organized according to a written Table of Organization.

(d) The licensee shall submit a monthly vacant bed report which is incorporated by reference by using AHCA Form 3110-0013, January 2002, “Nursing Home Monthly Bed Vacancy Report”, as authorized by Section 400.141, F.S. This form is available from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive MS 33, Tallahassee, FL 32308.

(e) Submit Nursing Home Staffing Report which is incorporated by reference by using AHCA Form 3110-0012, January 2002, “Nursing Home Staffing Report”, as authorized by Section 400.141, F.S. This form is available from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive MS 33, Tallahassee, FL 32308.

59A-4.106 Facility Policies.

...(2) Each nursing home facility shall adopt, implement, and maintain written policies and procedures governing all services provided in the facility.

(3) All policies and procedures shall be reviewed at least annually and revised as needed with input from, at minimum, the facility Administrator, Medical Director, and Director of Nursing.

(4) Each facility shall maintain policies and procedures in the following areas:

(a) Activities;
(b) Advance directives;
(c) Consultant services;
(d) Death of residents in the facility;
(e) Dental services;
(f) Staff education, including hiv/aids Training;
(g) Diagnostic services;
(h) Dietary services;
(i) Disaster preparedness;
(j) Fire prevention and control;
(k) Housekeeping;
(l) Infection control;
(m) Laundry service;
(n) Loss of power, water, air conditioning or heating;
(o) Medical director/consultant services;
(p) Medical records;
(q) Mental health;
(r) Nursing services;
(s) Pastoral services;
(t) Pharmacy services;
(u) Podiatry services;
(v) Resident care planning;
(w) Resident identification;
(x) Resident’s rights;
(y) Safety awareness;
(z) Social services;
(aa) Specialized rehabilitative and restorative services;
(bb) Volunteer services; and
(cc) The reporting of accidents or unusual incidents involving any resident, staff member, volunteer or visitor. This policy shall include reporting within the facility and to the ahca.

STATUTES:

400.062 License required; fee; disposition.

...(2) Separate licenses shall be required for facilities maintained in separate premises, even though operated under the same management. However, a separate license shall not be required for separate buildings on the same grounds.

400.141 Administration and management of nursing home facilities.

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(a) Be under the administrative direction and charge of a licensed administrator.

...(c) Have available the regular, consultative, and emergency services of physicians licensed by the state.

...(k) Keep such fiscal records of its operations and conditions as may be necessary to provide information pursuant to this part.

(l) Furnish copies of personnel records for employees affiliated with such facility, to any other facility licensed by this state requesting this information pursuant to this part. Such information contained in the records may include, but is not limited to, disciplinary matters and any reason for termination. Any facility releasing such records pursuant to this part shall be considered to be acting in good faith and may not be held liable for information contained in such records, absent a showing that the facility maliciously falsified such records.
(m) Publicly display a poster provided by the agency containing the names, addresses, and telephone numbers for the state’s abuse hotline, the State Long-Term Care Ombudsman, the Agency for Health Care Administration consumer hotline, the Advocacy Center for Persons with Disabilities, the Florida Statewide Advocacy Council, and the Medicaid Fraud Control Unit, with a clear description of the assistance to be expected from each.

(n) Submit to the agency the information specified in s. 400.071(1)(b) for a management company within 30 days after the effective date of the management agreement.

(r) Report to the agency any filing for bankruptcy protection by the facility or its parent corporation, divestiture or spin-off of its assets, or corporate reorganization within 30 days after the completion of such activity.

(s) Maintain general and professional liability insurance coverage that is in force at all times. In lieu of general and professional liability insurance coverage, a state-designated teaching nursing home and its affiliated assisted living facilities created under s. 430.80 may demonstrate proof of financial responsibility as provided in s. 430.80(3)(g).

400.175 Patients with Alzheimer’s disease or other related disorders; certain disclosures.

A facility licensed under this part which claims that it provides special care for persons who have Alzheimer’s disease or other related disorders must disclose in its advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons. The facility must give a copy of all such advertisements or a copy of the document to each person who requests information about programs and services for persons with Alzheimer’s disease or other related disorders offered by the facility and must maintain a copy of all such advertisements and documents in its records. The agency shall examine all such advertisements and documents in the facility’s records as part of the license renewal procedure.

History. s. 1, ch. 93-105.

400.1755 Care for persons with Alzheimer’s disease or related disorders.

(1) As a condition of licensure, facilities licensed under this part must provide to each of their employees, upon beginning employment, basic written information about interacting with persons with Alzheimer’s disease or a related disorder.

400.20 Licensed nursing home administrator required.

No nursing home shall operate except under the supervision of a licensed nursing home administrator, and no person shall be a nursing home administrator unless he or she is the holder of a current license as provided in chapter 468.
(1) There shall be a governing body which assumes full legal responsibility for the overall conduct of the home.

(3) The governing body shall be responsible for compliance with all applicable laws and regulations pertaining to the home.

(4) The governing body shall certify to the Commissioner, the name of the person to whom is delegated the responsibility for the management of the home, including the carrying out of rules and policies adopted by the governing body. This person shall be known as the administrator.

(5) The word hospital, sanitorium or sanitarium shall not be used in the official title of any home permitted under the provisions of these rules and regulations.

290-5-8-.03 Administration.

(1) Each nursing home shall be under the supervision of a licensed nursing home administrator. An administrator may serve as the administrator of not more than one facility, except that two facilities having common ownership or management located on the same premises may be served by a single administrator. Distinct part facilities sharing a common roof shall be considered one facility. In exceptional circumstances, a waiver may be granted by the Department for a period of six months. Existing facilities not currently meeting this requirement would be exempt for a period of two years from the effective date of this regulation. If an existing facility should undergo a change of administrators during this two-year period, such facility would be required to comply with the regulations.

(2) Each home shall be operated in accordance with policies approved by the Department. These policies shall include but not be limited to those governing admissions, transfers, discharges, physicians’ services, nursing services, dietary services, restorative services, pharmaceutical services, diagnostic services, social services, environmental sanitation services, recreational services and clinical records.

...(4) There shall be a separate personnel folder maintained for each employee. This folder shall contain all personal information concerning the employee, including the application and qualifications for employment, physical examination and job title assigned. A current job description shall be available for each classification of employee, but may be maintained separately from the personnel folder. In addition to all other documents required by state or federal regulations, the nursing home shall maintain documentation of successful completion of the dining assistant training program for each dining assistant.

(5) The home and its premises shall be used only for the purposes for which the home is operated and permitted.

(6) In response to a reasonable request by a patient or visitor, privacy shall be afforded for conversation and/or consultations.

290-5-8-.11 Records.

...(2) Each home shall keep patient statistics, including admissions, discharges, deaths, patient days, and percent of occupancy. Statistical records shall be open for inspection and upon request, data shall be submitted to the Department.
290-5-8.19 Application For Permit.

...(5) Proof of ownership shall accompany the application.

(a) Corporations shall submit a copy of their charter and the name and address of all owners with ten (10) percent or more of the stock and shall identify each corporate officer;

(b) Nonprofit associations and hospital authorities shall submit legal proof of the organization, the name and address of each trustee and the office held, if any;

(c) All others shall submit the name and address of each person owning any part of the facility.

290-5-8.20 Permits.

...(6) A permit shall be required for each home located on different premises where more than one home is operated under the same governing body. When a home operates as distinct parts, then a permit shall be required for each distinct part.

HAWAII

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§11-94-3 Licensing.

(a) The facility shall meet all requirements for licensure under state law. All skilled nursing and intermediate care facilities shall be licensed except those operated by the federal government or agency thereof. The proprietor, the governing body, or the person in charge shall file an application with the director on forms furnished by the department, and the facility shall be licensed pursuant to this chapter prior to admitting patients.

...(d) No facility licensed under the provisions of this chapter, shall deny admission to any individual on account of race, religion, ancestry, or national origin.

...(f) In the event of a change of name, location, ownership, or occupancy, the director shall be notified fifteen days prior to the change; an inspection at the discretion of the director, shall be conducted and, if the provisions of this chapter are met, a new license issued.

...(i) The current license shall be posted in a conspicuous place visible to the public within the facility. A facility which has fulfilled the requirements to be licensed both as a skilled nursing facility and as an intermediate care facility shall be known as an SNF/ICF swing bed facility and this shall be indicated on their license.

§11-94-5 Adult day health center. If an SNF/ICF facility chooses to operate an adult day health center in its facility, the following must be observed:

(1) The space and staff requirements for the adult day health center activities shall not affect reduction in the space and staff requirements of the SNF/ICF facility.
...(3) Where appropriate, as determined by the director, all or part of sections 11-94-1 through 11-94-32 shall apply to the adult day health center.

§11-94-6 Administrator. The facility shall be administered on a full time basis by:

(1) A person licensed in the State of Hawaii as a nursing home administrator; or

(2) In the case of a hospital qualifying as a skilled nursing or intermediate care facility, by the hospital administrator; or

(3) In the absence of the administrator by a suitable employee who has been designated, in writing, to act on the administrator’s behalf.

§11-94-14 General policies and practices.

(a) There shall be written policies and procedures available to staff, patients, and the public which govern:

(1) All services provided by the facility.

(2) Admission, transfer, and discharge of patients.

(b) There policies shall insure that:

(1) The facility shall not deny admission to any individual on account of race, religion, color, ancestry, or national origin.

§11-94-15 Governing body and management.

(a) Each facility shall have an organized governing body, or designated persons so functioning, who has overall responsibility for the conduct of all activities. The facility shall maintain methods of administrative management which assure that the requirements of this section are met.

(c) Personnel policies.

(1) There shall be written job descriptions available for all positions. Each employee shall be informed of their duties and responsibilities at the time of employment.

(2) All professional employees shall have appropriate licenses as required by law and their licenses shall be readily available for examination by the director or the director’s representative.

(3) Ethical standards of professional conduct shall apply in the facility.

(4) The facility’s personnel policies and practices shall be in writing and shall be available to all employees.

(5) Written policy shall prohibit mistreatment, neglect, or abuse of patients. Alleged violations shall be reported immediately, and thoroughly investigated and documented. The results of any investigation shall be reported to the administrator or designated representative within
twenty-four hours of the report of the incident; and appropriate sanctions shall be invoked when the allegation is substantiated.

(6) There shall be an organization chart showing the major operating programs of the facility, with staff division, administrative personnel in charge of programs and divisions, and their lines of authority, responsibility, and communication.
b. His last criminal history and background check was completed more than three (3) years prior to his date of hire. (3-26-08)

06. Use of Criminal History Check Within Three Years of Completion. Any employer may use a previous criminal history and background check obtained under these rules if: (3-26-08) a. The individual has received a criminal history and background check within three (3) years of his date of hire; (3-26-08) b. The employer has documentation of the criminal history and background check findings; (3-26-08) c. The employer completes a state-only background check of the individual through the Idaho State Police Bureau of Criminal Identification, and (3-26-08) d. No disqualifying crimes are found. (3-26-08)

07. Employer Discretion. The new employer, at its discretion, may require an individual to complete a criminal history and background check at any time, even if the individual has received a criminal history and background check within the three (3) years of his date of hire. (3-26-08)

100. ADMINISTRATION.

01. Governing Body. Each facility shall be organized and administered under one (1) authority which may be a proprietorship, partnership, association, corporation or governmental unit. (1-1-88)

a. If other than a single owner or partnership, the facility shall have a governing board which assumes full legal responsibility for the overall conduct of the facility and for full compliance with these rules and minimum standards. (1-1-88)

c. The names, addresses, and titles of offices held by all members of the facility's governing authority shall be submitted to the Department. (1-1-88)

d. There shall be available for review by the Department a copy of the lease (if a building or buildings are leased to a person or persons to operate as a facility) showing clearly in the context which party to the agreement is to be held responsible for the maintenance and upkeep of the property to meet minimum standards. Terms of the financial arrangement may be omitted from the copy of the lease available to the Department. (1-1-88)

02. Administrator. The governing body, owner or partnership shall appoint a licensed nursing home administrator for each facility who shall be responsible and accountable for carrying out the policies determined by the governing body. In combined hospital and nursing home facilities, the administrator may serve both the hospital and nursing home provided he is currently licensed as a nursing home administrator. (1-1-88)

a. In the absence of the administrator, an individual who is responsible and accountable and at least twenty-one (21) years of age shall be authorized, in writing, to act in his behalf to assure administrative direction of the facility. (1-1-88)

b. The administrator shall be responsible for establishing and assuring the implementation of written policies and procedures for each service offered by the facility, or through arrangements with an outside service and of the operation of its physical plant. The policies and procedures shall further clearly set out any instructions or conditions imposed as a result of religious beliefs of the owner or administrator. The administrator shall see that these policies and procedures are adhered to and shall make them available to authorized representatives of the Department. If a service is
provided through arrangements with an outside agency or consultant, a written contract or agreement shall be established outlining the expectations of both parties. (1-1-88)

c. The administrator shall be responsible for the completion, keeping, and submission of such reports and records as may be required by the Department. (7-1-93)

d. The administrator, his relatives or employees, shall not act as or become the legal guardian of or have power of attorney for any patients/residents unless specifically adjudicated as such by appropriate legal order. (1-1-88)

e. The administrator shall provide to the public and the patient/resident an accurate description of the facility services and care. Representation of the facility's services to the public shall not be misleading. (7-1-93)

f. The administrator shall be responsible for providing sufficient and qualified staff to carry out all of the basic services offered by the facility, i.e., food services, housekeeping, maintenance, nursing, laundry, etc. (1-1-88)

g. The administrator, owner and employees of a facility shall be governed by the provisions of Section 15-2-616, Idaho Code, concerning the devise or bequest of a patient's/resident's property by a last will and testament. (1-1-88)

...07. Census Register. A register shall be kept, listing in chronological order, the names of patients/residents, dates of admission and discharge, and daily census. (1-1-88)

105. PERSONNEL.

01. Personnel Policies. Personnel policies shall be developed and implemented and shall include: (1-1-88)
a. The recruitment of qualified personnel (including consultants when utilized); (1-1-88)
b. Orientation of all new employees; (1-1-88)
c. Continuing in-service training for all employees which is consistent with patients'/residents' needs and services offered. A minimum of twenty-four (24) hours of training per year shall be provided to nursing staff; (1-1-88)
d. Competent supervision of all staff; (1-1-88)
e. Uniform rules for each classification of employee concerning hours of work, paydays, overtime and other related personnel matters; and (1-1-88)
f. Employee grievance procedures. (1-1-88)

02. Daily Work Schedules. Daily work schedules shall be maintained in writing which reflect: (1-1-88)
a. Personnel on duty at any given time for the previous three (3) months; (1-1-88)
b. The first and last names of each employee, including professional designation (R.N., L.P.N., etc.) and position; and (1-1-88)
c. Any adjustments made to the schedule. (1-1-88)
03. Job Description. Job descriptions shall be current, on file and shall:

a. Include the authority, responsibilities and duties of each classification of personnel; (1-1-88)

b. Be given to each employee consistent with his classification. (1-1-88)

04. Organizational Chart. An organizational chart shall be posted or be available to view by all employees, or be in the employee’s possession which clearly reflects lines of authority within the facility’s organizational structure. (1-1-88)

05. Applicable Idaho and Federal Laws. Applicable Idaho and federal laws shall be observed in relation to employment of any individual. (1-1-88)

06. Age Limitations. No employee, other than licensed personnel, who is less than eighteen (18) years of age shall provide direct resident care except when the employee may be a student or a graduate of a recognized vocational health care training program. (1-1-88)

07. Patient/Resident Employment. Whenever work of economic benefit to the facility is performed by a patient/resident, such work will be subject to the provisions prescribed by law for any employee. (1-1-88)

08. Employee Health...

09. Payroll Records. Payroll records shall be maintained by the facility which reflect an employee’s hours of work, paydays, overtime and other related matters. (1-1-88)

10. Personnel Files. Personnel files shall be kept for each employee and each shall contain:

a. Name, current address and telephone number of the employee; (1-1-88)

b. Social security number; (1-1-88)

c. Qualifications for the position for which the employee is hired, including education and experience; (1-1-88)

d. If Idaho license is required, verification of current license; (1-1-88)

e. Position in facility; (1-1-88)

f. Date of employment; (1-1-88)

g. Date of termination and reason; (1-1-88)

h. Verification of TB skin test upon employment and any subsequent test results; and (1-1-88)

i. Orientation and training documentation reflecting what the employee received when, and the amount of time for each program. (1-1-88)
Section 300.110 General Requirements

...c) An applicant may request that the license issued by the Department of Public Health (the Department) have distinct parts classified according to levels of services. The distinct part must satisfactorily meet the applicable physical plant standards based on a level of service classification sought for that distinct part. If necessary to protect the health, welfare and safety of residents in a distinct part requiring higher standards, the Department shall require compliance with whatever additional physical plant standards are necessary in any distinct part, to achieve this protection as required by the highest level of care being licensed. Administrative, supervisory, and other personnel may be shared by the entire facility, if so doing does not adversely affect meeting the total needs of the residents of the facility.

...e) An intermediate care facility licensed and classified under the Act shall not use in its title or description "Hospital", "Sanitarium", "Sanatorium", "Rehabilitation Center", "Skilled Nursing Facility", or any other word or description in its title or advertisements which indicates that a type of service is provided by the facility which the facility is not licensed to provide or, in fact, does not provide. A skilled nursing facility may use in its title or advertisement the words or description: "Nursing Home", "Intermediate Care", "Skilled Nursing Facility".

...h) Licensure for more than one level of care.

1) A facility may be licensed for more than one level of care. The licensee must designate the level of care that will be provided in each bedroom. Bedrooms of like licensed level of care must be contiguous to each other within each "nursing unit" as defined in Section 300.330. Each nursing unit may have up to two levels of care and must meet the construction standards for the highest licensed level of care in the nursing unit.

2) If a licensee wishes to designate a portion of its licensed beds as either Intermediate Care for the Developmentally Disabled or Long-Term Care for Under Age 22, the licensed beds must be located in a distinct part (as defined in Section 300.330) of the facility.

Section 300.163 Alzheimer's Special Care Disclosure

A facility that offers to provide care for persons with Alzheimer's disease through an Alzheimer's special care unit or center shall disclose to the Department or to a potential or actual client of the facility the following information in writing on request of the Department or client:

a) The form of care or treatment that distinguishes the facility as suitable for persons with Alzheimer's disease;
b) The philosophy of the facility concerning the care or treatment of persons with Alzheimer's disease;
c) The facility's pre-admission, admission, and discharge procedures;
d) The facility's assessment, care planning, and implementation guidelines in the care and treatment of persons with Alzheimer's disease;
e) The facility's minimum and maximum staffing ratios, specifying the general licensed health care provider to client ratio and the trainee health care provider to client ratio;
f) The facility’s physical environment;
g) Activities available to clients at the facility;
h) The role of family members in the care of clients at the facility; and
i) The costs of care and treatment under the program or at the center. (Section 15 of the Alzheimer's Special Care Disclosure Act)

Section 300.210  Filing an Annual Attested Financial Statement

a) Each licensee shall submit an annual attested financial statement to the Department. This financial statement shall be filed in a prescribed format on forms supplied by the Department. The forms will be developed in conjunction with the Illinois Department of Public Aid. The time period covered in the financial statement shall be a period determined by the Department for the initial filing, and shall thereafter coincide with the facility's fiscal year or the calendar year. (Section 3-208 of the Act)

b) The Department may require any facility to file an audited financial statement, if the Department determines that such a statement is needed. (Section 3-208 of the Act)

c) The Department may require any or all facilities to submit attested or audited financial statements more frequently than annually, if the Department determines that more frequent financial statements are needed. The frequency and time period of such filings shall be as determined by the Department for each individual facility. (Section 3-208 of the Act)

d) The financial statement shall be filed with the Department within 90 days following the end of the designated reporting period. The financial statement will not be considered as having been filed unless all sections of the prescribed forms have been properly completed. Those sections which do not apply to a particular facility shall be noted “not applicable” on the forms.

e) The information required to be submitted in the financial statement will include at a minimum the following:

1) Facility information, including: facility name and address, licensure information, type of ownership, licensed bed capacity, date and cost of building construction and additions, date and cost of acquisition of buildings, building sizes, equipment costs and dates of acquisition.

2) Resident information, including: number and level of care of residents by source of payment, income from residents by level of care.

3) Cost information by level of care, including:

A) General service costs; such as dietary, food, housekeeping, laundry, utilities, and plant operation and maintenance.

B) Health care costs; such as medical director, nursing, medications, oxygen, activities, medical records, other medical services, social services, and utilization reviews.

C) General Administration; such as administrative salaries, professional services, fees, subscriptions, promotional, insurance, travel, clerical, employee benefits, license fees, and inservice training and education.

D) Ownership; such as depreciation, interest, taxes, rent, and leasing.
E) Special Service cost centers; such as habilitative and rehabilitative services, therapies, transportation, education, barber and beauty care, and gift and coffee shop.

4) Income information, including operating and nonoperating income.

5) Ownership information, including balance sheet and payment to owners.

6) Personnel information, including the number and type of people employed and salaries paid.

7) Related organization information, including related organizations from which services are purchased.

f) The new owner or a new lessee of a previously licensed facility may file a projection of capital costs at the time of closing or signing of the lease.

1) A facility which is licensed for the first time (a newly constructed facility) must file a projection of capital costs.

2) Each of the above must file a full cost report within nine months after acquisition (covering the first six months of operation). Each must also file a cost report within 90 days of the close of its first complete fiscal year.

g) No public funds shall be expended for the maintenance of any resident in any facility which has failed to file this financial statement, and no public funds shall be paid to, or on behalf of, a facility which has failed to file the statement. (Section 3-208(b) of the Act)

Section 300.510  Administrator

a) There shall be an administrator licensed under the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1987, ch. 111, par. 3651 et seq.) full-time for each licensed facility. The licensee will report any change in administrator to the Department, within five days.

b) The administrator shall delegate in writing adequate authority to a person at least 18 years of age who is capable of acting in an emergency during his or her absence. Such administrative assignment shall not interfere with resident care and supervision. The administrator or the person designated by the administrator to be in charge of the facility in the administrator's absence shall be deemed by the Department to be the agent of the license for the purpose of Section 3-212 of the Act, which requires Department staff to provide the license with a copy of their report before leaving the facility. (B)

c) The administrator shall arrange for facility supervisory personnel to annually attend appropriate educational programs on supervision, nutrition, and other pertinent subjects.

d) The administrator shall appoint in writing a member of the facility staff to coordinate the establishment of, and render assistance to, the residents' advisory council.

e) The licensee and the administrator shall be familiar with this Part. They shall be responsible for seeing that the applicable regulations are met in the facility and that employees are familiar with those regulations according to the level of their responsibilities. (A, B)

f) If the facility has an assistant administrator, the Department shall be informed of the name and
Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.

b) All the information contained in the policies shall be available to the public, staff, residents and for review by Department personnel.

Section 300.650 Personnel Policies

a) Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the requirements of this Section.

b) Employee Records

1) Employment application forms shall be completed for each employee and kept on file in the facility. Completed forms shall be available to Department personnel for review.

2) Individual personnel files for each employee shall contain date of birth; home address; educational background; experience, including types and places of employment; date of employment and position employed to fill in this facility; and (if no longer employed in this facility) last date employed and reasons for leaving.

3) Individual personnel files for each employee shall also contain health records, including the initial health evaluation and the results of the tuberculin skin test required under Section 300.655, and any other pertinent health records.

4) Individual personnel records for each employee shall also contain records of evaluation of performance.

c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.

d) The facility shall check the status of all applicants with the Nurse Aide Registry prior to hiring.

e) All personnel shall have either training or experience, or both, in the job assigned to them...

...g) Employees shall be assigned duties that are directly related to their functions, as identified in their job descriptions. Exceptions may be made in emergencies.
h) Personnel policies shall include a plan to provide personnel coverage for regular staff when they are absent.

i) Every facility shall have a current, dated weekly employee time schedule posted where employees may refer to it. This schedule shall contain the employee’s name, job title, shift assignment, hours of work, and days off. The schedule shall be kept on file in the facility for one year after the week for which the schedule was used.

(Source: Amended at 26 Ill. Reg. 10523, effective July 1, 2002)

Section 300.661 Health Care Worker Background Check

A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).

Section 300.840 Personnel Policies

The personnel policies required in Section 300.650 and other personnel policies established by the facility, shall be followed in the operation of the facility.

Section 300.1870 Retention of Facility Records

The facility shall retain the records referenced in this Section for a minimum of three years. It is suggested that the administrator check with legal counsel regarding the advisability of retaining records for a longer period of time, and the procedures to be followed in the event the facility ceases operation. The records for which this requirement applies are as follows:

a) The annual financial statement described in Section 300.210 of this Part.

b) The minutes of resident advisory council meetings required by Section 300.640(k) of this Part.

c) The records of in-service training required by Section 300.650(b) (3) of this Part.

d) Copies of reports of serious incidents or accidents involving residents required by Section 300.690 of this Part.

e) Records of the emergency medication kit review by the pharmaceutical advisory committee required by Section 300.1610(i)(3) of this Part.

f) The reports of findings and recommendations from consultants required in Section 300.1880(a) of this Part.

g) Copies of the quarterly reports for all employees that are filed for Social Security and Unemployment Compensation as required by Section 300.1880(d) of this Part.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.1880 Other Facility Record Requirements

a) The facility shall maintain a file of reports of findings and recommendations from consultants. Each report shall be dated and indicate each specific date and time the consultant was in the facility.
b) The facility shall complete the Illinois Department of Public Health Annual Long Term Care (LTC) Facility Survey.

c) The facility shall maintain a permanent chronological resident registry showing date of admission, name of resident and date of discharge or death.

d) The facility shall make available to the Department upon request copies of the quarterly reports for all employees that are filed for Social Security and Unemployment Compensation.

e) Rules located in other Sections of this Part that pertain to the content and maintenance of facility records are as follows:

1) The facility shall file an annual financial statement as described in Section 300.210 of this Part.

2) Records and daily time schedules shall be kept on each employee as set forth in Section 300.650(a) and (b) of this Part.

3) The facility shall maintain a controlled substances record as described in Section 300.1650(d) of this Part.

4) Menu and food purchase records shall be maintained as set forth in Section 300.2080(d) and (f) of this Part.

5) The facility shall maintain a file of all reports of serious incidents or accidents involving residents as required by Section 300.690 of this Part.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)

c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident’s representative. (Section 3-610 of the Act)

d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)

e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)

f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident’s condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that
resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)

Section 300.7000 Applicability [Alzheimer's Special Care]

a) This Subpart, in addition to the remainder of Part 300, as applicable, shall apply to facilities and distinct parts (units) that are subject to the Alzheimer’s Special Care Disclosure Act.

b) The facility shall comply with the Alzheimer’s Special Care Disclosure Act, in accordance with Section 300.163 of this Part, for this unit.

c) Facilities substantially in compliance with the requirements of this Subpart will receive written recognition from the Department.

d) A location that, subsequent to the recognition, has an A violation or a repeat B violation that is related to the operation of the unit shall immediately discontinue using the recognition, including, but not limited to, removing documentation of the recognition that may have been posted and removing any mention of the recognition from written documentation provided to families or the community.

e) A location that, subsequent to the recognition, has an A violation or repeat B violation shall notify current residents and their representatives. Within seven days after a location is issued an A or repeat violation, the licensee shall notify entities that have referred individuals to the unit within the previous 90 days, such as hospital discharge planners, Area Agency on Aging, and Alzheimer’s Association.

Section 300.7050 Staffing

a) The unit shall have a full-time unit director.

1) The director may have other responsibilities, within the unit, in units with fewer than 40 residents.

2) The unit director may support off-unit activities related to persons with Alzheimer’s disease and related dementia, such as providing training to facility staff, assessment of potential residents, counseling to potential residents and their families, and consultation/assessment/care planning for facility residents with Alzheimer’s disease and related dementia who do not reside on the unit.

3) The unit director shall have documented course work in dementia care and ability-centered care, and shall meet at least one of the following requirements:

A) Have an associate’s or a bachelor’s degree and/or be a registered nurse and have at least one year of experience working with persons with Alzheimer’s disease and other dementia; or

B) Have a minimum of 5 years of experience working with persons with Alzheimer’s disease and other dementia, at least two years of which are management experience working with persons with Alzheimer’s disease and other dementia.

4) The unit director shall obtain at least 12 hours of continuing education every year, especially related to serving residents with Alzheimer’s disease and other dementia.
b) The unit shall have assigned, consistent staff. There shall be enough staff to meet the scheduled and unscheduled needs of each resident, as defined in the care plan, taking into account the purpose of the setting, the severity of dementia, and the resident’s physical abilities, behavior patterns, and social and medical needs.

**INDIANA**

410 IAC 16.2-3.1-4 Notice of rights and services

Sec 4.

...(f) The facility must do the following:

...(7) Ensure compliance with the requirements of state law regarding advance directives.

10 IAC 16.2-3.1-13 Administration and management

Sec. 13.

(a) The licensee is responsible for compliance with all applicable laws and rules. The licensee has full authority and responsibility for the organization, management, operation, and control of the licensed facility. The delegation of any authority by the licensee does not diminish the responsibilities of the licensee.

(b) The licensee shall provide the number of staff as required to carry out all the functions of the facility, including:

(1) initial orientation of all employees;
(2) a continuing inservice education and training program for all employees; and
(3) provision of supervision for all employees.

(c) If a facility offers services in addition to those provided to its long term care residents, the administrator is responsible for assuring that such additional services do not adversely affect the care provided to its residents.

(d) The licensee shall notify the department within three (3) working days of a vacancy in the administrator’s position. The licensee shall also notify the director of the name and license number of the replacement administrator.

(e) An administrator shall be employed to work in each licensed health facility. For purposes of this subsection, an individual can only be employed as an administrator in one (1) health facility or one (1) hospital-based long term care unit at a time.

(f) In the administrator’s absence, an individual shall be authorized, in writing, to act on the administrator’s behalf.

(g) The administrator is responsible for the overall management of the facility but shall not function
as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:

(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:

(A) epidemic outbreaks;
(B) poisonings;
(C) fires; or
(D) major accidents. If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number ((317) 383-6144) of the division.

(2) Promptly arranging for medical, dental, podiatry, or nursing care or other health care services as prescribed by the attending physician.

(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.

(4) Ensuring that the facility maintains, on the premises, time schedules and an accurate record of actual time worked that indicates the employees' full names and the dates and hours worked during the past twelve (12) months. This information shall be furnished to the division staff upon request.

(5) Maintaining a copy of this article and making it available to all personnel and the residents.

(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request.

(h) Each facility, except: (1) a facility that cares for children; or (2) an intermediate care facility for the mentally retarded; shall encourage all employees serving residents or the public to wear name and title identification.

(i) Each facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following:

(1) The range of services offered.
(2) Residents' rights.
(3) Personnel administration.
(4) Facility operations.

(j) The licensee shall approve the policy manual, and subsequent revisions, in writing. The policy manual shall be reviewed and dated at least annually. The resident care policies shall be:

(1) developed by a group of professional personnel; and
(2) approved by the medical director.

(k) The policies shall be maintained in a manual or manuals accessible to employees and made available upon request to the following:
(1) Residents.
(2) The department.
(3) The sponsor or surrogate of a resident.
(4) The public. Management/ownership confidential directives are not required to be included in the policy manual; however, the policy manual must include all of the facility's operational policies.

...(n) Each facility shall conspicuously post the license or a true copy thereof within the facility in a location accessible to public view.

(o) Each facility shall submit an annual statistical report to the department.

...(q) A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(r) The facility must operate and provide services in compliance with all applicable federal, state, and local laws, regulations, and codes and with accepted professional standards and principles that apply to professionals providing services in such a facility.

(s) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility.

(t) The governing body shall appoint the administrator who is:

(1) licensed under IC 25-19-1; and

(2) responsible for the management of the facility.

...(w) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements. The director shall have a minimum of twelve (12) hours of dementia-specific training within three (3) months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to:

(1) meet the needs or preferences, or both, of cognitively impaired residents; and

(2) gain understanding of the current standards of care for residents with dementia.

410 IAC 16.2-3.1-14 Personnel

Sec. 14

(a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Specific inquiries shall be made for prospective employees. The facility
shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.

...(q) Each facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:

(1) The name and address of the employee.
(2) Social Security number.
(3) Date of beginning employment.
(4) Past employment, experience, and education if applicable.
(5) Professional licensure, certification, or registration number or dining assistant certificate or letter of completion if applicable.
(6) Position in the facility and job description.
(7) Documentation of orientation to the facility and to the specific job skills.
(8) Signed acknowledgement of orientation to residents’ rights.
(9) Performance evaluations in accordance with the facility’s policy.
(10) Date and reason for separation.

(r) The employee's personnel record shall be retained for at least three (3) years following termination or separation of the employee from employment.

(s) Professional staff must be licensed, certified, or registered in accordance with applicable state laws or rules.

410 IAC 16.2-3.1-28 Staff treatment of residents

Sec. 28.

(a) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

(b) The facility must:

(1) not employ individuals who have:

(A) been found guilty of abusing, neglecting, or mistreating residents or misappropriating residents’ property by a court of law; or

(B) had a finding entered into the state nurse aide registry concerning abuse, neglect, mistreatment of residents, or misappropriation of their property; and

(2) report any knowledge the facility has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the state nurse aide registry or licensing authority.

(c) The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, are reported immediately to the administrator of the facility and other officials in accordance with state law through established procedures, including to the state survey and certification agency.
(d) The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress.

(e) The results of all investigations must be reported to the administrator or the administrator’s designated representative and to other officials in accordance with state law (including to the department) within five (5) working days of the incident, and if the alleged violation is verified, appropriate corrective action must be taken.

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481—58.4(135C) General requirements.

58.4(1) The license shall be displayed in a conspicuous place in the facility which is viewed by the public. (III)

58.4(2) The license shall be valid only in the possession of the licensee to whom it is issued. 58.4(3) The posted license shall accurately reflect the current status of the nursing facility. (III)

58.4(4) Licenses expire one year after the date of issuance or as indicated on the license.

58.4(5) No nursing facility shall be licensed for more beds than have been approved by the health facilities construction review committee.

58.4(6) Each citation or a copy of each citation issued by the department for a class I or class II violation shall be prominently posted by the facility in plain view of the residents, visitors, and persons inquiring about placement in the facility. The citation or copy of the citation shall remain posted until the violation is corrected to the satisfaction of the department. (III)

481—58.5(135C) Notifications required by the department. The department shall be notified:

58.5(1) Within 48 hours, by letter, of any reduction or loss of nursing or dietary staff lasting more than seven days which places the staffing ratio below that required for licensing. No additional residents shall be admitted until the minimum staffing requirements are achieved; (III)

58.5(2) Of any proposed change in the nursing facility’s functional operation or addition or deletion of required services; (III)

58.5(3) Thirty days before addition, alteration, or new construction is begun in the nursing facility or on the premises; (III)

58.5(4) Thirty days in advance of closure of the nursing facility; (III)

58.5(5) Within two weeks of any change in administrator; (III)

58.5(6) When any change in the category of license is sought; (III)

58.5(7) Prior to the purchase, transfer, assignment, or lease of a nursing facility, the licensee shall:

a. Inform the department of the pending sale, transfer, assignment, or lease of the facility; (III)
b. Inform the department of the name and address of the prospective purchaser, transferee, assignee, or lessee at least 30 days before the sale, transfer, assignment, or lease is completed; (III)

c. Submit a written authorization to the department permitting the department to release all information of whatever kind from the department’s files concerning the licensee’s nursing facility to the named prospective purchaser, transferee, assignee, or lessee. (III)

58.5(8) Pursuant to the authorization submitted to the department by the licensee prior to the purchase, transfer, assignment, or lease of a nursing facility, the department shall upon request send or give copies of all recent licensure surveys and of any other pertinent information relating to the facility’s licensure status to the prospective purchaser, transferee, assignee, or lessee; costs for such copies shall be paid by the prospective purchaser.

481—58.7(135C) Licenses for distinct parts.

58.7(1) Separate licenses may be issued for distinct parts of a health care facility which are clearly identifiable, containing contiguous rooms in a separate wing or building or on a separate floor of the facility and which provide care and services of separate categories.

58.7(2) The following requirements shall be met for a separate licensing of a distinct part:

a. The distinct part shall serve only residents who require the category of care and services immediately available to them within that part; (III)

b. The distinct part shall meet all the standards, rules, and regulations pertaining to the category for which a license is being sought;

c. A distinct part must be operationally and financially feasible;

d. A separate staff with qualifications appropriate to the care and services being rendered must be regularly assigned and working in the distinct part under responsible management; (III)

e. Separately licensed distinct parts may have certain services such as management, building maintenance, laundry, and dietary in common with each other.

481—58.8(135C) Administrator.

58.8 (1) Each nursing facility shall have one person in charge, duly licensed as a nursing home administrator or acting in a provisional capacity. (III)

58.8(2) A licensed administrator may act as an administrator for not more than two nursing facilities.

a. The distance between the two facilities shall be no greater than 50 miles. (II)

b. The administrator shall spend the equivalent of three full eight-hour days per week in each facility. (II)

c. The administrator may be responsible for no more than 150 beds in total if the administrator is an administrator of more than one facility. (II)

58.8 (3) The licensee may be the licensed nursing home administrator providing the licensee meets the requirements as set forth in these regulations and devotes the required time to administrative
duties. Residency in the facility does not in itself meet the requirement. (III)

58.8 (4) A provisional administrator may be appointed on a temporary basis by the nursing facility licensee to assume the administrative duties when the facility, through no fault of its own, has lost its administrator and has been unable to replace the administrator provided that no facility licensed under Iowa Code chapter 135C shall be permitted to have a provisional administrator for more than 6 months in any 12-month period and further provided that:

a. The department has been notified prior to the date of the administrator’s appointment; (III)

b. The board of examiners for nursing home administrators has approved the administrator’s appointment and has confirmed such appointment in writing to the department. (III)

58.8 (5) In the absence of the administrator, a responsible person shall be designated in writing to the department to be in charge of the facility. (III) The person designated shall:

a. Be knowledgeable of the operation of the facility; (III)

b. Have access to records concerned with the operation of the facility; (III)

c. Be capable of carrying out administrative duties and of assuming administrative responsibilities; (III)

d. Be at least 18 years of age; (III)

e. Be empowered to act on behalf of the licensee during the administrator’s absence concerning the health, safety, and welfare of the residents; (III)

f. Have had training to carry out assignments and take care of emergencies and sudden illness of residents. (III)

58.8 (6) A licensed administrator in charge of two facilities shall employ an individual designated as a full-time assistant administrator for each facility. (III)

58.8 (7) An administrator of only one facility shall be considered as a full-time employee. Full-time employment is defined as 40 hours per week. (III)

481—58.9(135C) Administration. 58.9

(1) The licensee shall:

a. Assume the responsibility for the overall operation of the nursing facility; (III)

b. Be responsible for compliance with all applicable laws and with the rules of the department; (III)

c. Establish written policies, which shall be available for review, for the operation of the nursing facility. (III)

58.9(2) The administrator shall:

a. Be responsible for the selection and direction of competent personnel to provide services for the resident care program; (III)
b. Be responsible for the arrangement for all department heads to annually attend a minimum of ten contact hours of educational programs to increase skills and knowledge needed for the position; (III)

c. Be responsible for a monthly in-service educational program for all employees and to maintain records of programs and participants; (III)

d. Make available the nursing facility payroll records for departmental review as needed; (III)

e. Be required to maintain a staffing pattern of all departments. These records must be maintained for six months and are to be made available for departmental review. (III)

481—58.10(135C) General policies.

58.10(1) There shall be written personnel policies in facilities of more than 15 beds to include hours of work, and attendance at educational programs. (III)

58.10(2) There shall be a written job description developed for each category of worker. The job description shall include title of job, job summary, qualifications (formal education and experience), skills needed, physical requirements, and responsibilities. (III)

58.10(3) There shall be written personnel policies for each facility.

481—58.15(135C) Records.

58.15(6) Reports to the department. The licensee shall furnish statistical information concerning the operation of the facility to the department on request. (III)

58.15(7) Personnel record.

a. An employment record shall be kept for each employee, consisting of the following information: name and address of employee, social security number of employee, date of birth of employee, date of employment, experience and education, references, position in the home, criminal history and dependent adult abuse background checks, and date and reason for discharge or resignation. (III)

b. The personnel records shall be made available for review upon request by the department. (III)

481—58.53(135C) County care facilities. In addition to Chapter 58 licensing rules, county care facilities licensed as nursing facilities must also comply with department of human services rules, 441—Chapter 37. Violation of any standard established by the department of human services is a Class II violation pursuant to 481—56.2(135C).

481—58.54 (73GA,ch 1016) Special unit or facility dedicated to the care of persons with chronic confusion or a dementing illness (CCDI unit or facility).

58.54(1) A nursing facility which chooses to care for residents in a distinct part shall obtain a license for a CCDI unit or facility. In the case of a distinct part, this license will be in addition to its ICF license. The license shall state the number of beds in the unit or facility. (III)

a. Application for this category of care shall be submitted on a form provided by the department. (III)
b. Plans to modify the physical environment shall be submitted to the department. The plans shall be reviewed based on the requirements of 481—Chapter 61. (III)

58.54(2) A statement of philosophy shall be developed for each unit or facility which states the beliefs upon which decisions will be made regarding the CCDI unit or facility. Objectives shall be developed for each CCDI unit or facility as a whole. The objectives shall be stated in terms of expected results. (II, III)

58.54(3) A résumé of the program of care shall be submitted to the department for approval at least 60 days before a separate CCDI unit or facility is opened. A new résumé of the program of care shall be submitted when services are substantially changed. (II, III)

The résumé of the program of care shall:

a. Describe the population to be served; (II, III)
b. State philosophy and objectives; (II, III)
c. List admission and discharge criteria; (II, III)
d. Include a copy of the floor plan; (II, III)
e. List the titles of policies and procedures developed for the unit or facility; (II, III)
f. Propose a staffing pattern; (II, III)
g. Set out a plan for specialized staff training; (II, III)
h. State visitor, volunteer, and safety policies; (II, III)
i. Describe programs for activities, social services and families; (II, III) and
j. Describe the interdisciplinary care planning team. (II, III)

58.54(4) Separate written policies and procedures shall be implemented in each CCDI unit or facility. There shall be:

a. Admission and discharge policies and procedures which state the criteria to be used to admit residents and the evaluation process which will be used. These policies shall require a statement from the attending physician agreeing to the placement before a resident can be moved into a CCDI unit or facility. (II, III)

b. Safety policies and procedures which state the actions to be taken by staff in the event of a fire, natural disaster, emergency medical or catastrophic event. Safety procedures shall also explain steps to be taken when a resident is discovered to be missing from the unit or facility and when hazardous cleaning materials or potentially dangerous mechanical equipment is being used in the unit or facility. The facility shall identify its method for security of the unit or facility and the manner in which the effectiveness of the security system will be monitored. (II, III)

c. Program and service policies and procedures which explain programs and services offered in the unit or facility including the rationale. (III)

d. Policies and procedures concerning staff which state minimum numbers, types and qualifications of staff in the unit or facility. (II, III)

e. Policies about visiting which suggest times and ensure the residents' rights to free access to visitors. (II, III)
Quality assurance policies and procedures which list the process and criteria which will be used to monitor and to respond to risks specific to the residents. This shall include, but not be limited to, drug use, restraint use, infections, incidents and acute behavioral events. (II, III)

...58.54(8) The CCDI unit or facility license may be revoked, suspended or denied pursuant to Iowa Code chapter 135C and Iowa Administrative Code 481—Chapter 50.

This rule is intended to implement 1990 Iowa Acts, chapter 1016.

481—58.55(135C) Another business or activity in a facility. A facility is allowed to have another business or activity in a health care facility or in the physical structure of the facility, if the other business or activity meets the requirements of applicable state and federal laws, administrative rules, and federal regulations. To obtain the approval of the department and the state fire marshal, the facility must submit to the department a written request for approval which identifies the service(s) to be offered by the business and addresses the factors outlined in paragraphs “a” through “f” of subrule 58.55(1). (I, II, III)

58.55(1) The following factors will be considered by the department in determining whether a business or activity will interfere with the use of the facility by residents, interfere with services provided to residents, or be disturbing to residents:

a. Health and safety risks for residents;
b. Noise created by the proposed business or activity;
c. Odors created by the proposed business or activity;
d. Use of the facility’s corridors or rooms as thoroughfares to the business or activity in regard to safety and disturbance of residents and interference with delivery of services;
e. Proposed staffing for the business or activity; and
f. Sharing of services and staff between the proposed business or activity and the facility.

58.55(2) Approval of the state fire marshal shall be obtained before approval of the department will be considered.

58.55(3) A business or activity conducted in a health care facility or in the same physical structure as a health care facility shall not reduce space, services or staff available to residents below minimums required in these rules and 481—Chapter 61. (I, II, III)

KANSAS


(1) "Adult care home" means any nursing facility, nursing facility for mental health, intermediate care facility for the mentally retarded, assisted living facility, residential health care facility, home plus, boarding care home and adult day care facility, all of which classifications of adult care homes are required to be licensed by the secretary of aging.
"Nursing facility'' means any place or facility operating 24 hours a day, seven days a week, caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care to compensate for activities of daily living limitations.

9-926a. Limitation on number of persons licensed to operate adult care home; application of section; section supplemental to adult care home licensure act.

(a) Except as otherwise provided in this section, no more than three different persons shall be licensed to operate any one adult care home under the adult care home licensure act, and no license to operate any one adult care home shall be issued under that act to more than three different persons. The provisions of this section shall not apply to any license to operate an adult care home which is in effect on the effective date of this act and which is issued to more than three different persons, or the renewal of any such license, unless subsequent to the effective date of this act three or fewer persons operate the adult care home or the license to operate the adult care home is denied or revoked.

(b) This section shall be part of and supplemental to the adult care home licensure act. History: L. 1983, ch. 141, § 1; April 21.


(d) Staff treatment of residents. Each facility shall develop and implement written policies and procedures that prohibit abuse, neglect, and exploitation of residents. The facility shall:

(1) Not use verbal, mental, sexual, or physical abuse, including corporal punishment, or involuntary seclusion;
(2) not employ any individual who has been identified on the state nurse aide registry as having abused, neglected, or exploited residents in an adult care home in the past;
(3) ensure that all allegations of abuse, neglect, or exploitation are investigated and reported immediately to the administrator of the facility and to the Kansas department of health and environment;
(4) have evidence that all alleged violations are thoroughly investigated, and shall take measures to prevent further potential abuse, neglect and exploitation while the investigation is in progress;
(5) report the results of all facility investigations to the administrator or the designated representative;
(6) maintain a written record of all investigations of reported abuse, neglect, and exploitation; and
(7) take appropriate corrective action if the alleged violation is verified.

28-39-160. Other resident services.

(a) Special care section. A nursing facility may develop a special care section within the nursing facility to serve the needs of a specific group of residents.

(1) The facility shall designate a specific portion of the facility for the special care section.
(2) The facility shall develop admission and discharge criteria that identify the diagnosis, behavior, or specific clinical needs of the residents to be served. The medical diagnosis, physician's progress notes, or both shall justify admission to the section.
(3) A written physician's order shall be required for placement.
(4) Direct care staff shall be present in the section at all times.
Before admission to a special care section, the facility shall inform the resident or resident’s legal representative in writing of the services and programs available in the special care section that are different from those services and programs provided in the other sections of the facility.

The facility shall provide a training program for each staff member before the member’s assignment to the section. Evidence of completion of the training shall be on file in the employee’s personnel records.

The facility shall provide in-service training specific to the needs of the residents in the special care section to staff at regular intervals.

The facility shall develop and make available to the clinical care staff policies and procedures for operation of the special care section.

The facility shall provide a substation for use by the direct care staff in the special care section. The design of the substation shall be in accordance with the needs of the special care section and shall allow for visibility of the corridors from that location.

Staff in the section shall be able to observe and hear resident and emergency call signals from the corridor and nurse substation.

The facility shall provide living, dining, activity, and recreational areas in the special care section at the rate of 27 square feet per resident, except when residents are able to access living, dining, activity, and recreational areas in another section of the facility.

The comprehensive resident assessment shall indicate that the resident would benefit from the program offered by the special care section.

The resident comprehensive care plan shall include interventions that effectively assist the resident in correcting or compensating for the identified problems or need.

Control of exits shall be the least restrictive possible for the residents in the section.

Adult day care. A nursing facility may provide adult day care services to any individual whose physical, mental, and psychosocial needs can be met by intermittent nursing, psychosocial, and rehabilitative or restorative services.

The nursing facility shall develop written policies and procedures for provision of adult day care services.

The nursing facility shall develop criteria for admission to and discharge from the adult day care service.

The nursing facility shall maintain a clinical record of services provided to clients in the adult day care program.

The provision of adult day care services shall not adversely affect the care and services offered to residents of the facility.

Respite care. A nursing facility may provide respite care to individuals on a short-term basis of not more than 30 consecutive days.

The facility shall develop policies and procedures for the provision of respite care.

All requirements for admission of a resident to a nursing facility shall be met for an individual admitted for respite care.

The facility may obtain an order from the resident’s physician indicating that the resident may return to the facility at a later date for respite care.
(A) The facility may identify the resident’s clinical record as inactive until the resident returns.
(B) Each time the resident returns to the facility for subsequent respite services, the resident’s physician shall review the physician plan of care and shall indicate any significant change that has occurred in the resident’s medical condition since the previous stay.
(C) The facility shall review and revise the comprehensive assessment and care plan, if needed.
(D) The facility shall conduct a comprehensive assessment after any significant change in the resident’s physical, mental, or psychosocial functioning and not less often than once a year.
(E) Any facility with a ban on admissions shall not admit or readmit residents for respite care.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended October 8, 1999.)

29-39-163. Administration

Each nursing facility shall be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident

(a) Governing body.

(1) Each facility shall have a governing body or shall designate a group of people to function as a governing body. The governing body shall be legally responsible for establishing and implementing policies regarding the management and operation of the facility.

(2) The governing body shall appoint an administrator who meets the following criteria:

(A) Is licensed by the state; and
(B) has full authority and responsibility for the operation of the facility and compliance with licensing requirements.

(3) The licensee shall adopt a written position description for the administrator that includes responsibility for the following:

(A) Planning, organizing, and directing the operation of the facility;
(B) implementing operational policies and procedures for the facility; and
(C) authorizing, in writing, a responsible employee 18 years old or older to act on the administrator’s behalf in the administrator’s absence.

(4) Each facility may request approval from the department for an administrator to supervise more than one nursing facility. Each request shall be submitted, in writing, by the governing bodies of the facilities on a form approved by the department. Each facility shall meet all of the following conditions:

(A) The facilities are in a proximate location that would facilitate on-site supervision daily, if needed.
(B) The combined resident capacity does not exceed 120 residents.
(C) The administrator appointed to operate the facilities has had at least two years of experience
as an administrator of a nursing facility and has demonstrated the ability to assure the health and safety of residents.

(D) When a change in administrator occurs, the facilities submit the credentials of the proposed new administrator for approval by the department.

(b) Policies and procedures.

(1) Each licensee shall adopt and enforce written policies and procedures to ensure all of the following:

(A) Each resident attains or maintains the highest practicable physical, mental, and psychosocial well-being.

(B) Each resident is protected from abuse, neglect, and exploitation.

(C) The rights of residents are proactively assured.

(2) The facility shall revise all policies and procedures as necessary and shall review all policies and procedures at least annually.

(3) Policies and procedures shall be available to staff at all times. Policies and procedures shall be available, on request, to any person during normal business hours. The facility shall post a notice of availability in a readily accessible place for residents.

(c) Power of attorney and guardianship. Anyone employed by or having a financial interest in the facility, unless the person is related by marriage or blood within the second degree to the resident, shall not accept a power of attorney, a durable power of attorney for health care decisions, guardianship, or conservatorship.

(d) Reports. Each administrator shall submit to the licensing agency, not later than 10 days following the period covered, a semiannual report of residents and employees. The administrator shall submit the report on forms provided by the licensing agency. The administrator shall submit any other reports as required by the licensing agency.

...g) Staff development and personnel policies. The facility shall provide regular performance review and in-service education of all employees to ensure that the services and procedures assist residents to attain and maintain their highest practicable level of physical, mental, and psychosocial functioning.

KENTUCKY

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Section 5. Resident Behavior and Facility Practices. [nursing facilities]

...(2) Abuse. The resident shall have the right to be free from verbal sexual, physical or mental abuse, corporal punishment, and involuntary seclusion.
(3) Staff treatment of residents. The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of residents.

(a) The facility shall:

1. Not use verbal, mental, sexual, or physical abuse, including corporal punishment, or involuntary seclusion; and
2. Not employ individuals who have been convicted of abusing, neglecting or mistreating individuals.

(b) The facility shall have evidence that all alleged violations are thoroughly investigated, and shall prevent further potential abuse while the investigation is in progress.

(c) The results of all investigations shall be reported to the administrator or his designated representative within five (5) working days or to other officials in accordance with applicable provisions of KRS Chapter 209 or 620, if the alleged violation is verified appropriate corrective action is taken.

(d) The facility shall document alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, are reported immediately to the administrator of the facility or to other officials in accordance with KRS Chapters 209 and 620.

(e) The facility shall have evidence that all alleged violations are thoroughly investigated, and shall prevent further potential abuse while the investigation is in progress.

Section 15. Administration. [nursing facilities] A facility shall be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(1) Compliance with federal, state and local laws and professional standards. The facility shall operate and provide services in compliance with all applicable federal, state and local laws, regulations and codes, and with accepted professional standards and principles that apply to professionals providing services in a facility.

(2) Governing body.

(a) The facility shall have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and

(b) The governing body appoints the administrator who shall be:

1. Licensed as a nursing home administrator pursuant to KRS 216A.080; and
2. Responsible for management of the facility.
§9703. Licensing Process

...K. The license shall be conspicuously posted in the nursing home.

§9704. Alzheimer's Special Care Disclosure

A. Any provider offering a special program for persons with Alzheimer's disease or a related disorder must disclose the form of care or treatment that distinguishes it as being especially applicable to or suitable for such persons. For the purpose of this section, a related disorder means progressive, incurable dementia.

B. Prior to entering into any agreement to provide care, a provider must make the disclosure to:

any person seeking services within an Alzheimer’s special care program; or any person seeking such services on behalf of a person with Alzheimer's disease or a related disorder within an Alzheimer’s special care program. A provider must make the disclosure upon characterizing programs or services as specially suited for persons with Alzheimer's disease or a related disorder. Additionally, a provider must give copies of current disclosure forms to all designees, representatives or sponsors of persons receiving treatment in an Alzheimer’s special care program.

C. A provider must furnish the disclosure to the department when applying for a license, renewing an existing license, or changing an existing license. Additional disclosure may be made to the state ombudsman. During the licensure or renewal process, the department will examine all disclosures to verify the accuracy of the information. Failure to provide accurate or timely information constitutes noncompliance with this section and may subject the provider to standard administrative penalties or corrective actions. Distributing an inaccurate or misleading disclosure form constitutes deceptive advertising and may subject a provider to prosecution under LA R.S. 51:1401 et seq. In such instances, the department will refer the matter to the Attorney General's Division of Consumer Protection for investigation and possible prosecution.

D. Within seven working days of a significant change in the information submitted to the department, a provider must furnish an amended disclosure form reflecting the change to the following parties:

1. the department;
2. any clients with Alzheimer's disease or a related disorder currently residing in the nursing home;
3. any designee, representative or sponsor of any such client;
4. any person seeking services in an Alzheimer's special care program; and
5. any person seeking services on behalf of a person with Alzheimer's disease or a related disorder in an Alzheimer's special care program.
E. A provider must use the "Alzheimer's Special Care Disclosure Form" developed by the department. The disclosure form shall contain the following information:

- A written statement of the overall philosophy and mission of the Alzheimer's special care program which reflects the needs of residents afflicted with dementia;
- A description of the criteria and process for admission to, transfer, or discharge from the program;
- A description of the process used to perform an assessment as well as to develop and implement the plan of care, including the responsiveness of the plan of care to changes in condition;
- A description of staff training and continuing education practices;
- A description of the physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;
- A description of the frequency and types of resident activities;
- A statement of philosophy on the family's involvement in care and a statement on the availability of family support programs;
- A list of the fees for care and any additional program fees.

Subchapter B. Organization and General Services

§9715. Governing Body

A. The nursing home shall have a governing body that is legally responsible for establishing and implementing policies regarding the management and operation of the nursing home. The governing body shall develop and approve policies and procedures which define and describe the scope of services offered. They shall be revised as necessary and reviewed at least annually.

B. The governing body shall be responsible for the operation of the nursing home.

C. The governing body shall appoint, in writing, a licensed administrator responsible for the management of the nursing home.

D. The governing body shall notify the department, in writing by certified mail, when a change occurs in the administrator position within 30 calendar days after the change occurs. The notice shall include the identity of the individual and the specific date the change occurred.

§9717. Administration

A. Facility Administrator. All facilities are required to have full-time administrators. Full-time administrators are persons who are licensed, currently registered and engaged in the day-to-day management of the facility. The administrator's duties shall conform to the following standards.

1. Administrative/management activities shall be the major function of the required duties.

2. An adequate and reasonable amount of time shall be spent on the premises of the facility. The administrative activities must be the major function of the person performing the duties.

3. A major portion of the time, described above, shall be spent during the normal work week of the facility's personnel.
B. A full-time employee functioning in an administrative capacity shall be authorized in writing to act in the administrator’s behalf when he/she is absent or functioning as a full-time administrator for two facilities.

C. Administrator Responsibilities and Restrictions

1. No individual may function as a full-time administrator for more than two nursing facilities. When a full-time administrator is engaged in the management of two nursing facilities, the facilities' sizes and proximity to one another have considerable bearing on the administrator's ability to adequately manage the affairs of both nursing facilities.

   a. The response time to either facility shall be no longer than one hour.

   b. If an administrator serves two facilities, he/she must spend 20 hours per week at each facility.

1. The administrator or his designee is responsible, in writing, for the execution of all policies and procedures.

2. If a change occurs in the individual who is the administrator of a nursing facility, notice shall be provided to the Bureau of Health Services Financing, Health Standards Section by the facility administrator or, in the absence of an administrator, by the governing body of the facility at the time the change occurs.

   a. Notice shall include the identity of all individuals involved and the specific changes which have occurred.

   b. Failure to provide written notice by certified mail within 30 calendar days from the date a change occurs will result in a Class C civil money penalty.

   c. The Department shall allow nursing facilities 30 days from the date of the change in the position to fill the resulting vacancy in the administrator position. There shall be no waiver provisions for this position.

   d. The governing body of the facility shall appoint a facility designee charged with the general administration of the facility in the absence of a licensed administrator.

   e. Failure to fill a vacancy or to notify the Department in writing by the thirty-first day of vacancy that the administrator position has been filled shall result in a Class C civil money penalty.

D. Assistant Administrator. A nursing facility with a licensed bed capacity of 161 or more beds must employ an assistant administrator. An assistant administrator shall be a full-time employee and function in an administrative capacity.

§9719. Personnel

...B. Personnel records shall be current and available for each employee and shall contain sufficient information to assure that they are assigned duties consistent with his or her job description and level of competence, education, preparation, and experience.
§9721. Criminal History Provisions; Screening

A. Nursing homes shall have criminal history checks performed on nonlicensed personnel to include CNAs, housekeeping staff, activity workers, and social service personnel in accordance with R.S. 40:1300.5 et seq.

B. All personnel requiring licensure to provide care shall be licensed to practice in the state of Louisiana. Credentials of all licensed full-time, part-time, and consultant personnel shall be verified on an annual basis, in writing, by a designated staff member.

§9723. Policies and Procedures

A. There shall be written policies and procedures:

1. available to staff, residents, and/or sponsors governing all areas of care and services provided by the nursing home;

2. ensuring that each resident receives the necessary care and services to promote the highest level of functioning and well-being of each resident;

3. developed with the advice of a group of professional personnel consisting of at least a licensed physician, the administrator, and the director of nursing service;

4. approved by the governing body;

5. revised, as necessary, but reviewed by the professional group at least annually;

6. available to admitting physicians; and

7. reflecting awareness of, and provision for, meeting the total medical and psychosocial needs of residents, including admission, transfer, and discharge planning; and the range of services available to residents, including frequency of physician visits by each category of residents admitted.

B. The administrator, or his designee, is responsible, in writing, for the execution of such policies.

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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.

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10.07.02.02 License Required.

B. Separate License Required. Separate licenses are required for facilities maintained on separate premises, even though they are operated under the same management. Separate licenses may be required for separate buildings on the same grounds.

C. Other License Required. A facility having a dual function, including care of the sick requiring hospital facilities in addition to rendering other care services, is required to be licensed for each level of health care rendered.

D. Posting of License Application and Instructions for Written Comment.

(1) At least 50 days before the anticipated date of the new license or relicensure, a facility shall conspicuously post:

(a) Its application for initial license or license renewal; or

(b) A notice describing where in the facility the application for licensure or relicensure may be found.

(2) The posting shall be near the entrance, in a manner which is plainly visible and easily read by the public.

(3) The posting shall include instructions for filing written comments to the Department.

E. Posting of License. A facility shall conspicuously post its license on the premises, at or near the entrance, in a manner which is plainly visible and easily read by the public.

10.07.02.03. Licensing Procedure.

...B. Restrictions of License.

(1) Nomenclature. Comprehensive care facilities or extended care facilities licensed under this regulation may not use in their title the words "Hospital", "Sanitorium", or "Sanitarium".

...(3) Local Law or Ordinance, Where Applicable. Comprehensive care facilities or extended care facilities located in political subdivisions which require them to meet certain standards shall submit
proof to the Secretary that they meet local laws, regulations, or ordinances at the time application for license is submitted.

10.07.02.07 Administration and Resident Care.

A. Responsibility.

(1) The licensee shall be responsible for the overall conduct of the comprehensive care facility or extended care facility and for compliance with applicable laws and regulations.

(2) The administrator shall be responsible for the implementation and enforcement of all provisions of the Patient's Bill of Rights Regulations under COMAR 10.07.09.

B. Delegation to Administrator.

(1) The licensee, if not acting as an administrator, shall appoint as administrator a responsible person who is qualified by training and experience, and is licensed by the Board of Examiners of Nursing Home Administrators for the State. The administrator shall be responsible for the control of the operation on a 24-hour basis and shall serve full-time, except that an administrator may, with the Department's approval, serve on a less than full-time basis for a maximum of two nursing facilities, one of which shall have a licensed capacity of 35 beds or less.

(2) The Department shall consider the following factors when considering whether to approve an administrator to serve on a less than full-time basis:

(a) Geographical location of the facilities;

(b) Ownership of the facilities;

(c) Organizational structure of the facilities;

(d) Size of the facilities; and

(e) Background and experience of the administrator.

C. Absence of Administrator. In the absence of the administrator, the facility at all times shall be under the direct and personal supervision of an experienced, trained, competent employee. When the director of nursing serves as relief for the administrator, he shall designate an experienced, qualified registered nurse to direct the nursing service. The relief director of nursing shall be freed from other responsibilities.

D. Excessive Absenteeism of Administrator. If the administrator is absent from the facility an excessive amount of time, and the Department determines that the director of nursing's absence from nursing service is having an adverse effect on patient care, the Department may require the designation of a specific registered nurse who shall be named the "assistant director of nursing". The Department shall be notified of the name of the assistant director of nursing. When the designee is replaced, the Department shall be notified of the name of the registered nurse filling the vacancy.
E. Character. The administrator shall be of good moral character, in good physical and mental health, and shall demonstrate a genuine interest in the well-being and welfare of patients in the facility.

H. Employment Records. A written application shall be on file for each employee and shall contain:

1. Employee’s social security number.
2. Home address.
3. Educational background.
4. Past employment with documentation that references have been considered by the facility. If the employee formerly worked in a nursing home, consideration shall be given to the record as it relates to abuse of patients, theft, and fires.
5. The licensure of personnel employed as registered or licensed practical nurses shall be verified by the facility.

10.07.02.09 Resident Care Policies.

A. Written Policies. Comprehensive care facilities and extended care facilities shall develop written policies, consistent with these regulations, to govern the nursing care and related medical or other services they provide covering the following:

1. Admission, transfer, and discharge policies including categories of patients accepted and not accepted by the facility, or those who are required to transfer to another level of care. The facility’s admission policy shall include a statement as to whether or not medical assistance patients will be admitted and if admitted, under what circumstances.
2. Physician services.
3. Patients’ rights.
4. Nursing services.
5. Dietetic services.
6. Specialized rehabilitative services—occupational therapy services, physical therapy services, speech pathology and audiology services.
7. Pharmaceutical services.
8. Laboratory and radiologic services.
9. Dental services.
10. Social services.
11. Patient activities.
12. Clinical records.
13. Reports and action required in unusual circumstances.
15. Infection control.
16. Tuberculosis Surveillance. All comprehensive care facilities and extended care facilities shall have written policies and procedures, acceptable to the Department, for tuberculosis surveillance of all residents. See Regulation .21G of this chapter for tuberculosis surveillance requirements.
17. Disaster plan.
18. Housekeeping services, pest control, and laundry.
19. Patient care management.

B. The patient care policies shall be developed with the advice of the principal physician (or medical staff or medical director, if applicable), and at least one registered nurse. Policies shall be reviewed
at least annually by a group of professional personnel including one or more physicians and one or more registered nurses. Written policies shall be kept current with the policies used to administer the facility. For reference purposes, copies of the patient care policies shall be readily available to all personnel responsible for patient care.

C. Policies and Procedures.

(1) Upon the request of the Secretary or the Secretary's designee, the facility's policies and procedures shall be made available to the Secretary for onsite review.

(2) The licensee shall submit to the Department any significant substantive changes to the policies and procedures which have occurred since review of the policies and procedures within 2 weeks of implementation of the changes.

10.07.02.12 Nursing Services.

E. Director of Nursing’s Vacancy Exceeding 30 Days. If the position of director of nursing remains vacant for a period of 30 days, the license may be revoked unless the administrator and the governing body are able to demonstrate that they have made every effort to obtain a replacement.

10.07.02.14 Specialized Rehabilitative Services

C. Policies and Procedures. Written administrative and patient care policies and procedures shall be developed for rehabilitative services by appropriate rehabilitation team members and representatives of the medical, administrative, and nursing staff. Policies shall provide for the coordination of rehabilitative services and the rehabilitative aspects of nursing.

10.07.02.14-1 Special Care Units — General.

A. A facility which holds a current and valid operating license may establish special care units with the approval of the Office of Licensing and Certification Programs and the Department’s Division of Engineering and Maintenance.

B. A facility may notify the Department of its intention to establish a special care unit before developing and submitting the required documents for approval as described in §C of this regulation.

10.07.02.14-2 Special Care Units—Respiratory Care Unit.

A. A respiratory care unit shall meet the:

(1) General requirements established for all special care units as outlined in Regulation .14-1 of this chapter; and

(2) Requirements of this regulation.

10.07.02.15 Pharmaceutical Services.

A. Facility Responsible for Pharmacy Services...Pharmaceutical services shall be provided in accordance with accepted professional principles and appropriate federal, State, and local laws. Any regulation in this chapter shall govern if higher.
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 residents at 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.

MICHIGAN

PART 1. GENERAL PROVISIONS

R 325.20109 State, federal, and local laws, rules, codes, and ordinances; compliance.

Rule 109. A nursing care facility which is licensed or certified shall comply with applicable state and
federal laws and rules and shall furnish such evidence as the department may require to show
compliance with such laws and rules and applicable local rules, codes, and ordinances, as a
condition of licensure or certification.

R 325.20111 Governing bodies, administrators, and supervisors; responsibilities.

Rule 111.

(1) The governing body of a nursing home shall assume full legal responsibility for the overall
conduct and operation of the home. In the absence of an organized governing body, the owner,
operator, or person legally responsible for the overall conduct and operation of the home shall
carry out the functions of the governing body.

(2) The governing body shall appoint a licensed nursing home administrator and shall delegate to
the administrator the responsibility for operating the home in accordance with policies established
by the governing body. An administrator and all other persons in supervisory positions shall be not
less than 18 years of age.

(3) An administrator shall designate, in writing, a competent person who is not less than 18 years of
age to carry out the responsibilities and duties of the administrator in the administrator's absence.

PART 2. LICENSURE

R 325.20212 Notice to department of change in information required; transfer of license; posting.

Rule 212.
(1) A license is issued on the basis of information available to the department on the date of issuance. An applicant or licensee shall give written notice to the department within 5 business days of any change in information submitted as part of an application for initial or renewed licensure.

(2) A license is not transferable between buildings, properties, or owners, from one location to another, or from one part of an institution to another. A change in ownership shall be reported pursuant to section 20142(3) of the code.

(3) The current license shall be posted in a conspicuous public place in the home. For purposes of this rule, the term "license" includes a provisional license, limited license, or a temporary permit.

PART 4. ADMINISTRATIVE MANAGEMENT OF HOMES

R 325.20401 Administrative policy manual.

Rule 401.

(1) The home shall make immediately available for on-site inspection by the department an administrative policy manual which shall include, at a minimum, all of the following:

(a) Admission policies, including a copy of the contract form used by the home when admitting patients.
(b) Governing body bylaws or equivalent, if any.
(c) The nursing home departmental policies.
(d) Personnel policies and job descriptions.
(e) Patient bill of rights and responsibilities.
(f) Transfer agreements.
(g) Contracts with providers of health care and health services.
(h) Disaster and emergency plans.
(i) A list of approved abbreviations used in recording administrative orders.

(2) The administrative policy manual shall be reviewed annually by the governing body, owner, or operator and shall be revised as appropriate. Dates of reviews and revisions shall be a matter of record in the home.

R 325.20502 Policies and procedures for care.

Rule 502.

(1) The home shall have a written policy governing the nursing care and other services provided to a patient, which shall be implemented through written procedures which are maintained and available to personnel at all times. All personnel shall be oriented to the facility and their responsibilities.

(2) The policy shall be developed by a patient care policy committee consisting of at least 1 licensed physician, the director of nursing, and the administrator, with such additional members as the committee determines appropriate. When a nursing home owner is responsible for more than 1 home, the owner may establish 1 patient care policy committee which has the responsibility for developing appropriate policies for each individual home.
(3) The policy shall be presented to the governing body, owner, or operator for review and approval before implementation, and a record of such approval shall be maintained with the policy.

(4) The policy shall be reviewed by the patient care policy committee at least annually and amended as necessary to meet the needs of patients in the home. Revisions shall be approved by the governing body, owner, or operator. A record of such approval shall be maintained with the policy.

(5) The policy shall govern, at a minimum, all of the following:

...(r) Care of patients in an emergency, during a communicable disease episode, when critically ill, or when mentally disturbed.

R 325.20703 Nursing personnel.

Rule 703

...(6) The administrator of the home shall not serve as the director of nursing in homes of 50 or more beds.

R 325.20704 Reporting and enforcement of nurse staffing requirements.

Rule 704.

(1) A home shall maintain, for a period of not less than 2 years, employee time records, including time cards or their equivalent and payroll records.

(2) A home shall submit nurse staffing reports to the department at least quarterly. The department may require more frequent reports when a quarterly report on annual or other survey and evaluation visit or a complaint investigation indicates that deficiencies in nurse staffing requirements may exist.

...(5) The administrator of record, or the acting administrator in the absence of the administrator, in the home shall certify to the accuracy of the nurse staffing reports submitted to the department.

R 325.21103 Patient registers.

Rule 1103. A current register or file of patients shall be maintained and shall include all of the following information for each patient:

(a) Name, social security number, veteran status and number, marital status, age, sex, and home address.
(b) Name, address, and telephone number of next of kin or legal guardian.
(c) Name, address, and telephone number of person or agency responsible for patient's maintenance and care in the home.
(d) Date of admission.
(e) Date of discharge and place to which patient was discharged, if applicable.

R 325.21105 Employee records and work schedules.

Rule 1105.
(1) A record shall be maintained for each employee in the home and shall include all of the following:

(a) Name, address, telephone number, and social security number.
(b) License or registration number, if applicable.
(c) Results of any preemployment or periodic physical examination.
(d) Summary of experience and education.
(e) Beginning date of employment and position for which employed.
(f) References, if obtained.
(g) Results of annual chest x ray or intradermal skin test for tuberculosis.
(h) For former employees, the date employment ceased and the reasons therefor.

(2) A daily work schedule for employees shall be prepared in writing and shall be maintained to show the number and type of personnel on duty in the home for the previous 3 months.

(3) A time record for each employee shall be maintained for not less than 2 years.

PART 15. CERTIFICATION

R 325.21501 Certification; effect. Rule 1501. A nursing home or nursing care facility, or distinct part thereof, shall not be eligible to participate in a federal or state health program requiring certification as an intermediate (basic nursing) care facility (ICF), intermediate care facility/mentally retarded (ICF/MR), skilled nursing facility (SNF), nursing facility for care of mentally retarded patients, nursing facility for care of mentally ill patients, or nursing facility for care of tuberculosis patients unless certified as such by the department in accordance with this code, these rules, and applicable federal and state law and regulations or unless certified by the U.S. secretary of health and human services.

R 325.21508 Requirements for certification as an intermediate (basic nursing) care facility (ICF).

Rule 1508. A licensed nursing care facility shall, at the facility’s request, be certified by the department as an intermediate care facility when it is determined by the department, on the basis of facility survey, inspection, investigation, and evaluation that the facility complies with applicable state and federal statutes, rules, and other standards for intermediate care facilities. Such federal regulations are generally available from the Health Care Financing Administration, U.S. Department of Health and Human Services, Washington, D.C. 20024, and the Bureau of Health Care Administration, Michigan Department of Public Health, Lansing, MI 48909.

R 325.21510 Requirements for certification as a skilled nursing facility (SNF).

Rule 1510. (1) A licensed nursing care facility shall, at the facility’s request, be certified by the department or, when required, by the U.S. secretary of the department of health and human services as a skilled nursing facility when it is determined by the director of the department or the secretary of the department of health and human services, on the basis of facility survey, inspection, investigation, and evaluation, that the facility complies with applicable state and federal statutes, rules, and other standards for skilled nursing facilities. Such federal regulations are generally available from the Health Care Financing Administration, U.S. Department of Health and Human Services, Washington, D.C. 20024, and the Bureau of Health Care Administration, Michigan Department of Public Health, Lansing, MI 48909.
(2) A licensed nursing care facility certified as a skilled nursing facility shall comply with the following provisions:

(a) There shall be at least 1 licensed nurse on duty for each 64 patients, or fraction thereof, on the day shift, at least 1 licensed nurse on duty for each 96 patients, or fraction thereof, on the afternoon shift, and at least 1 licensed nurse on duty for each 120 patients, or fraction thereof, on the night shift.

(b) Additional licensed nurses shall be employed and on duty when such additional licensed nursing personnel are required to meet minimum nursing care needs because of any of the following:

(i) The physical layout or size of the facility or nursing unit.
(ii) The complexity of patient care needs.
(iii) The qualifications of the nursing staff in terms of training and experience.
(iv) The number of therapeutic treatments to be provided.
(v) The number of medications to be administered.

33.20141 Health facility or agency; license required; eligibility to participate in federal or state health program; personnel; services; and equipment; evidence of compliance; providing data and statistics.

Sec. 20141.

(1) A person shall not establish or maintain and operate a health facility or agency without holding a license from the department.

(2) A health facility or agency is not eligible to participate in a federal or state health program requiring certification without current certification from the department.

(3) A health facility or agency shall have the physician, professional nursing, health professional, technical and supportive personnel, and the technical, diagnostic, and treatment services and equipment necessary to assure the safe performance of the health care undertaken by or in the facility or agency.

(4) Licensure and certification of a health facility or agency shall be evidence of the fact that the facility or agency complies with applicable statutory and regulatory requirements and standards at the time of issuance.

(5) A health facility or agency shall provide the department with the data and statistics required to enable the department to carry out functions required by federal and state law, including rules and regulations.

333.20152 Certification by licensee; developing facilities and programs of care; rating individuals for purposes of reimbursement.

Sec. 20152.

(1) A licensee shall certify to the department as part of its application for licensing and certification, that:
(a) All phases of its operation, including its training programs, comply with state and federal laws prohibiting discrimination. The applicant shall direct the administrator of the health facility or agency to take the necessary action to assure that the facility or agency is, in fact, so operated.

(b) Selection and appointment of physicians to its medical staff is without discrimination on the basis of licensure or registration as doctors of medicine or doctors of osteopathic medicine and surgery.

(2) This section does not prohibit a health facility or agency from developing facilities and programs of care that are for specific ages or sexes or rating individuals for purposes of determining appropriate reimbursement for care and services.

333.20171 Rules implementing article; rules promulgated under § 333.21563.

Sec. 20171.

(1) The department, after obtaining approval of the advisory commission, shall promulgate and enforce rules to implement this article, including rules necessary to enable a health facility or agency to qualify for and receive federal funds available for patient care or for projects involving new construction, additions, modernizations, or conversions.

(2) The rules applicable to health facilities or agencies shall be uniform insofar as is reasonable.

(3) The rules shall establish standards relating to:

(a) Ownership.
(b) Reasonable disclosure of ownership interests in proprietary corporations and of financial interests of trustees of voluntary, nonprofit corporations and owners of proprietary corporations and partnerships.
(c) Organization and function of the health facility or agency, owner, operator, and governing body.
(d) Administration.
(e) Professional and nonprofessional staff, services, and equipment appropriate to implement section 20141(3).
(f) Policies and procedures.
(g) Fiscal and medical audit.
(h) Utilization and quality control review.
(i) Physical plant including planning, construction, functional design, sanitation, maintenance, housekeeping, and fire safety.
(j) Arrangements for the continuing evaluation of the quality of health care provided.
(k) Other pertinent organizational, operational, and procedural requirements for each type of health facility or agency.

333.20173 Nursing home, county medical care facility, or home for the aged; criminal history check of employment applicants; definitions.

Sec. 20173.

(1) Except as otherwise provided in subsection (2), a health facility or agency that is a nursing home, county medical care facility, or home for the aged shall not employ, independently contract
with, or grant clinical privileges to an individual who regularly provides direct services to patients or residents in the health facility or agency after the effective date of the amendatory act that added this section if the individual has been convicted of 1 or more of the following:

(a) A felony or an attempt or conspiracy to commit a felony within the 15 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract.

(b) A misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct or involving fraud or theft against a vulnerable adult as that term is defined in section 145m of the Michigan penal code, 1931 PA 328, MCL 750.145m, or a state or federal crime that is substantially similar to a misdemeanor described in this subdivision, within the 10 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract.

(2) Except as otherwise provided in this subsection and subsection (5), a health facility or agency that is a nursing home, county medical care facility, or home for the aged shall not employ, independently contract with, or grant privileges to an individual who regularly provides direct services to patients or residents in the health facility or agency after the effective date of the amendatory act that added this section until the health facility or agency complies with subsection (4) or (5), or both. This subsection and subsection (1) do not apply to an individual who is employed by, under independent contract to, or granted clinical privileges in a health facility or agency before the effective date of the amendatory act that added this section.

(3) An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a health facility or agency that is a nursing home, county medical care facility, or home for the aged and has received a good faith offer of employment, an independent contract, or clinical privileges from the health facility or agency shall give written consent at the time of application for the department of state police to conduct a criminal history check under subsection (4) or (5), or both. This subsection and subsection (1) do not apply to an individual who is employed by, under independent contract to, or granted clinical privileges in a health facility or agency before the effective date of the amendatory act that added this section.

(4) Upon receipt of the written consent and identification required under subsection (3), if an applicant has resided in this state for 3 or more years preceding the good faith offer of employment, an independent contract, or clinical privileges, a health facility or agency that is a nursing home, county medical care facility, or home for the aged that has made a good faith offer of employment or an independent contract or clinical privileges to the applicant shall make a request to the department of state police to conduct a criminal history check on the applicant. The request shall be made in a manner prescribed by the department of state police. The health facility or agency shall make the written consent and identification available to the department of state police. If there is a
charge for conducting the criminal history check, the health facility or agency requesting the criminal history check shall pay the cost of the charge. The health facility or agency shall not seek reimbursement for the charge from the individual who is the subject of the criminal history check. The department of state police shall conduct a criminal history check on the applicant named in the request. The department of state police shall provide the health facility or agency with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the applicant maintained by the department of state police. As a condition of employment, an applicant shall sign a written statement that he or she has been a resident of this state for 3 or more years preceding the good faith offer of employment, independent contract, or clinical privileges.

(5) Upon receipt of the written consent and identification required under subsection (3), if an applicant has resided in this state for less than 3 years preceding the good faith offer of employment, an independent contract, or clinical privileges, a health facility or agency that is a nursing home, county medical care facility, or home for the aged that has made a good faith offer described in this subsection to the applicant shall comply with subsection (4) and shall make a request to the department of state police to forward the applicant’s fingerprints to the federal bureau of investigation. The department of state police shall request the federal bureau of investigation to make a determination of the existence of any national criminal history pertaining to the applicant. An applicant described in this subsection shall provide the department of state police with 2 sets of fingerprints. The department of state police shall complete the criminal history check under subsection (4) and, except as otherwise provided in this subsection, provide the results of its determination under subsection (4) to the health facility or agency and the results of the federal bureau of investigation determination to the department of consumer and industry services within 30 days after the request is made. If the requesting health facility or agency is not a state department or agency and if a crime is disclosed on the federal bureau of investigation determination, the department shall notify the health facility or agency in writing of the type of crime disclosed on the federal bureau of investigation determination without disclosing the details of the crime. Any charges for fingerprinting or a federal bureau of investigation determination under this subsection shall be paid in the manner required under subsection (4).

(6) If a health facility or agency that is a nursing home, county medical care facility, or home for the aged determines it necessary to employ or grant clinical privileges to an applicant before receiving the results of the applicant’s criminal history check under subsection (4) or (5), or both, the health facility or agency may conditionally employ or grant conditional clinical privileges to the individual if all of the following apply:

(a) The health facility or agency requests the criminal history check under subsection (4) or (5), or both, upon conditionally employing or conditionally granting clinical privileges to the individual.

(b) The individual signs a statement in writing that indicates all of the following:

(i) That he or she has not been convicted of 1 or more of the crimes that are described in subsection (1)(a) and (b) within the applicable time period prescribed by subsection (1)(a) and (b).

(ii) The individual agrees that, if the information in the criminal history check conducted under subsection (4) or (5), or both, does not confirm the individual’s statement under subparagraph (i), his or her employment or clinical privileges will be terminated by the health facility or agency as required under subsection (1) unless and until the individual can prove that the information is
incorrect. The health facility or agency shall provide a copy of the results of the criminal history check conducted under subsection (4) or (5), or both, to the applicant upon request.

(iii) That he or she understands the conditions described in subparagraphs (i) and (ii) that result in the termination of his or her employment or clinical privileges and that those conditions are good cause for termination.

(7) On the effective date of the amendatory act that added this section, the department shall develop and distribute a model form for the statement required under subsection (6)(b). The department shall make the model form available to health facilities or agencies subject to this section upon request at no charge.

(8) If an individual is employed as a conditional employee or is granted conditional clinical privileges under subsection (6), and the report described in subsection (4) or (5), or both, does not confirm the individual's statement under subsection (6)(b)(i), the health facility or agency shall terminate the individual's employment or clinical privileges as required by subsection (1).

(9) An individual who knowingly provides false information regarding criminal convictions on a statement described in subsection (6)(b)(i) is guilty of a misdemeanor punishable by imprisonment for not more than 90 days or a fine of not more than $500.00, or both.

(10) A health facility or agency that is a nursing home, county medical care facility, or home for the aged shall use criminal history record information obtained under subsection (4), (5), or (6) only for the purpose of evaluating an applicant's qualifications for employment, an independent contract, or clinical privileges in the position for which he or she has applied and for the purposes of subsections (6) and (8). A health facility or agency or an employee of the health facility or agency shall not disclose criminal history record information obtained under subsection (4) or (5) to a person who is not directly involved in evaluating the applicant's qualifications for employment, an independent contract, or clinical privileges. Upon written request from another health facility or agency or adult foster care facility that is considering employing, independently contracting with, or granting clinical privileges to an individual, a health facility or agency that has obtained criminal history record information under this section on that individual shall share the information with the requesting health facility or agency or adult foster care facility. Except for a knowing or intentional release of false information, a health facility or agency has no liability in connection with a criminal background check conducted under this section or the release of criminal history record information under this subsection.

(11) As a condition of continued employment, each employee, independent contractor, or individual granted clinical privileges shall agree in writing to report to the health facility or agency immediately upon being arrested for or convicted of 1 or more of the criminal offenses listed in subsection (1)(a) and (b).

333.20178 Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer's disease; contents; "represents to the public" defined.

Sec. 20178. (1) Beginning not more than 90 days after the effective date of the amendatory act that added this section, a health facility or agency that is a nursing home, home for the aged, or county medical care facility that represents to the public that it provides inpatient care or services or residential care or services, or both, to persons with Alzheimer's disease or a related condition shall
provide to each prospective patient, resident, or surrogate decision maker a written description of the services provided by the health facility or agency to patients or residents with Alzheimer’s disease or a related condition. A written description shall include, but not be limited to, all of the following:

(a) The overall philosophy and mission reflecting the needs of patients or residents with Alzheimer’s disease or a related condition.
(b) The process and criteria for placement in or transfer or discharge from a program for patients or residents with Alzheimer’s disease or a related condition.
(c) The process used for assessment and establishment of a plan of care and its implementation.
(d) Staff training and continuing education practices.
(e) The physical environment and design features appropriate to support the function of patients or residents with Alzheimer’s disease or a related condition.
(f) The frequency and types of activities for patients or residents with Alzheimer’s disease or a related condition.

PART 217 NURSING HOMES

333.21711 License required; prohibited terms or abbreviations; license for formal or informal nursing care services; exception.

Sec. 21711.

(1) A nursing home shall be licensed under this article.

(2) “Nursing home”, “nursing center”, “convalescent center”, “extended care facility”, or a similar term or abbreviation shall not be used to describe or refer to a health facility or agency unless the health facility or agency is licensed as a nursing home by the department under this article.

(3) A person shall not purport to provide formal or informal nursing care services of the kind normally provided in a nursing home without obtaining a license as provided in this article. This subsection does not apply to a hospital or a facility created by Act No. 152 of the Public Acts of 1885, as amended, being sections 36.1 to 36.12 of the Michigan Compiled Laws.

333.21712 Name of nursing home; change in name; prohibited terms; rehabilitation services.

Sec. 21712.

(1) A nursing home shall use the name that appears on the license for its premises. A nursing home shall not change its name without the approval of the department.

(2) A nursing home shall not use the terms “hospital” or “sanitarium” or a term conveying a meaning that is substantially similar to those terms in the name of the nursing home. However, a nursing home may use the term “health center” or “health care center” or “rehabilitation center” or a term conveying a meaning substantially similar to those terms as long as those terms do not conflict with the terms prohibited by this subsection.

(3) If a nursing home uses the term “rehabilitation center” in its name as allowed under subsection (2), the nursing home shall have the capacity to provide rehabilitation services that include, at a minimum, all of the following:
(a) Physical therapy services.
(b) Occupational therapy services.
(c) Speech therapy services.

(4) A nursing home shall not include in its name the name of a religious, fraternal, or charitable corporation, organization, or association unless the corporation, organization, or association is an owner of the nursing home.

333.21719 Immediate access to acute care facilities.

Sec. 21719. A nursing home shall not be licensed under this part unless the nursing home has formulated, and is prepared to implement, insofar as possible, a plan to provide immediate access to acute care facilities for the emergency care of patients.

333.21720 Nursing home administrator required.

Sec. 21720.

(1) The department shall not license a nursing home under this part unless that nursing home is under the direction of a nursing home administrator licensed under article 15.

(2) Each nursing home having 50 beds or more shall have a full-time licensed nursing home administrator. If a nursing home changes nursing home administrators, the nursing home immediately shall notify the department of the change.

333.21741 Rules.

1) The department of public health, after seeking advice and consultation from the department of social services, appropriate consumer and professional organizations, and concerned agencies, shall promulgate rules to implement and administer this part.

2) Initial rules proposed under this part shall be submitted to a public hearing not later than 6 months after this section is enacted into law.

3) In addition to the rules prescribed in section 20171, rules for nursing homes shall include the establishment of standards relating to:

(a) Complaint procedures.
(b) Discharges and transfers.
(c) Emergency procedures.
(d) Medical audit procedures.
(e) Patients’ rights.
(f) Standards of patient care to be provided in nursing homes.
(g) Training, educational, and competency requirements of nursing home personnel other than licensed personnel.
(h) Utilization and quality control review procedures.

333.21761 Certification of nondiscrimination; violation of rights; giving preference to members of religious or fraternal institution or organization.

Sec. 21761.
In addition to the requirements of section 20152, a licensee shall certify annually to the department, as part of its application for licensure and certification, that all phases of its operation, including its training program, are without discrimination against persons or groups of persons on the basis of race, religion, color, national origin, sex, age, disability, marital status, sexual preference, or the exercise of rights guaranteed by law, including freedom of speech and association. If the department finds a violation of rights enumerated in this section, the department shall direct the administrator of the nursing home to take the necessary action to assure that the nursing home is, in fact, operated in accordance with the rights listed in this section.

This section shall not be construed to prevent a nursing home operated, supervised, or controlled by a religious or fraternal institution or organization from giving preference to applicants who are members of that religious or fraternal institution or organization.

333.21771 Abusing, mistreating, or neglecting patient; reports; investigation; retaliation prohibited.

Sec. 21771.

(1) A licensee, nursing home administrator, or employee of a nursing home shall not physically, mentally, or emotionally abuse, mistreat, or harmfully neglect a patient.

(2) A nursing home employee who becomes aware of an act prohibited by this section immediately shall report the matter to the nursing home administrator or nursing director. A nursing home administrator or nursing director who becomes aware of an act prohibited by this section immediately shall report the matter by telephone to the department of public health, which in turn shall notify the department of social services.

(3) Any person may report a violation of this section to the department.

(4) A physician or other licensed health care personnel of a hospital or other health care facility to which a patient is transferred who becomes aware of an act prohibited by this section shall report the act to the department.

(5) Upon receipt of a report made under this section, the department shall make an investigation. The department may require the person making the report to submit a written report or to supply additional information, or both.

(6) A licensee or nursing home administrator shall not evict, harass, dismiss, or retaliate against a patient, a patient's representative, or an employee who makes a report under this section.

333.21781 Posting of license and other information.

Sec. 21781. A licensee shall conspicuously post in an area of its offices accessible to patients, employees, and visitors:

(a) A current license.
(b) A complete copy of the most recent inspection report of the nursing home received from the department.
(c) A description, provided by the department, of complaint procedures established under this act and the name, address, and telephone number of a person authorized by the department to receive complaints.
(d) A copy of a notice of a pending hearing or order pertaining to the nursing home issued by the department or a court under the authority of this article or rules promulgated under this article.
(e) A complete list of materials available for public inspection as required by section 21782.

333.21791 Advertising; false or misleading information prohibited.

Sec. 21791. A licensee shall not use false or misleading information in the advertising of a nursing home or its name.

333.21796 Insuring proper licensing of licensed personnel.

Sec. 21796. The nursing home administrator and licensee shall be responsible for insuring that all licensed personnel employed by the nursing home are properly licensed.

MINNESOTA

4658.0015 COMPLIANCE WITH REGULATIONS AND STANDARDS.

A nursing home must operate and provide services in compliance with all applicable federal, state, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in a nursing home.

4658.0020 LICENSING IN GENERAL.

Subpart 1. Required. For the purpose of this chapter, a state license is required for a facility where nursing home care is provided for five or more aged or infirm persons who are not acutely ill.

Subp. 4. License to be posted. The license must be posted at the main entrance of a nursing home.

Subp. 5. Separate licenses. Separate licenses are required for institutions maintained on separate, noncontiguous premises even though operated under the same management. A separate license is not required for separate buildings maintained by the same owner on the same premises.

Subp. 16. Disclosure of managerial employees. A nursing home license application must identify the name and address of all administrators, assistant administrators, directors of nursing, medical directors, and all other managerial employees, as defined in Minnesota Statutes, section 144A.01, subdivision 8, and indicate their previous work experience in nursing homes during the past two years.

4658.0050 LICENSEE.

Subpart 1. General duties. The licensee of a nursing home is responsible for its management, control, and operation. A nursing home must be managed, controlled, and operated in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
Subp. 2. Specific duties. The licensee must develop written bylaws or policies for the management and operation of the nursing home and for the provision of resident care, which must be available to all members of the governing body, and must assume legal responsibility for matters under its control, for the quality of care rendered and for compliance with laws and rules relating to the safety and sanitation of nursing homes, or which otherwise relate directly to the health, welfare, and care of residents.

B. Appointment of a licensed nursing home administrator who is responsible for the operation of the home in accordance with law and established policies and whose authority to serve as administrator is delegated in writing.

C. Notification of the termination of service of the administrator and the appointment of a replacement within five working days in writing to the department. If a licensed nursing home administrator is not available to assume the position immediately, notification to the department must include the name of the person temporarily in charge of the home. The governing body of a nursing home must not employ an individual as the permanent administrator until it is determined that the individual qualifies for licensure as a nursing home administrator in Minnesota under Minnesota Statutes, section 144A.04. The governing body of the nursing home must not employ an individual as an acting administrator or person temporarily in charge for more than 30 days unless that individual has secured an acting administrator license, as required by Minnesota Statutes, section 144A.27.

D. Provision of an adequate and competent staff and maintenance of professional standards in the care of residents and operation of the nursing home.

E. Provision of facilities, equipment, and supplies for care consistent with the needs of the residents.

F. Provision of evidence of adequate financing, proper administration of funds, and the maintenance of required statistics. A nursing home must have financial resources at the time of initial licensure to permit full service operation of the nursing home for six months without regard to income from resident fees.

4658.0055 ADMINISTRATOR.

Subpart 1. Designation. A nursing home must designate a licensed nursing home administrator to be in immediate charge of the operation and administration of the nursing home, whether that individual is the licensee or a person designated by the licensee. The individual must have authority to carry out the provisions of this chapter and must be charged with the responsibility of doing so.

Subp. 2. [Repealed, L. 2001 c 69 s 2]

Subp. 3. Administrator's absence; requirements. The administrator must not leave the premises without delegating authority to a person who is at least 21 years of age and capable of acting in an emergency and without giving information as to where the administrator can be reached. At no time may a nursing home be left without competent supervision. The person left in charge must have the authority to act in an emergency.

Subp. 4. Notice of person in charge. The name of the person in charge at the time must be posted at the main entrance of the nursing home.

4658.0060 RESPONSIBILITIES OF ADMINISTRATOR. The administrator is responsible for the:
A. maintenance, completion, and submission of reports and records as required by the department;
B. formulation of written policies, procedures, and programs for operation, management, and maintenance of the nursing home;
C. current personnel records for each employee according to part 4658.0130;
D. written job descriptions for all positions which define responsibilities, duties, and qualifications that are readily available for all employees;
E. work assignments consistent with qualifications and the work load;
F. maintenance of a weekly time schedule which shows each employee’s name, job title, hours of work, and days off for each day of the week. The schedule must be dated and communicated to employees. The schedules and time cards, payroll records, or other written documentation of actual time worked and paid for must be kept on file in the home for three years;
G. orientation for new employees and volunteers and provision of a continuing in-service education program for all employees and volunteers to give assurance that they understand the proper method of carrying out all procedures;
H. establishment of a recognized accounting system; and
I. the development and maintenance of channels of communications with employees, including:
   (1) distribution of written personnel policies to employees;
   (2) regularly scheduled meetings of supervisory personnel;
   (3) an employee suggestion system; and
   (4) employee evaluation.

4658.0120 EMPLOYEE POLICIES.

Subpart 1. Keys. The person in charge of a nursing home on each work shift must have the ability to open all doors and locks in the nursing home except the business office.

Subp. 2. Requirements for staff. A nursing home must have at least one responsible person awake, dressed, and on duty at all times. The person must be at least 21 years of age and capable of performing the required duties of evacuating the residents.

Subp. 3. Identification of staff. Each employee and volunteer must wear a badge which includes name and position.

4658.0130 EMPLOYEES’ PERSONNEL RECORDS.

A current personnel record must be maintained for each employee and be stored in a confidential manner. The personnel records for at least the most recent three-year period must be maintained by the nursing home. The records must be available to representatives of the department and must contain:

A. the person’s name, address, telephone number, gender, Minnesota license, certification, or registration number, if applicable, and similar identifying data;
B. a list of the individual’s training, experience, and previous employment;
C. the date of employment, type of position currently held, hours of work, and attendance records; and
D. the date of resignation or discharge. Employee health information, including the record of all accidents and those illnesses reportable under part 4605.7040, must be maintained and stored in a separate employee medical record.
4658.0135 POLICY RECORDS.

Subpart 1. Availability of policies. All policies and procedures directly related to resident care adopted by the home must be placed on file and be made available upon request to nursing home personnel, residents, legal representatives, and designated representatives.

4658.0155 REPORTS TO DEPARTMENT.

Reports regarding statistical data and services furnished must be submitted on forms furnished by the department. Copies must be retained by the nursing home.

4658.0440 ABBREVIATIONS.

A nursing home must have an explanation key available for abbreviations or symbols used in documentation and the collection of data and information.

4658.2030 SPECIALIZED CARE UNIT.

Subpart 1. Specialized care unit, defined. For purposes of this part, "specialized care unit" means any nursing unit within a nursing home designed and advertised for a specific population.

Subp. 2. Statement of operations. A nursing home must develop and implement a statement of operations for the specialized care unit, which must include, at a minimum:

A. the philosophy and objectives of the unit;
B. the intended population of the unit; and
C. admission and discharge criteria for the unit.

Subp. 3. Availability of statement of operations. A nursing home must make the statement of operations for the specialized care unit available to the department and to the public.

4658.0095 AVAILABILITY OF LICENSING RULES.

A copy of this chapter must be made available by a nursing home upon request for the use of all nursing home personnel, residents, and family members.
105.03 Name of Institution. Every facility or infirm shall be designated by a permanent and distinctive name which shall be used in applying for a license and shall not be changed without first notifying the licensing agency in writing and receiving written approval of the change from the licensing agency. Such notice shall specify the name to be discontinued as well as the new name proposed. The words "hospital", "sanatarium", "sanatorium", "clinic" or any other word which would reflect a different type of facility shall not appear in the title of a facility. Only the official name by which the facility is licensed shall be used in telephone listings, stationery, advertising, etc. Two or more facilities shall not be licensed under a similar name.

106 LICENSING

106.02 Separate License. Separate license shall be required for institutions maintained on separate premises even though under the same management. However, separate license are not required for buildings on the same grounds which are under the same management.

106.03 Posting of License. The license shall be posted in a conspicuous place on the license premises and shall be available for review by an interested person.

PART IV ADMINISTRATION

109 THE AUTHORITY FOR ADMINISTRATION FOR INSTITUTION FOR THE AGED OR INFIRM

109.01 Responsibility. The governing authority, the owner, or the person(s) designated by the governing authority or the owner shall be the supreme authority in a facility responsible for the management, control, and operation of the institution including the appointment of a qualified staff.

109.02 Organization. Each facility should establish a written organizational plan, which may be an organizational chart that clearly establishes a line of authority, responsibilities, and relationships. Written personnel policies and job descriptions shall be prepared and given to each employee.

109.03 Relationship of staff to Governing Authority. The administrator, personnel, and all auxiliary organizations shall be directly or indirectly responsible to the governing authority.

110 THE LICENSEE

110.01 Responsibility. The licensee shall be the person who the licensing agency will hold responsible for the operation of the home in compliance with these regulations. The licensee may serve as the administrator or may appoint someone to be the administrator. The licensee shall be responsible for submitting to the licensing agency the plans and specifications for the building, the applications for license, and such reports as are required.

1. Initial Application. The licensee shall submit the following with his initial application:

a. References in regard to this character, temperament, and experience background from three (3) responsible persons not related to him. The licensing agency reserves the right to make investigations from its own source regarding the character of the applicant.

b. Whether the governing body will be a private proprietary, partnership, corporation, governmental, or other (non-profit, church, etc.). If a partnership, the full name and address of each partner. If a corporation or other, the name, address, and title of each officer. If governmental, the unit of government.
111 ADMINISTRATOR

111.01 Responsibility. There shall be a licensed administrator with authority and responsibility for the operation of the facility in all its administrative and professional functions subject only to the policies enacted by the governing authority and to such orders as it may issue. The administrator shall be the direct representative of the governing authority in the management of the facility and shall be responsible to said governing authority for the proper performance of duties. There shall be a qualified individual present in the facility responsible to the administrator in matters of administration who shall represent him during the absence. The persons shall not be a resident of the facility.

112 FINANCIAL

112.01 Accounting. Accounting methods and procedures should be carried out in accordance with a recognized system of good business practice. The method and procedure used should be sufficient to permit annual audit, accurate determination of the cost of operation and the cost per resident per day.

112.02 Financial Structure. All facilities shall have a financial plan which guarantees sufficient resources to meet operating cost at all times and to maintain standards required by these regulations.

115 RECORDS AND REPORTS

115.01 General. Each facility shall submit such records and reports as the licensing agency may request.

115.02 Annual Report. An annual report shall be submitted to the licensing agency by each facility upon such uniform dates and shall contain such information in such form as the licensing agency prescribes.

115.03 Criminal History Record Checks.

1. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be performed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on:
   a. Every new employee of a covered entity who provides direct patient care or services and who is employed on or after July 01, 2003, and
   b. Every employee of a covered entity employed prior to July 01, 2003, who has documented disciplinary action by his or her present employer.

2. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history record check revealed no disqualifying record or the employee has been granted a waiver. Provided the covered entity has documented evidence of submission of fingerprints for the background check, any person may be employed and provide direct patient care on a temporary basis pending the results of the criminal history record check but any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check and no waiver is granted.
3. If such criminal history record check discloses a felony conviction; a guilty plea; and/or a plea of no\lo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be eligible to be employed at the licensed facility:

a. possession or sale of drugs
b. murder
c. manslaughter
d. armed robbery
e. rape
f. sexual battery
g. sex offense listed in Section 45-33-23(g), Mississippi Code of 1972
h. child abuse
i. arson
j. grand larceny
k. burglary
l. gratification of lust
m. aggravated assault
n. felonious abuse and/or battery of vulnerable adult

4. Documentation of verification of the employee’s disciplinary status, if any, with the employee’s professional licensing agency as applicable, and evidence of submission of the employee’s fingerprints to the licensing agency must be on file and maintained by the facility prior to the new employee’s first date of employment. The covered entity shall maintain on file evidence of verification of the employee’s disciplinary status from any applicable professional licensing agency and of submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual’s suitability for such employment.

5. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (3) above.

6. From and after December 31, 2003, no employee of a covered entity hired before July 01, 2003, shall be permitted to provide direct patient care unless the employee has signed an affidavit as required by this section. The covered entity shall place the affidavit in the employee’s personnel file as proof of compliance with this section.

7. If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or no\lo contendere to any of the offenses listed herein, and the conviction or pleas has not been reversed on appeal or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to the facility’s policies and procedures.

8. The covered entity may, in its discretion, allow any employee unable to sign the affidavit required by paragraph (7) of this subsection or any employee applicant aggrieved by the employment decision under this subsection to appear before the covered entity’s hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow the employee or employee applicant to be employed at the covered entity. The covered entity, upon report and recommendation of the hiring officer, may grant waivers for those mitigating circumstances, which shall include, but not be limited to: (1) age at which the
crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work history; (5) current employment and character references; and (6) other evidence demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility.

9. The licensing agency may charge the covered entity submitting the fingerprints a fee not to exceed Fifty Dollars ($50.00).

10. Should results of an employee applicant’s criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying event, provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant’s suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi Department of Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant’s criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history check as required in this subsection.

11. For individuals contacted through a third party who provide direct patient care as defined herein, the covered entity shall require proof of a criminal history record check.

12. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officer, employees, attorneys, and representatives, shall be presumed to be acting in good faith for any employment decision or action taken under this section. The presumption of good faith may be overcome by a preponderance of the evidence in any civil action. No licensing agency, covered entity, nor their agents, officers, employees, attorneys and representatives shall be held liable in any employment discrimination suit in which an allegation of discrimination is made regarding an employment decision authorized under this section.

101 DEFINITIONS

101.05 Criminal History Record Checks.

Employee. For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a covered entity. The term employee”, also includes any individual who by contract with the covered entity provides direct patient care in a patient’s, resident’s, or client’s room or in treatment rooms. The term “employee” does not include healthcare professional/technical students, as defined in Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

a. The student is under the supervision of a licensed healthcare provider; and

b. The student has signed the affidavit that is on file at the student’s school stating that he or she has not been convicted of or plead guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offenses listed in section 45-33-23 (g), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or
felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was
reversed on appeal or a pardon was granted for the conviction or plea.

c. Further, applicants and employees of the University of Mississippi Medical Center for whom
criminal history record checks and fingerprinting are obtained in accordance with Section 37-115-41 are exempt from application of the term employee under Section 43-11 13.

124 MEDICAL RECORDS SERVICES

9. A resident index, including the resident’s full name and birth date, shall be maintained.

CHAPTER 50 MINIMUM STANDARDS OF OPERATION FOR ALZHEIMER’S DISEASE/DEMENTIA CARE UNIT

PART I GENERAL ALZHEIMER’S DISEASE/DEMENTIA CARE UNIT

100 DEFINITIONS

100.02 Alzheimer's Disease/Dementia Care Unit (A/D Unit). A licensed nursing home or licensed
personal care home (hereinafter referred to as “licensed facility” unless specified otherwise) may
establish a separate A/D Unit for residents suffering from a form of dementia or Alzheimer’s
Disease. The rules and regulations as set forth in these regulations are in addition to the licensure
requirements for the licensed facility, and do not exempt a licensed facility from compliance
therewith.

100.03 Alzheimer's Disease/Dementia Care Unit Designation. Any licensed facility that establishes
an A/D Unit, and meets the requirements as set forth in this chapter, shall have said designation
printed upon the certificate of licensure issued to said facility by the licensing agency. In order for
an A/D Unit to receive designation, the facility must have also received licensure from the licensing
agency as a nursing home or as a personal care home.

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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

(2) 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.

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MONTANA

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...(5) The department may consider as eligible for licensure during the accreditation period any health care facility located in this state, other than a hospital, that furnishes written evidence, including the recommendation for future compliance statements, of its accreditation by the joint commission on accreditation of healthcare organizations. The department may inspect a health care facility considered eligible for licensure under this section to ensure compliance with state licensure standards.

50-5-105. Discrimination prohibited.

(1) All phases of the operation of a health care facility must be without discrimination against anyone on the basis of race, creed, religion, color, national origin, sex, age, marital status, physical or mental disability, or political ideas.
(2) (a) A health care facility may not refuse to admit a person to the facility solely because the person has an HIV-related condition.

50-5-106. Records and reports required of health care facilities -- confidentiality.

Health care facilities shall keep records and make reports as required by the department. Before February 1 of each year, every licensed health care facility shall submit an annual report for the preceding calendar year to the department. The report must be on forms and contain information specified by the department.

Part 2: Licensing

50-5-201. License requirements.

(1) A facility or licensee considering construction of or alteration or addition to a health care facility shall submit plans and specifications to the department for preliminary inspection and approval prior to commencing construction.

(2) A person may not operate a health care facility unless the facility is licensed by the department. Licenses may be issued for a period of 1 to 3 years in duration. A license is valid only for the person and premises for which it was issued. A license may not be sold, assigned, or transferred.

(3) Upon discontinuance of the operation or upon transfer of ownership of a facility, the license must be returned to the department.

(4) Licenses must be displayed in a conspicuous place near the admitting office of the facility.

37.40.408 FACILITY POLICY REQUIREMENTS

(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

(2) The policies must provide that the facility will:

(a) not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

(b) not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered into the nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property;

(c) report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the nurse aide registry maintained by the Department of Public Health and Human Services;

(d) ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the
The administrator of the facility, the long term care ombudsman, and the Department of Public Health and Human Services in accordance with 52-3-811, MCA;

(e) have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress;

(f) ensure that the results of all investigations must be reported to the administrator of the facility and to the Department of Public Health and Human Services in accordance with 52-3-811, MCA, within five working days of the incident; and

(g) if the alleged violation is verified, take appropriate corrective action.

37.106.330 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: WRITTEN POLICY AND PROCEDURE

(1) A written policy and procedure for all services provided in a health care facility must be available to and followed by all personnel.
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.

NEVADA

GENERAL REQUIREMENTS FOR LICENSURE

NAC 449.0114 Display of license; compliance with law; transfer of real property; change in administrator, ownership, location or services. (NRS 449.037, 449.050)

1. Upon receipt of a license, the licensee shall display the license at a conspicuous location within the facility.

2. During the term of the license, the licensee shall continuously maintain the facility in conformance with the provisions of this chapter and chapter 449 of NRS.

3. If there is a transfer of the real property on which the facility is located, but no change in the operator of the facility, the licensee shall, within 10 days, notify the Health Division of the transfer in writing and provide the Health Division with a copy of any lease agreement relating to the transfer.

4. If there is a change in the administrator of the facility, the licensee shall notify the Health Division of the change within 10 days. The notification must provide evidence that the new administrator is currently licensed pursuant to chapter 654 of NRS and the regulations adopted pursuant thereto. If the licensee fails to notify the Health Division and submit an application for a new license within 10 days after the change, the licensee shall pay to the Health Division a fee in an amount equal to 150 percent of the fee required for a new application set forth in subsection 1 of NAC 449.0168.

5. A licensee shall notify the Health Division immediately of any change in the ownership of, the location of, or the services provided at, the facility.

NAC 449.74415 Responsibilities of governing body. (NRS 449.037) A facility for skilled nursing must have a governing body that is legally responsible for establishing and carrying out policies regarding the management and operation of the facility.

NAC 449.74417 Administrator of facility. (NRS 449.037)

1. The governing body of a facility for skilled nursing shall appoint a qualified administrator for the facility.

2. The administrator:
(a) Must be licensed under the provisions of chapter 654 of NRS; and
(b) Is responsible for the management of the facility.

3. A facility for skilled nursing must be administered in a manner that enables it to use its resources effectively and efficiently in order to attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient.

NAC 449.74455 Discrimination prohibited. (NRS 449.037)

1. A patient in a facility for skilled nursing shall not be segregated or restricted in the enjoyment of an advantage or privilege enjoyed by other patients, or provided with any assistance, service or other benefit which is different or provided in a different manner from that provided to other patients, on the ground of race, color, religion, national origin or disability.

NAC 449.74491 Prohibition of certain practices regarding patients; investigation of certain violations and injuries to patients; unfit employees. (NRS 449.037)

1. A facility for skilled nursing shall adopt and carry out written policies and procedures that prohibit:

(a) The mistreatment and neglect of the patients in the facility;
(b) The verbal, sexual, physical and mental abuse of the patients in the facility;
(c) Corporal punishment and involuntary seclusion; and
(d) The misappropriation of the property of the patients in the facility.

2. A facility for skilled nursing shall adopt procedures which ensure that all alleged violations of the policies adopted pursuant to subsection 1 and injuries to patients of unknown origin are reported immediately to the administrator of the facility, to the Bureau and to other officials in accordance with state law, and are thoroughly investigated. The procedures must ensure that further violations are prevented while the investigation is being conducted.

3. The results of any investigation must be reported:

(a) To the administrator of the facility or his designated representative and to the Bureau within 5 working days after the alleged violation is reported.
(b) In the manner prescribed in NRS 200.5093 and 432B.220 and chapter 433 of NRS. The administrator of the facility shall take appropriate action to correct any violation.

4. A facility for skilled nursing:

(a) Shall not employ a person if:

(1) He has been convicted of abusing, neglecting or mistreating a patient; or
(2) A finding that he has abused, neglected, mistreated or misappropriated the property of a patient has been entered in the state nursing assistants registry maintained by the State Board of Nursing.

(b) Shall report to the State Board of Nursing, the Bureau or another appropriate occupational licensing board any judicial action taken against an employee or former employee of the facility which would indicate that the employee is unfit to be employed as a member of the staff of a facility for skilled nursing.
NAC 449.74511 Personnel policies; personnel records. (NRS 449.037)

1. A facility for skilled nursing shall adopt written policies for the personnel employed at the facility.

2. The written policies must:

(a) Include the duties and responsibilities of, and the qualifications required for, each position at the facility;

(b) Include the conditions of employment for each position at the facility;

(c) Include the policies and objectives of the facility related to training while on the job and requirements for continuing education; and

(d) Be periodically reviewed and made available to each employee of the facility.

3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation:

(a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee;

(b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and

(c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188.

4. A facility shall make its personnel records available to the Bureau for inspection upon request.

NEW HAMPSHIRE

He-P 803.08 Nursing Home Requirements for Organizational Changes.

...(b) When there is a change in the name, the nursing home shall submit to the department a copy of the certificate of amendment from the New Hampshire secretary of state, if applicable.

(c) The nursing home shall complete and submit a new application and obtain a new or revised license, license certificate or both, as applicable, prior to operating, for:

(1) A change in ownership;
(2) A change in the physical location; or

(3) An increase in the number of residents beyond what is authorized under the current license.

(d) When there is a change in address without a change in location the nursing home shall provide the department with a copy of the notification from the local, state or federal agency that requires the change.

(e) The nursing home shall inform the department in writing as soon as possible prior to a change in administrator and provide the department with the following:

(1) The information specified in He-P 803.04(a)(10) if not currently employed by the facility; and

(2) Copies of applicable licenses for the new administrator.

(f) An inspection by the department shall be conducted prior to operation when there are changes in the following:

(1) Ownership, unless the current licensee has no outstanding administrative actions in process and there will be no changes made by the new owner in the scope of services provided;

(2) The physical location; or

(3) An increase in the number of residents beyond what is authorized under the current license.

(g) A new license and license certificate shall be issued for a change in ownership or a change in physical location.

(h) A revised license and license certificate shall be issued for changes in the nursing home’s name.

(i) A revised license certificate shall be issued for any of the following:

(1) A change of administrator;

(2) A change in the number of residents from what is authorized under the current license; or

(3) When a waiver has been granted.

(j) Licenses issued under (f)(1) above shall expire on the date the license issued to the previous owner would have expired.

(k) The licensee shall return the previous license to the division within 10 days of the nursing home changing its ownership, physical location, address or name.
He-P 803.14 **Duties and Responsibilities of All Licensees.**

(a) The licensee shall comply with the patients’ bill of rights as set forth in RSA 151:19-21.

(b) The licensee shall define, in writing, the scope and type of services to be provided by the nursing home, which shall include, at a minimum, the core services listed in He-P 803.15(d).

(c) The licensee shall develop and implement written policies and procedures governing the operation and all services provided by the nursing home.

(d) All policies and procedures shall be reviewed per licensee policy.

(e) The licensee shall assess and monitor the quality of care and service provided to residents on an ongoing basis.

(f) The licensee or any employee shall not falsify any documentation or provide false or misleading information to the department.

(g) The licensee shall not:

1. Advertise or otherwise represent itself as operating a nursing home, unless it is licensed; and

2. Advertise that it provides services that it is not authorized to provide.

(h) The licensee shall comply with all conditions of warnings and administrative remedies issued by the department, and all court orders.

(i) Licensees shall:

1. Meet the needs of the residents during those hours that the residents are in the care of the nursing home;

2. Initiate action to maintain the nursing home in full compliance at all times with all relevant health and safety requirements contained in applicable federal, state and local laws, rules, regulations, and ordinances;

3. Establish, in writing, a chain of command that sets forth the line of authority for the operation of the nursing home;

4. Appoint an administrator;

5. Appoint a medical director who shall meet the requirements of He-P 803.17(a);

6. Verify the qualifications of all personnel;
(7) Provide sufficient numbers of personnel who are present in the nursing home and are qualified to meet the needs of residents during all hours of operation;

(8) Provide the nursing home with sufficient supplies, equipment and lighting to meet the needs of the residents;

(9) Implement any POC that has been accepted by the department; and

(10) Comply with all conditions of warnings and administrative remedies issued by the department and all court orders.

...(k) The licensee shall not exceed the number of occupants authorized by NFPA 101, as adopted by the commissioner of the department of safety under Saf-C 6000, and identified on the licensing certificate.

...(o) In addition to the posting requirements specified in RSA 151:29, the licensee shall post the following documents in a public area:

(1) The current license certificate issued in accordance with RSA 151:2;

(2) All inspection reports issued in accordance with He-P 803.09(b), for the previous 12 months;

(3) A copy of the patients’ bill of rights;

(4) A copy of the licensee’s policies and procedures relative to the implementation of patient rights and responsibilities as required by RSA 151:20;

(5) A copy of the licensee’s complaint procedure, including the address and phone number of the department to which complaints may also be made, which shall also be posted on the nursing home website if available; and

(6) The licensee’s floor plan for fire safety, evacuation and emergencies identifying the location of, and access to all fire exits.

(p) All records required for licensing shall be legible, current, accurate and available to the department during an inspection or investigation conducted in accordance with RSA 151:6 and RSA 151:6-a.

...(t) Licensees shall:

(1) Contact the department within one business day by telephone, fax or e-mail, and in writing within 72 hours if the initial notice was made by telephone or if additional information is available, to report an unusual incident and provide the following information:

a. The nursing home name;
b. A description of the incident, including identification of injuries, if applicable;
c. The name of the licensee(s) or personnel involved in, witnessing or responding to the unusual incident;

d. The name of resident(s) involved in or witnessing the unusual incident;

e. The date and time of the unusual incident;

f. The action taken in direct response to the unusual incident, including any follow-up;

g. If medical intervention was required, by whom and the date and time;

h. Whether the resident’s guardian or agent, if any, or personal representative was notified;

i. The signature of the person reporting the unusual incident; and

j. The date and time the resident’s licensed practitioner was notified;

(2) For incidents where abuse, neglect, mistreatment or misappropriation of property are suspected, the licensee shall meet the requirement of (1) above by faxing the information required by (1)(a)-(j) above to the office of the long-term care ombudsman at (603) 271-5574;

(3) Immediately notify the local police department, the department, guardian, agent or personal representative, if any, when a resident, who has been assessed or is known as being a danger to self or others, has an unexplained absence after the licensee has searched the building and the grounds of the nursing home; and

(4) Submit additional information if required by the department.

He-P 803.15 Required Services.

(a) The licensee shall provide administrative services that include the appointment of a full-time, on-site administrator who:

(1) Is responsible for the day-to-day operations of the nursing home;

(2) Meets the requirements of He-P 803.17(b)(1); and

(3) Designates, in writing, an alternate administrator who shall assume the responsibilities of the administrator in his or her absence.

He-P 803.17 Organization and Administration.

...(b) Each nursing home shall have a full time administrator who:

(1) Is licensed pursuant to RSA 151-A:2; and

(2) Shall be responsible for the daily management and operation of the nursing home including:

a. Management and fiscal matters;

b. The employment and termination of managers and personnel necessary for the efficient operation of the nursing home;
c. The designation of an alternate, in writing, who shall be responsible for the daily management and operation of the nursing home in the absence of the administrator;

d. Ensuring development and implementation of nursing home policies and procedures on:
1. Patient’s rights as required by RSA 151:20;
2. Advanced directives and DNR orders as required by RSA 137-J;
3. Discharge planning as required by RSA 151:26; and
4. Unusual incident reporting;

e. Monitoring and evaluating the quality of resident care and resident care services in the nursing home pursuant to He-P 803.24; and

f. Identifying and making available education programs designed to maintain the personnel’s expertise in areas related to the services provided in the nursing home.

He-P 803.18 Personnel.

(a) The licensee shall develop a job description for each position at the nursing home containing:

(1) Duties of the position;
(2) Physical requirements of the position; and
(3) Education and experience requirements of the position.

...(c) For all new hires, the licensee shall:

(1) Obtain and review a criminal records check from the New Hampshire department of safety in accordance with RSA 151:2-d;
(2) Verify the qualifications and licenses, as applicable, of all applicants prior to employment; and
(3) Verify that the applicant is not on the List of Excluded Individuals and Entities, maintained by the U.S. Department of Health and Human Services Office of Inspector General per 42 USC 1320-a7 or on the BEAS Registry maintained by the department’s bureau of elderly and adult services per RSA 161-F:49.

(d) Unless a waiver is granted in accordance with He-P 803.10 and (e) below, the licensee shall not make a final offer of employment for any position if the individual:

(1) Has been convicted of any felony in this or any other state;
(2) Has been convicted for sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation;
(3) Has had a finding by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation or any person; or
(4) Otherwise poses a threat to the health, safety or well-being of residents.
(e) The department shall grant a waiver of (d) above if, after reviewing the underlying circumstances, it determines that the person does not pose a threat to the health, safety or well-being of residents.

(f) The waiver in (e) above shall be permanent unless additional convictions or findings under (d) above occur.

(g) The department shall review the information in (d) above and notify the licensee that the individual can no longer be employed if, after investigation, it determines that the individual poses a threat to the health, safety or well-being of a resident.

(h) All employees shall:

(1) Meet the educational and physical qualifications of the position as listed in their job description;

(2) Not be permitted to maintain their employment if they have been convicted of a felony, sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation of any person in this or any other state by a court of law or had a complaint investigation for abuse, neglect, or exploitation adjudicated and founded by the department unless a waiver has been granted by the department;

(3) Be licensed, registered or certified as required by state statute and as applicable;

(4) Receive an orientation within the first 3 days of work or prior to the assumption of duties that includes:

a. The nursing home's policies on patient rights and responsibilities and complaint procedures as required by RSA 151:20;
b. The duties and responsibilities, policies procedures and guidelines, of the position they were hired for;
c. The nursing home's infection control program;
d. The nursing home's fire, evacuation and emergency plans which outline the responsibilities of personnel in an emergency; and
e. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161F and RSA 169-C:29; and

(5) Complete a mandatory annual in-service education, which includes a review of the nursing home's:

a. Policies and procedures on patient rights and responsibilities and abuse or neglect;
b. Infection control; and
c. Education program on fire and emergency procedures.

...(k) Current, separate and complete employee files shall be maintained and stored in a secure and confidential manner at the nursing home.
(1) The employee file shall include the following:

(1) A completed application for employment or a resume, including:

a. Identification data; and
b. The education and work experience of the employee;

(2) A signed statement acknowledging the receipt of the nursing home’s policy setting forth the patient’s rights and responsibilities, and acknowledging training and implementation of the policy as required by RSA 151:20;

(3) A job description signed by the individual that identifies the:

a. Position title;
b. Qualifications and experience; and
c. Duties required by the position;

(4) A record of satisfactory completion of the orientation program required by (h)(4) above and any required annual continuing education, if any;

(5) Verification of current New Hampshire license, registration or certification in health care field and CPR certification, if applicable;

(6) Documentation that the required physical examination, or health screening, and TB test results or radiology reports of chest x-rays, if required, have been completed by the appropriate health professionals;

(7) Documentation of annual in-service education as required by (h)(5) above;

(8) A statement, which shall be signed at the time the initial offer of employment is made and then annually thereafter, stating that he or she:

a. Does not have a felony conviction in this or any other state;
b. Has not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation or pose a threat to the health, safety or well-being of a resident; and
c. Has not had a finding by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation of any person;

(9) Documentation of the criminal records check, except for persons licensed by the NH board of nursing pursuant to RSA 326-B as allowed by RSA 151:2-d, VI; and

(10) Documentation that the individual or entity is not on the List of Excluded Individuals and Entities, maintained by the U.S. Department of Health and Human Services Office of Inspector General per 42 USC 1320-a7 or on the BEAS registry maintained by the department’s bureau of elderly and adult services per RSA 161-F:49.
(m) An individual need not re-disclose any of the matters in (l)(8) and (l)(9) above if the documentation is available and the department has previously reviewed the material and granted a waiver so that the individual can continue employment.

NEW JERSEY

SUBCHAPTER 5. MANDATORY ACCESS TO CARE

8:39-5.1 Mandatory policies and procedures for access to care

(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.

8:39-9.2 Administrator

(a) The facility shall be directed by an individual who holds a current New Jersey license as a nursing home administrator. The administrator shall be administratively responsible for all aspects of the facility.

1. In a facility with more than 240 beds, in addition to the licensed administrator, there shall be a full-time administrative supervisor who is assigned the evening shift and reports directly to the licensed administrator.

2. In a facility with 100 beds or more, the administrator shall serve full-time in an administrative capacity within the facility.

3. In facilities with fewer than 100 beds, a licensed administrator shall serve at least half-time within the facility.

4. Two facilities may share a common administrator, if such facilities are within a 20-mile radius and if the total number of beds for which both facilities are licensed is no more than 120.

(b) A facility shall not retain in any administrative, managerial, supervisory, or similar position, a nursing home administrator whose license is either suspended or revoked, pursuant to N.J.S.A. 26:2H-27 and 26:2H-28 and N.J.A.C. 8:34-1.1.

(c) When a vacancy exists in the position of administrator for 48 hours or more, the facility shall arrange for licensed administrative supervision on a consultant basis, which shall continue until a new licensed administrator shall be appointed, which shall be within 90 days of the appointment of the consultant.

8:39-9.3 Mandatory policies and procedures for staff

(a) There shall be written policies and procedures for personnel that are reviewed annually, revised as needed, and implemented. They shall include at least:

1. A written job description for each category of personnel in the facility and distribution of a copy to each newly hired employee;
2. Personnel policies in compliance with Federal and State requirements;

3. A system to ensure that written, job-relevant criteria are used in making evaluation, hiring, and promotion decisions;

4. A system to ensure that employees meet ongoing requirements for credentials; and

5. Written criteria for personnel actions that require disciplinary action.

(b) The facility shall make reasonable efforts to ensure that staff providing direct care to residents in the facility are in good physical and mental health, emotionally stable, of good moral character, and are concerned for the safety and well-being of residents; and have not been convicted of a crime relating adversely to the person’s ability to provide care, such as homicide, assault, kidnapping, sexual offenses, robbery, and crimes against the family, children or incompetents, except where the applicant or employee with a criminal history has demonstrated his rehabilitation in order to qualify for employment at the facility. ("Reasonable efforts" shall include an inquiry on the employment application, reference checks, and/or criminal background checks where indicated or necessary.)

(c) The facility shall ensure that all private duty nursing staff and contract personnel are monitored and those who do not meet the requirements at (b) above or facility policies and procedures are not permitted to perform services in the facility.

(d) The facility shall develop and implement a grievance procedure for all staff. The procedure shall include, at least, a system for receiving grievances, a specified response time, assurance that grievances are referred appropriately for review, development of resolutions, and follow-up action.

(e) Each staff member shall wear clean clothes and shall use good personal hygiene.

8:39-9.4 Mandatory notification

(a) The administrator shall provide to the owner and/or governing body of the facility a copy of the licensing survey report and any additional survey-related data sent by the Department to the administrator of the facility.

(b) Results of the most recent licensure survey, Federal standard certification conducted by the Department and any plan of correction shall be available for inspection by any resident or visitor, in a readily accessible place, at all times. A notice announcing the availability of those results and all other surveys conducted in the past 12 months shall be conspicuously posted in diverse readily accessible areas of the facility.

(c) The facility shall make all policy and procedure manuals available to residents, families, and guardians during normal business hours or by prior arrangement.

(d) A facility shall notify the Department immediately in writing at such time as it becomes financially insolvent and upon the filing of a voluntary or involuntary petition for bankruptcy under Title 11 of the United States Code.

(e) The facility shall notify the Department immediately by telephone (609-633-8981, or 1-800-7929770 after office hours), followed within 72 hours by written confirmation, of any of the following:
1. Interruption for three or more hours of physical plant services and/or other services essential to the health and safety of residents;

2. Termination of employment of the administrator or the director of nursing, and the name and qualifications of the proposed replacement;

3. All alleged or suspected crimes which endanger the life or safety of residents or employees, which are also reportable to the police department, and which result in an immediate on-site investigation by the police.

i. In addition, the State Office of the Ombudsman for the Institutionalized Elderly (1-877-5826995) shall be immediately notified of any suspected or reported resident abuse, neglect, or exploitation of residents aged 60 or older, pursuant to P.L. 1983 c.43, N.J.S.A. 52:27G-7.1, and the Department shall be immediately notified for residents under the age of 60; and

4. All fires, disasters, deaths, and imminent dangers to a resident's life or health resulting from accidents or incidents in the facility.

(f) The facility shall notify the Department of the admission of any resident under 18 years of age.

SUBCHAPTER 10. ADVISORY ADMINISTRATION

8:39-10.1 Advisory policies and procedures for administration

(a) The administrator monitors trends in staff turnover.

(b) Each of at least five service directors participates in facility planning through preparation of annual budgets and annual reports, and participates in annual budget conferences among all service directors and the administrators.

SUBCHAPTER 13. MANDATORY COMMUNICATION

8:39-13.1 Mandatory communication policies and procedures

(a) Each service shall maintain a current manual of policies and procedures for providing services.

(b) The administrative staff shall retain a written current manual of policies and procedures for the facility as a whole and for each individual service.

(c) The facility shall notify any family promptly of an emergency affecting the health or safety of a resident.

(d) The facility shall notify the attending physician or advanced practice nurse promptly of significant changes in the resident's medical condition.

(e) The facility shall promptly notify a family member, guardian or other designated person about a resident's death.

1. Notification shall be made at the time of the pronouncement of the resident's death, and the time between the pronouncement of the resident's death and notification shall not exceed one hour unless the family member, guardian or other designated person to be contacted provided other instructions as to when the required notification is to occur.
2. The facility shall enter any alternate instructions in the resident’s record alongside the contact information.

3. The facility shall maintain confirmation and written documentation of that notification.

4. The facility shall adopt and maintain in its manual of policies and procedures a delineation of the responsibilities of the facility’s staff in making such prompt notification regarding the death of a resident as required by this paragraph.

8:39-13.3 Mandatory staff communication qualifications

(a) Staff shall always communicate with residents and families in a respectful way, and shall introduce and identify themselves to residents as required and necessary.

(b) The facility shall ensure that all staff, including staff members not fluent in English, are able to communicate effectively with residents and families.

SUBCHAPTER 14. ADVISORY COMMUNICATION

8:39-14.1 Advisory resident services

...(d) A facility newsletter is provided to residents and families at least quarterly.

(e) Each staff member wears an easily readable name tag.

SUBCHAPTER 45. ALZHEIMER’S/DEMENTIA PROGRAMS

8:39-45.1 Scope and purpose

(a) Long-term care facilities may establish Department approved programs to meet the needs of residents with Alzheimer’s disease or other dementias. In addition to meeting all mandatory requirements specified in this chapter, the program shall provide individualized care based upon assessment of the cognitive and functional abilities of Alzheimer’s and dementia residents who have been admitted to the program.

(b) No facility shall advertise or hold itself out as providing an Alzheimer’s/dementia program unless it meets the data reporting requirements of N.J.S.A. 8:39-45.2 and is recognized by the Department as meeting at least 65 percent of all current advisory standards in N.J.A.C. 8:39-46.

8:39-45.2 Mandatory data reporting requirements

(a) Each facility qualified pursuant to this subchapter to hold itself out as providing an Alzheimer’s/dementia program, shall:

1. Compile and maintain daily records for each shift in the facility and provide to a member of the public, upon request, information that indicates for each shift, as appropriate:

i. The number of nurses, including the aggregate total of registered nurses and licensed practical nurses and licensed practical nurses providing direct care to residents diagnosed with Alzheimer’s disease and related disorders; and
ii. The number of certified nurse aides providing direct care to residents diagnosed with Alzheimer's disease and related disorders; and

2. Provide a member of the public seeking placement of a person diagnosed with Alzheimer's disease and related disorders in the facility with a clear and concise written list that indicates:

i. The activities that are specifically directed towards residents diagnosed with Alzheimer's disease and related disorders, including, but not limited to, those designed to maintain dignity and personal identity, enhance socialization and success, and accommodate the cognitive and functional ability of a resident;

ii. The frequency of the activities listed in (a)2 above; and

iii. The safety policies and procedures and any security monitoring system that is specific to residents diagnosed with Alzheimer's disease and related disorders.

(b) As used in this section, “Alzheimer's disease and related disorders” means the conditions defined at N.J.S.A. 26:2M-10(b).

SUBCHAPTER 46. ALZHEIMER'S/DEMENTIA PROGRAMS – ADVISORY STANDARDS

8:39-46.1 Advisory Alzheimer's/dementia program policies and procedures

(a) The long-term care facility has written policies and procedures for the Alzheimer's/dementia program that are retained by the administrative staff and available to all staff and to members of the public, including those participating in the program.

(b) The facility has established criteria for admission to the program and criteria for discharge from the program when the resident's needs can no longer be met, based upon an interdisciplinary assessment of the resident's cognitive and functional status.

8:39-46.2 Advisory staffing

...(b) The facility has established criteria for the determination of each staff member's abilities and qualifications to provide care to residents in the program...

NEW MEXICO

7.9.2.2 SCOPE:

A. Services for residents shall be provided on a continuing twenty-four (24) hour basis and shall maintain or improve physical, mental and psychosocial well-being under plan of care developed by a physician or other licensed health professional and shall be reviewed and revised based on assessment.

B. All facilities licensed as nursing homes pursuant to Section 24-1-5 (A) NMSA 1978, are subject to all provisions of these regulations.
7.9.2.8 LICENSURE:

7.9.2.11 SEPARATE LICENSES: Separate licenses shall be required for facilities which are maintained on separate premises even though they are under the same management. Separate licenses shall not be required for separate buildings on the same ground or adjacent ground.

7.9.2.13 POSTING: The license or a certified copy thereof shall be conspicuously posted in a location or accessible to public view within the facility.

7.9.2.14 REPORT OF CHANGES:

A. The licensee shall notify the department in writing of any changes in the information provided, within ten (10) days of such changes. This notification shall include information and documentation regarding such changes.

B. When a change of administrator occurs, the Department shall be notified within ten (10) days in writing by the licensee. Such writing shall include the name and license number of the new administrator.

C. Each licensee shall notify the Department within ten (10) days in writing of any change of the mailing address of the licensee. Such writing shall include the new mailing address of the licensee.

D. When a change in the principal officer of a corporate license (chairman, president, general manager) occurs the Department shall be notified within thirty (30) days in writing by the licensee. Such writing shall include the name and business address of such officer.

E. Any decrease, or increase in licensed bed capacity of the facility shall require notification by letter to the Department and shall result in the issuance of a corrected license.

7.9.2.20 PROGRAM FLEXIBILITY:

A. All facilities shall maintain compliance with the licensee requirements. If the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects conflicts with requirements, then prior written approval from the Department shall be obtained in order to ensure provisions for safe and adequate care. Such approval shall provide for the terms and conditions under which the exception is granted. A written request and substantiating evidence supporting the request shall be submitted by the applicant or licensee to the department.

B. Any approval of the Department granted under this section, or a certified copy thereof shall be posted immediately adjacent to the facility’s license.

7.9.2.26 ADMINISTRATOR/STATUTORY REFERENCE: A nursing home shall be supervised by an administrator licensed under the Nursing Home Administrators Act, Sections 61-13-16 through 61-13-16 NMSA 1978. Supervision shall include, but not be limited to, taking all reasonable steps to provide qualified personnel to assure the health, safety, and rights of the residents.

A. FULL-TIME ADMINISTRATOR: Every nursing home shall be supervised full-time by an administrator licensed under the Nursing Home Administrators Act, except multiple facilities. If more than one nursing home or other licensed health care facility is located on the same or contiguous property, one full-time administrator may serve all the facilities.
B. ABSENCE OF ADMINISTRATOR: A person present in and competent to supervise the facility shall be designated to be in charge whenever there is not an administrator in the facility, and shall be identified to all staff.

C. CHANGE OF ADMINISTRATOR:

(1) Replacement of administrator: If it is necessary immediately to terminate an administrator, or if the licensee loses an administrator for other reasons, a replacement shall be employed or designated as soon as possible within one-hundred twenty (120) days of vacancy.

(2) Temporary replacement: During any vacancy in the position of administrator, the licensee shall employ or designate a person competent to fulfill the functions of an administrator immediately.

(3) Notice of change of administrator: When the licensee loses an administrator, the licensee shall notify the department within two (2) Department working days of such loss and provide written notification to the Department of the name and qualifications of the person in charge of the facility during the vacancy; and the name and qualifications of the replacement administrator, when known.

7.9.2.27 EMPLOYEES: In this section, “employee” means anyone directly employed by the facility on other than a consulting or contractual basis.

A. QUALIFICATIONS AND RESTRICTIONS: No person under eighteen (18) years of age shall be employed to provide direct care to residents.

D. VOLUNTEERS: Facilities may use volunteers provided that the volunteers receive the orientation, training, and supervision necessary to assure resident health, safety and welfare.

E. ABUSE OF RESIDENTS:

...(3) Assignments: Employees shall be assigned only to resident care duties consistent with their training.

(4) Reporting: All employees will be instructed in the reporting requirements of the Adult Protective Services Act of abuse, neglect or exploitation of any resident.

7.9.2.28 RECORDS - GENERAL: The administrator or administrator’s designee shall provide the Department with any information required to document compliance with these regulations and shall provide reasonable means for examining records and gathering the information.

7.9.2.29 PERSONNEL RECORDS: A separate record of each employee shall be maintained, be kept current, and contain sufficient information to support assignment to the employee's current position and duties.

7.9.2.33 OTHER RECORDS: The facility shall retain:

A. DIETARY RECORDS: All menus and therapeutic diets for one year.
B. STAFFING RECORDS: Records of staff work schedules and time worked for one year.
C. SAFETY TESTS: Records of tests of fire detection, alarm, and extinguishment equipment.
D. RESIDENT CENSUS: At least a daily census of all residents, indicating number of residents requiring each level of care.
E. PROFESSIONAL CONSULTATIONS: Documentation of professional consultations by:
A dietician.
A registered nurse.
Others, as may be used by the facility.

F. IN-SERVICE AND ORIENTATION PROGRAMS: Subject matter, instructors and attendance records of all in-service and orientation programs.

G. TRANSFER AGREEMENTS: Transfer agreements.

H. FUNDS AND PROPERTY STATEMENT: The statement prepared upon a resident’s discharge or transfer from the facility that accounts for all funds and receipted property held by the facility for the resident.

I. COURT ORDERS AND CONSENT FORMS: Copies of court orders or other documents, if any, authorizing another person to speak or act on behalf of the resident.

NEW YORK

415.1 Basis and scope.

...(b) General Information.

(1) Nursing homes, which shall include all facilities subject to Article 28 of the Public Health Law and providing residential skilled nursing care and services and residential health related care and services, shall provide such care and services in a manner and quality consistent with generally accepted standards of practice.

...(4) Nursing homes shall comply with all pertinent federal, state and local laws, regulations, codes, standards and principles including but not limited to those pertaining to nondiscrimination on the basis of race, color, national origin, handicap, protection of human subjects of research and fraud and abuse and the Public Health Law, Mental Hygiene Law, Social Services Law and Education Law of the State of New York.

Section 415.26 Organization and administration. A nursing home shall be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(a) Administration.

(1) No nursing home shall operate unless it is under the supervision of an administrator who holds a currently valid nursing home administrator’s license and registration, or temporary license, issued pursuant to Article 28-D of the Public Health Law. The administrator shall set an example for all staff members, consultants and others affiliated with the facility which recognizes that the institution exists to serve the interests of and the needs of the residents, which emphasizes the importance of a resident’s right to independence regarding all aspects of institutional life and encourages residents to
participate together with staff in resolving conflicts and problems which frequently arise in a group residential setting. The administrator shall:

(i) be readily accessible to residents and staff for consultations;

(ii) involve the Resident Council in addressing the need to seek compromises between conflicting resident and staff interests and needs;

(iii) encourage professional and respectful behavior on the part of the staff toward residents; and

(iv) seek to involve staff at all levels in developing and implementing an interdisciplinary approach to resident services, in order to better serve the individual and group interests of residents.

(2) Administrator coverage.

(i) Nursing homes with 41 or more beds shall employ a full-time administrator.

(ii) Nursing homes with 40 beds or fewer shall designate in writing a licensed and registered administrator for an amount of time in accordance with the following:

(a) In no event shall an administrator be employed for fewer than twelve hours per week; such hours to be served during normal business hours of 7:00 a.m. to 5:30 p.m. Monday thru Friday.

(b) The Department may require employment greater than 12 hours per week based on:

(1) the size of the facility;
(2) the history and nature of any operating deficiencies; and
(3) any investigations or other problems brought to the attention of the Commissioner.

(iii) The governing body shall designate in writing a staff member to serve as alternate administrator for all hours that the administrator of record is absent from duty to ensure that all shifts, 24 hours-a-day, 7 days-a-week are covered by administrative supervision.

(iv) No person whose license to practice nursing home administration has been forfeited, revoked, annulled, or placed on inactive status or suspended shall be involved in the administration and direction of a nursing home either on a full-time, part-time or acting basis.

(3) When, by reason of death, resignation, incapacity, illness or other reason, the nursing home does not have a licensed and currently registered nursing home administrator capable of carrying out such functions, the governing body shall immediately notify the commissioner, assign such duties to a named individual acceptable to the commissioner in accordance with that individual’s training, experience and prior record of work performance at a nursing home, and provide for supervision of the nursing home by a licensed and currently registered nursing home administrator in accordance with the following:
A plan for the supervision of the unlicensed acting nursing home administrator shall be submitted to the Department which provides that:

(a) The nursing home is making a bonafide effort to recruit a licensed and registered nursing home administrator;

(b) There is no other licensed and registered person in the facility available, capable and willing to accept the position;

(c) The supervising administrator will provide a minimum of four hours of on-site supervision weekly during normal business hours unless the Department determines that more hours are necessary based on:

1. the quality of care in the facility;
2. the qualifications of the unlicensed acting administrator; and
3. the on-site presence of qualified administrative staff.

(ii) the unlicensed acting administrator shall serve for a maximum of three months except that the nursing home may request and receive from the Department one additional three month extension upon a finding that the unlicensed acting administrator has performed his or her duties effectively and that the quality of resident care and services has not deteriorated.

(4) In addition to the other responsibilities delineated herein, the administrator shall:

(i) report to the governing body at regular intervals;

(ii) implement the policies of the nursing home by making operating decisions, including but not limited to general supervision, employing and discharging of staff, programming and, where appropriate, integrating the services of the nursing home with the community’s health resources;

(iii) assure that the residents' council:

(a) meets as often as the membership deems necessary;

(b) is directed by the residents and is chaired by a resident or another person elected by the membership; and

(c) may meet with any member of the supervisory staff provided that reasonable notice of the council’s request is given to such staff;

(iv) agree to assign a staff person in consultation with the Resident Council, acceptable to such Council, to act as advisor or coordinator, to facilitate the Council in holding regular meetings and to assist members in carrying out Council activities, including obtaining necessary information to become informed of facility policies, exploring the solutions to problems and conveying to the administrator issues and suggestions which require administrative action;
(v) assure that any complaints, problems or issues reported by the council to the designated staff person or administration are addressed; and that a written report addressing the problem, issues or suggestions is sent to the council when requested; and

(vi) assure that except in extraordinary circumstances such as health emergencies, the facility has visiting hours encompassing at least 10 hours within a 24 hour period, including at least two meal periods, and that a statement as to the visiting hours is posted in a public place such as the main lobby or the residents’ dining room.

(5) The facility shall provide such secretarial, accounting, receptionist and other supportive personnel, and such office equipment and supplies, as are needed for satisfactory administration of the nursing home.

(b) Governing Body. The nursing home shall have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility. The governing body shall:

(1) appoint an administrator who is eligible for such appointment and who functions in accordance with subdivision (a) of this section;

(2) determine and establish written policies consistent with the stated purposes of the facility, the program of services provided, its physical structure and equipment, the number and qualifications of staff members, and their job classifications and descriptions;

(3) be responsible for the operation of the facility;

(4) be responsible for providing or arranging services for residents as required in this Subchapter;

(5) employ or otherwise arrange for the services of such personnel as are required in this Subchapter;

(6) assure that a method is implemented to promptly deal with complaints and recommendations made by residents or designated representatives which:

(i) enables complaints and recommendations to be made orally or put in writing;

(ii) brings complaints and recommendations promptly to the attention of the administration for review and resolution;

(iii) responds to all residents or designated representatives as to action taken or the reason why no action was taken, as soon as possible and except under extraordinary circumstances such as health or administrative emergencies, within 21 days after the complaint or recommendation was made; and

(iv) provides for review and evaluation of the effectiveness of the complaint process;
(7) assure that the complaint and recommendation method is made known to:

(i) all residents upon admission and their designated representatives; and

(ii) all nursing, social service and other appropriate personnel, in order to assist residents
who want to make a complaint or recommendation;

(8) assure that the facility establishes a residents' council;

(9) be responsible for compliance with all provisions of this Subchapter;

(10)(i) post in a public place a notice supplied by the New York State Department of Health
containing:

(a) the time and date the facility shall assess residents to determine case mix intensity,
pursuant to section 86-2.30 of this Title; and

(b) department auditors will be in the facility to review the data submitted by the facility in
the patient review instrument for the current assessment period; and

(c) a statement that each resident and/or the resident's designated representative has the
right to know the specific assignment to a patient classification category; and

(d) the person within the facility to contact for this information.

(ii) notify the resident and/or the resident’s designated representative according to the
following procedures, that a process exists for reimbursement purposes to assign residents
to a patient classification category as contained in Appendix 13-A of this Title entitled
"Patient Categories and Case Mix Indices Under Resource Utilization Group (RUG-II)
Classification System":

(a) upon admission to the facility, at the initial resident assessment required pursuant to
section 415.11 of this Part a designated professional staff member shall inform the resident
and/or resident’s designated representative of this process and that further information on
the classification system is available upon request; and

(b) the process by which residents are classified for reimbursement purposes into the RUG-
II classification system shall be, at least annually, an item for discussion on the agenda at a
resident council as required by paragraph (8) of this subdivision;

(11) furnish for the staff telephone services consisting of at least one operational, unlocked,
noncoin telephone installation on each floor of the facility, for the use of professional staff
in the performance of their duties;

(12) permit activities related only to the operation of the facility except that the operator,
subject to prior written approval of the commissioner, may, where such arrangement will
not result in any diminishment of resident care or services, or adversely affect the cost of
delivering nursing home services;
(i) enter into a written contract for the purpose of leasing unneeded space and equipment on the premises of the facility to a health care practitioner licensed by the State Education Department, or to a provider licensed under the Public Health Law, Mental Hygiene Law, or Social Services Law to provide health care services to residents or nonresidents, where such arrangements will also promote needed health care services for residents; or

(ii) prepare food for consumption off-site as part of a nutrition program or make available service of meals, nutrition education, and nutrition counseling for nonresidents on-site;

(13) notify the department immediately of anticipated or actual termination of any service vital to the continued safe operation of the facility or to the health and safety of its residents and personnel, including but not limited to the anticipated or actual termination of telephone, electric, gas, fuel, water, heat, air conditioning, rodent or pest control, contract food, or contract laundry services, and the services of key full- or part-time personnel such as the administrator, director of nurses, consultant physician, consultant dietitian or others; and apply remedial measures promptly and notify the department immediately regarding the nature of results of such measures;

(14) transfer residents to another appropriate facility only after consultation, as appropriate, with the resident, his or her physician, and designated representative except in an emergency situation, in which case the operator shall notify the physician and designated representative immediately and record the reason for the transfer; and

(15) ensure that members of the governing body make themselves available to hold meetings with representatives of the Resident Council at least 3 times a year to discuss matters contained in a jointly developed agenda.

(c) Staff qualifications and personnel management. The nursing home shall employ on a full time, part time or consultant basis a sufficient number of professional staff members who are educated, oriented and qualified to carry out the provisions of this Part and to assure the health, safety, proper care and treatment of the residents.

(1) With regard to personnel management, the facility shall:

(i) provide personnel in accordance with paragraph (2) of this subdivision, with a planned orientation to nursing home operation and resident care and such on-the-job training as is necessary for each properly to perform his or her individual job assignments:

(ii) have on file and furnish each employee with a copy of written policies governing conditions of employment, including the job description for his or her position;

(iii) assure that each part-time, full-time or private duty employee, consultant, volunteer, or other person serving in any other capacity in the nursing home shall:

...(b) be on duty, alert and appropriately dressed during the entire tour of duty, part-time assignment, consultation visit, volunteer work, private duty or other employment in the nursing home;
(c) maintain personal cleanliness and hygiene; and

(d) conduct himself or herself in a professionally acceptable manner with all residents, employees and guests, including refraining from abusive, immoral or other unacceptable conduct, behavior or language and demonstrating respect for each resident’s dignity in full recognition of his or her individuality;

(iv) assign each employee duties consistent with his or her job description and with his or her level of competence, education, preparation and experience; and

(3) For all personnel who provide services in the nursing home, for whom licensure, registration or certification is required, the facility shall obtain and retain verification of license number or certification with expiration date of same.

(4) For all services and departments, the facility shall maintain:

(i) an organization chart;

(ii) a master plan for staffing; and

(iii) policies and procedure manuals

Section 415.30 General records. The nursing home shall maintain information necessary to permit the production of the following records immediately upon request and any other records required by the provisions of this Chapter:

(a) a chronological listing of residents admitted, by name, with identifying information and the place from which the resident is admitted or transferred;

(b) a chronological listing of residents discharged, by name, including the reason for discharge, adequate identifying information and the place to which the resident is discharged or transferred;

(c) a daily census record consisting of a summary report of the daily resident census with cumulative figures for each month and each year;

(d) a resident personal nonmedical record consisting of an appropriate record for each resident, including identification of next of kin, family and sponsor, all details of the referral and admission and nonmedical correspondence and papers concerning the resident;

(e) a general fiscal record for each resident, including copies of all agreements or contracts, account records, and a current inventory of personal property held in safekeeping;

(f) an accident and incident record which shall include a clear description of every accident and any other incident involving behavior of a resident or staff member that poses a threat to a resident or staff member, the resident’s version of the accident or incident unless the resident objects or is unable to give a report due to his/her medical condition, names of individuals involved and a description of medical and other services provided, by whom
such are provided, and the steps taken to prevent recurrence, with a copy of the resident's version as reported given to the resident and/or the resident's designated representative;

(g) personnel records for each employee, including the administrator, containing all available pre-employment information, orientation and full in-service record;

(h) personnel policies, including statements of all policies affecting personnel and a job description for each staff position;

(i) financial records which identify all income by source and describe all expenditures by category;

(j) records for nursing service administration, including:

(1) a nursing service organization chart;
(2) a master plan for staffing; and
(3) a nursing service policies and procedures manual;

(k) records for the dietary service, including:

(1) a plan for organization, management and day-to-day operation;
(2) a master plan and weekly work schedules for staffing;
(3) a current diet manual;
(4) written and dated menus for normal and therapeutic diets, as served; and
(5) receipted invoices for food and supplies;

(l) records for activities program, including:

(1) name and qualifications of the activities director;
(2) a current roster of residents participating in the program as well as a record of resident attendance and participation at each activity for the preceding twelve months; and
(3) service policies and procedures;

(m) records for each specialized rehabilitative therapy service, including:

(1) service policies and procedures;
(2) a statistical summary, including but not limited to the frequency, type and duration of treatments given, number of residents treated and number of residents admitted and discharged from the service; and
(3) service budgets and equipment inventory;

(n) a record of staff medical policies, including any bylaws, rules and regulations adopted by the nursing home; and

(o) transfer or affiliation agreements consisting of all contracts, agreements, arrangements, understandings, and records of all efforts to establish same with hospitals, nursing homes, home health agencies, and other health institutions, agencies and services regarding the transfer of residents between the nursing home and such institutions or agencies.
Section 415.4 - Resident behavior and facility practices

...(b) Staff treatment of residents. The nursing home shall develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of residents and misappropriation of resident property.

(1) The facility shall:

(i) not use, or permit verbal, mental, sexual or physical abuse, including corporal punishment, or involuntary seclusion of residents; and

(ii) not employ individuals who have:

(a) been found guilty of abusing, neglecting or mistreating individuals by a court of law; or

(b) had a finding entered into the New York State Nurse Aide Registry concerning abuse, neglect or mistreatment of residents or misappropriation of their property.

(iii) report any knowledge it has of actions by a court of law against an employee which would indicate unfitness for service as a nurse aide or other facility staff to the New York State Nurse Aide Registry or to appropriate licensing authorities.

(2) The facility shall ensure that alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source, are reported immediately to the administrator of the facility and, when required by law or regulation, to the Department of Health in accordance with Section 2803-d of the Public Health Law and Part 81 of this Title through established procedures.

(3) The facility shall document that all alleged violations are thoroughly investigated and shall prevent further potential abuse while the investigation is in progress.

(4) The results of all investigations shall be reported to the administrator or his or her designated representative or to other officials in accordance with State law and if the alleged violation is verified, effective corrective action shall be taken.
SECTION .2100 - LICENSURE

10A NCAC 13D .2102 ISSUANCE OF LICENSE

(a) Only one license shall be issued to each facility. The Department shall issue a license to the licensee of the facility following review of operational policies and procedures and verification of compliance with applicable laws and rules.

(b) Licenses are not transferable.

(c) The bed capacity and services provided in a facility shall be in compliance with G.S. 131E, Article 9 regarding Certificate of Need.

(d) The license shall be posted in a prominent location, accessible to public view, within the licensed premises.

SECTION .2200 – GENERAL STANDARDS OF ADMINISTRATION

10A NCAC 13D .2201 ADMINISTRATOR

(a) The facility shall be under the direct management control of an administrator. The administrator shall not serve simultaneously as the director of nursing.

(b) If an administrator is not the sole owner of a facility, his or her authority and responsibility shall be clearly defined in a written agreement or in the facility's governing bylaws.

(c) The administrator shall be responsible for the operation of a facility on a full-time basis.

(d) The administrator shall ensure patient services are provided in accordance with all applicable local, state and federal regulations and codes, and with acceptable standards of practice that apply to professionals providing such services in the facility.

(e) The administrator shall be responsible for developing and implementing policies for the management and operation of the facility.

(f) In the temporary absence of the administrator, a person shall be on-site who is designated to be in charge of the overall facility operation.

10A NCAC 13D .2210 REPORTING AND INVESTIGATING ABUSE, NEGLECT OR MISAPPROPRIATION

(a) A facility shall take measures to prevent patient abuse, patient neglect, or misappropriation of patient property, including orientation and instruction of facility staff on patients’ rights, and the screening of and requesting of references for all prospective employees.
(b) The administrator shall ensure that the Health Care Personnel Registry Section of the Division of Health Service Regulation is notified within 24 hours of the health care facility becoming aware of all allegations against health care personnel as defined in G.S. 131E-256(a)(1), which includes abuse, neglect, misappropriation of resident property, misappropriation of the property of the facility, diversion of drugs belonging to a health care facility or a resident, fraud against a health care facility or a resident, and injuries of unknown source in accordance with 42 CFR subsection 483.13 which is incorporated by reference.

(c) The facility shall investigate allegations of patient abuse, patient neglect, or misappropriation of patient property in accordance with 42 CFR subsection 483.13 which is incorporated by reference, including subsequent amendments, and shall document all relevant information pertaining to such investigation and shall take the necessary steps to prevent further incidents of abuse, neglect or misappropriation of patient property while the investigation is in progress. The Code of Federal Regulations, Title 42, Public Health, Part 430 to the end, revised as of October 1, 2005, Description Item 572-B, may be purchased from the U.S. Government Printing Office, P.O. Box 979050, St. Louis, MO 63197-9000, by a direct telephone call to the G.P.O. at (866) 512-1800 or online at http://bookstore.gpo.gov/ or accessed electronically at http://ecfr.gpoaccess.gov/.

(d) The administrator shall ensure that the report of investigation is printed or typed and postmarked to the Health Care Personnel Registry Section of the Division of Health Service Regulation within five working days of the allegation. The report shall include the date and time of the alleged incident of abuse, neglect or misappropriation of property; the patient’s full name and room number; details of the allegation and any injury; names of the accused and any witnesses; names of the facility staff who investigated the allegation; results of the investigation; and any corrective action that may have been taken by the facility.

10A NCAC 13D .2211 PERSONNEL STANDARDS

(a) The facility shall employ the types and numbers of qualified staff, professional and non-professional, necessary to provide for the health, safety and proper care of patients.

(b) Each employee shall be assigned duties consistent with his or her job description and with his or her level of education and training.

(c) Professional staff shall be licensed, certified or registered in accordance with applicable state laws.

...(f) The facility shall maintain an individual personnel record for each employee, including verification of credentials.

(g) The facility shall have a written agreement with any nursing personnel agency providing staff to the facility and shall orient agency staff as to facility policies and procedures.

10A NCAC 13D .2302 NURSING SERVICES

...(d) The director of nursing shall not serve as administrator, assistant administrator or acting administrator during an employment vacancy in the administrator position.
33-07-03.2-03. Application for and issuance of license.

...4. In the case where two or more buildings operated under the same management are used in the care of residents, a separate license is required for each building.

5. Each license is valid only in the hands of the entity to whom it is issued and is not subject to sale, assignment, or other transfer, voluntary or involuntary, nor is a license valid for any premises other than those for which originally issued. The license must be displayed in a conspicuous place within the facility.

33-07-03.2-07. Governing body.

The governing body is legally responsible for the quality of resident care services; for resident safety and security; for the conduct, operation, and obligations of the facility; and for ensuring compliance with all federal, state, and local laws.

1. The governing body shall establish, cause to implement, maintain, and as necessary, revise its practices, policies, procedures, and bylaws for the ongoing evaluation of the services operated or delivered by the facility and for the identification, assessment, and resolution of problems that may develop in the conduct of the facility. These policies, procedures, and bylaws must be in writing, dated, and made available to all members of the governing body and facility staff.

2. The governing body shall appoint a qualified administrator who is responsible for the management of the facility.

   a. The administrator shall hold a valid North Dakota nursing home administrator’s license.

   b. In the absence of the administrator, an employee must be designated in writing to act on behalf of the administrator.

3. The governing body must ensure sufficient trained and competent staff is employed to meet the residents’ needs. The governing body shall approve and ensure implementation of written personnel policies and procedures including:

   a. Written job descriptions for personnel positions in all service areas. Job descriptions must include definition of title, qualifications, duties, responsibilities, and to whom the position reports.

   b. Provisions for checking state registries and licensing boards for current licensure or registry status and history of disciplinary actions prior to employment.

   c. Procedures to ensure all personnel for whom licensure, certification, or registration is required have a valid and current license, certificate, or registration.

   d. Prohibitions on resident abuse, neglect, and misappropriation of resident property, and procedures for investigation, reporting, and followup action.

4. The governing body shall ensure the development and implementation of written policies and procedures for all services provided by the facility, including emanating services. These policies and procedures must be current and shall be revised when changes in standards of practice occur.
5. The governing body shall ensure the development and implementation of written resident care policies, procedures, and practices including:

...c. Arrangements are made in the form of a written contract for specific resident care services to be provided by outside resources if the specific resident care services required are not available by facility staff. Outside resource shall apprise the appropriate facility staff of recommendations, plans for implementation, and continuing assessment through dated, and signed reports.

...e. Prohibition of resident abuse, neglect, or misappropriation of resident property.

6. The governing body is responsible for services furnished in the facility whether or not they are furnished directly by the facility or by outside resources. The governing body shall ensure that a contractor of services furnishes such services that permit the facility to comply with all applicable laws, codes, rules, and regulations. The governing body shall:

a. Ensure the services performed under contract are provided in a safe and effective manner.

b. Maintain a copy of current contracts for all contracted services. The contracts must identify the scope and nature of the services provided.

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OHIO

3701-17-03 License fee; application; issuance; revocation.

...(G) An operator who operates one or more nursing homes in more than one building shall obtain a separate license for each building except if such buildings are on the same lot and constitute a single nursing home, such nursing home may be operated under a single license.

(H) The license shall be posted in a conspicuous place in the nursing home.

3701-17-05 Prohibitions.

(A) No nursing home, except a nursing home that is owned and operated by, and physically part of, a hospital registered under section 3701.07 of the Revised Code, may use the word "hospital" in its name or letterhead. Any nursing home that is physically part of a hospital shall inform a prospective resident, prior to admission, that the home is licensed as a nursing home and is not part of the acute care service of the hospital.

3701-17-06 Responsibility of operator and nursing home administrator; quality assurance committee.

(A) The operator is responsible for the operation of the nursing home, for payment of the annual license renewal fee to the director, for such reports as may be required, and for compliance with Chapter 3721. of the Revised Code, Chapters 3701-13 and 3701-61, and
rule 3701-17-01 to 3701-17-26 of the Administrative Code, and all federal, state, and local laws applicable to the operation of a nursing home.

(B) Each operator shall appoint an administrator. The administrator is responsible for the day-to-day operation of the nursing home in accordance with rules 3701-17-01 to 3701-17-26 of the Administrative Code, for implementing the provisions of section 3721.12 of the Revised Code, and for ensuring that individuals used by the home are competent to perform their job responsibilities and that services are provided in accordance with acceptable standards of practice.

3701-17-07 Qualifications and health of personnel.

...(K) Except as provided in Chapter 3701-13 of the Administrative Code, no nursing home shall employ a person who applies on or after January 27, 1997, for a position that involves the provision of direct care to an older adult, if the person:

(1) Has been convicted of or pleaded guilty to an offense listed in division (C)(1) of section 3721.121 of the Revised Code; or

(2) Fails to complete the form(s) or provide fingerprint impressions as required by division (B)(3) of section 3721.121 of the Revised Code.

3701-17-08 Personnel requirements.

(A) Each nursing home and home for the aging shall arrange for the services of an administrator who shall be present in the home to the extent necessary for effectively managing the home and assuring that needs of the residents are being met, but not less than sixteen hours during each calendar week.
(a) If changes occur so that information previously submitted in a facility’s license application is no
longer correct, the facility shall notify the Department. Notice is required of changes to the
following information:

(1) Facility identification including facility business name, mailing address, telephone number or
facsimile number;

(2) Changes in licensed bed capacity, including proposed increases;

(3) The administrator...

Subchapter 7 - Administration

310:675-7-1.1. Administrator

(a) The administrator shall be a person who has the authority and responsibility for the total
operation of the facility, subject only to the policies adopted by the governing authority and who is
licensed by the Oklahoma State Board of Examiners for Nursing Home Administrators.

(b) The administrator, or the owner, shall designate a person in the facility to act on behalf of the
administrator during the administrator’s absence from the facility. Authority shall be granted to the
designated person to allow normal management responsibilities to be exercised.

310:675-7-5.1. Reports to state and federal agencies

(a) Timeline for reporting. All reports to the Department shall be made by telephone or facsimile
within twenty-four (24) hours of the reportable incident unless otherwise noted. A followup report
of the incident shall be mailed or faxed to the Department within five (5) Department business days
after the incident. The final report shall be filed with the Department within ten (10) Department
business days after the incident.

(b) Reporting abuse, neglect or misappropriation. The facility shall report to the Department
allegations and incidents of resident abuse, neglect or misappropriation of residents’ property [63O.S.
§1-1939(I)(1)(e)]. This requirement does not supersede reporting requirements in Title 43A of the
Oklahoma Statutes (relating to the Protective Services for the Elderly and for Incapacitated Adults
Act).

(c) Reporting to licensing boards. The facility shall also report allegations and incidents of resident
abuse, neglect, or misappropriation of residents’ property by licensed personnel to the appropriate
licensing board.

(d) Reporting communicable diseases. The facility shall report communicable diseases [63
O.S.§1-1939(I)(1)(a)] and injuries as specified by the Department in OAC 310:515 (relating to
communicable disease and injury reporting).

(e) Reporting certain deaths. The facility shall report deaths by unusual occurrence, such as
accidental deaths or deaths other than by natural causes, and deaths that may be attributed to a
medical device, [63 O.S. §1-1939(I)(1)(b)] according to applicable state and federal laws. The facility
shall also report such deaths to the Department.
(f) Reporting missing residents. The facility shall report missing residents to the Department after a search of the facility and facility grounds and a determination by the facility that the resident is missing. In addition, the facility shall make a report to local law enforcement agencies within two (2) hours if the resident is still missing [63 O.S. §1-1939(I)(1)(c)].

(g) Reporting criminal acts. The facility shall report situations arising where a criminal intent is suspected. Such situations shall also be reported to local law enforcement [63 O.S. §1-1939(I)(1)(d)]. Where physical harm has occurred to a resident as a result of a suspected criminal act, a report shall immediately be made to the municipal police department or to the sheriff’s office in the county in which the harm occurred. A facility that is not clear whether the incident should be reported to local law enforcement should consult with local law enforcement.

(h) Reporting utility failures. The facility shall report to the Department utility failures of more than four (4) hours.

(i) Reporting certain injuries. The facility shall report to the Department incidents that result in fractures, head injury or require treatment at a hospital.

(j) Reporting storm damage. The facility shall report to the Department storm damage resulting in relocation of a resident from a currently assigned room.

(k) Reporting fires. The facility shall report to the Department all fires occurring on the licensed real estate.

(l) Reporting nurse aides. The facility shall report to the Department allegations and incidents of abuse, neglect, or misappropriation of resident property by a nurse aide by submitting a completed Nurse Aide Abuse, Neglect, Misappropriation of Resident Property Form (ODH Form 718), which requires the following:

1. facility name, address, and telephone;
2. facility type;
3. date;
4. reporting party name or administrator name;
5. employee name and address;
6. employee certification number;
7. employee social security number;
8. employee telephone number;
9. termination action and date;
10. other contact person name and address; and
11. facts of abuse, neglect, or misappropriation of resident property.

(m) Content of reports to the department. Reports to the Department made pursuant to this section shall contain the following:

1. The preliminary report shall, at the minimum, include:
   A. who, what, when, and where; and
   B. measures taken to protect the resident(s) during the investigation.

2. The follow-up report shall, at the minimum, include:
(A) preliminary information;
(B) the extent of the injury or damage if any; and
(C) preliminary findings of the investigation.

(3) The final report shall, at the minimum, include preliminary and follow-up information and:
(A) a summary of investigative actions;
(B) investigative findings and conclusions based on findings; and
(C) corrective measures to prevent future occurrences.

(D) if items are omitted, why the items are omitted and when they will be provided.

310:675-7-8.1. Administrative records

(a) The administrator shall be responsible for the preparation, supervision, and filing of records.

...(c) Each facility shall provide safe storage for administrative records and all current records shall be readily available to the Department upon request.

(d) Administrative records of the facility shall include the following information:

(1) A copy of the current statement of ownership.
(2) The current administrator's name, license number, and date of employment.
(3) The name of the individual responsible for the facility's operation in the absence of the administrator.
(4) Copies of credentials of all personnel and consultants working in the facility who are licensed, registered or certified.
(5) Copies of criminal background checks on all required current employees.
(6) A copy of all contracts with individuals or firms providing any services to the facility.
(7) Written admission and discharge policies.
(8) A description of the services provided by the facility and the rates charged for those services and services for which a resident may be charged separately; limitations of available services; causes for termination of services; and refund policies if services are terminated. Documentation shall show that each resident, and/or representative received this information prior to, or at, the time of admission.
(9) Copies of affiliation agreements, contracts, or written arrangements for advice, consultation, services, training, or transportation with other organizations or individuals, and public or private agencies.
(10) Written transfer agreements with other health facilities to make the services of such facilities readily accessible, and to facilitate the transfer of residents and essential resident information with the resident.
(11) Records of residents advisory council meetings.
(12) Copies of inspection reports from the local, county, and state agencies during the past three years.
(13) All adverse actions instituted against the facility during the past three years, including warning letters, administrative penalties, notice of hearing, hearing officer's findings, final orders, and court
proceedings.
(14) Written disaster plan/emergency evacuation plan.
(15) A record of all nurse aide competency and certification records and contacts to Oklahoma and other state’s nurse aide registries.
(16) Current resident census records.

310:675-7-9.1. Written administrative policies and procedures
(a) The facility shall maintain written policies to govern the administration of the facility. These policies shall be reviewed annually and revised as necessary.

...(e) Residents shall be accepted and cared for without discrimination on the basis of race, sex, color, religion, ancestry, disability, or national origin.

...(g) Conflict resolution procedures shall be adopted for processing complaints received from residents and employees.

(h) Job descriptions shall be developed that detail the functions of each classification of employee.

...(k) The facility shall adopt a nursing policy and procedure manual...

(l) Each nursing station shall have a copy of the nursing policy and procedure manual, isolation techniques, and emergency procedures for fire and natural disasters.

(m) The facility shall adopt policies and procedures for the administration of social services, activities, dietary, housekeeping, maintenance and personnel.

310:675-7-18.1. Personnel records
Each facility shall maintain a personnel record for each current employee containing:

(1) Application for employment. An application for employment which contains employee’s full name, social security number, professional license or registration number, if any, employment classification, and information about past employment, including: place of employment, position held, length of employment, and reason for leaving.

(2) Employee time records. Copies of current employee time records, signed by the employee, shall be maintained by the facility for at least thirty-six (36) months.

(3) Training, arrest check, and certification. Documentation of orientation and training (may be kept in separate file), continuing education, a copy of the criminal arrest check, and appropriate certification and licensure.

310:675-7-20. Financial solvency and reports
(a) The facility shall maintain financial solvency sufficient to ensure its operation as evidenced by the timely payment of obligations including but not limited to:
(1) Employee payrolls;

(2) Amounts owed to consultants, medical directors, vendors, suppliers, and utility service providers;

(3) Taxes and provider fees; and

(4) Leases, rents and mortgages.

310:675-7-21. Sex or violent offender status

(a) Determination of status. A facility subject to the provisions of this Chapter shall determine whether the following individuals have registered pursuant to the Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act:

(1) An applicant for admission or participation,

(2) A resident, client or participant of a facility subject to the provisions of this Chapter, and

(3) All employees of facilities subject to the provisions of this Chapter, in addition to the required criminal arrest check in 63 O.S. §1-1950.1 and 63 O.S. §1-1950.8 (relating to criminal arrest checks).

(b) Procedures for determination of status. Prior to admission or employment but no later than three (3) business days from acceptance of any resident or participant, the employing or receiving facility subject to the provisions of this Chapter shall determine from local law enforcement, the Department of Corrections, or the Department of Corrections’ Sex Offender and Mary Rippy Violent Crime Offender registries, whether the prospective employee or accepted resident or participant is registered or qualifies for registration on either registry.

(c) Recommended registry search strategy. A facility subject to the provisions of this Chapter may utilize the first three letters of the last name and an asterisk, and the first letter of the first name and asterisk, any known alias, and appearance criteria as provided for search within the Department of Correction’s Internet based sex and violent crime offender registries.

(d) Change in status after employment or admission. A facility subject to the provisions of this Chapter shall repeat the screening in OAC 310:675-7-21(b) (regarding procedures for determination of status) subsequent to the receipt of any information that an employee, resident or participant’s registration status may have been altered or updated after the initial screening.

(e) Posting of offender status. Pursuant to 63 O.S. §1-1909(4), a facility subject to the provisions of this Chapter shall conspicuously post for display in an area of its offices accessible to residents, employees and visitors a copy of any notification from the local law enforcement authority regarding the registration status of any person residing in the facility who is required to register pursuant to the Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act.

(f) Notice to Department of sex or violent offender’s presence. When a facility subject to the provisions of this Chapter is notified, or has determined, that an individual who is required to register pursuant to the Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act is residing or participating at such facility, the facility shall immediately, in writing, notify the State Department of Health.[63 O.S. §1-1946(A)(3)]
(g) Content of notice of sex or violent offender's presence. Notice provided to the Department shall include the name, and identifying information used to make the determination in 310:675-7-21(b)(regarding determination of status).

(h) Notification through other means. Where a facility subject to the provisions of this Chapter determines through other means, excepting written notification by the Department, of an employee, resident or participant required to register pursuant to the Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act, the facility shall notify the Department and shall be subject to all other requirements within this section.

Subchapter 13 - Staff Requirements

310:675-13-3. Administrator

...(b) The facility shall designate a person to act for the administrator during his/her absence. The designated person shall have the authority to exercise normal management responsibilities.

OREGON

Conditions for Payment

Nursing facilities must meet the following conditions in order to receive payment under Title XIX (Medicaid):

(1) CERTIFICATION.

(a) The facility must be in compliance with Title XIX federal certification requirements.

(b) Except as provided in section (1)(c) of this rule, all beds in the facility must be certified as nursing facility beds.

(c) A facility choosing to discontinue compliance with section (1)(b) of this rule may elect to gradually withdraw from Medicaid certification but must comply with all of the following:

(A) Notify SPD in writing within 30 days of the certification survey that it elects to gradually withdraw from the Medicaid Program;

(B) Request Medicaid reimbursement for any resident who resided in the facility, or who was eligible for right of return under OAR 411088-0050 or right of readmission under OAR 411-088-0060, on the date of the notice required by this rule. If it appears the resident may be eligible within 90 days, such request may be initiated;

(C) Retain certification for any bed occupied by or held for any resident who is found eligible for Medicaid until the bed is vacated by:
(i) The death of the resident; or
(ii) The transfer or discharge of the resident pursuant to the transfer rules in OAR chapter 411, division 088.

(D) All Medicaid recipients exercising rights of return or readmission under the transfer rules must be permitted to occupy a Medicaid certified bed; and

(E) Notify in writing all persons applying for admission subsequent to notification of gradual withdrawal that, should the person later become eligible for Medicaid assistance, that reimbursement would not be available in that facility.

411-070-0315 Maximum Allowable Compensation of Administrator and Assistant Administrator.

(1) The maximum compensation of a full-time (40 hours per week) licensed administrator to a nursing facility may be allowable at the lower of compensation actually received or the maximum allowable administrator compensation amount determined annually using the calculation in section (4) of this rule.

(2) The maximum compensation of not more than one full-time (40 hours per week) assistant administrator to a nursing facility with at least 80 licensed beds may be allowable at the lower of compensation actually received or seventy-five percent of the allowable administrator compensation for the number of licensed beds in the nursing facility. The Department will not allow the cost of an assistant administrator in a facility with less than 80 beds.

(3) If either of the above individuals works less than 40 hours in the average week, allowable compensation must be the lower of actual compensation received or the maximum allowable administrator compensation determined annually based on the calculation in section (4) of this rule, multiplied by the percentage of 40 hours worked in the average week. The provider must maintain adequate records to demonstrate time actually spent.

(4) The maximum allowable administrator compensation may be adjusted each year and will be effective as of January 1 each year. The rates must be established using the gross allowable compensation in Account 411 (Administrator Compensation) of the Nursing Facility Financial Statement for non-owner administrators. The applicable compensation amounts will be inflated by the U.S. CPI from the mid point of each facility’s fiscal year to July 1. The 75th percentile of each bed-size category, 1-49, 50-79, 80-99, 100 and over, will be the ceiling for each grouping.

(5) When a single individual serves as the administrator of both a nursing facility and a hospital, the salary will be pro-rated to both functions. The nursing facility portion will then be compared to the pro-rated share of the allowable administrator compensation to determine the amount to be included as allowable.

411-085-0010 Issuance of License.

...(6) Separate Buildings. Separate licenses are not required for separate buildings located contiguously and operated as an integrated unit by the same ownership or management.

411-085-0030 Required Postings

(1) PUBLIC NOTICES:

(a) Content. Public notices required to be posted include:
(A) The most recent licensing and, if applicable, certification survey report(s);
(B) The placard provided by The Department that includes information on reporting of abuse and summarizes the nursing facility rules. In addition to the location specified in subsection (1)(b) of this rule, this placard must also be prominently and conspicuously posted in close proximity to each nursing station and in the area(s) where residents are admitted;
(C) The current week's menu and activities schedule;
(D) The facility license and the administrator's license. (It is recommended the titles and names of the administrator, the DNS, the Social Services Director, the Activities Director, the Dietary Services Supervisor and the RN Care Manager(s) are also posted);
(E) Waivers received from The Department pursuant to OAR 411-085-0040 and 411-087-0030, and waivers of any federal regulations; and
(F) Any other notice relevant to residents or visitors required by state or federal law.

(b) Location. The facility will designate a specific area where notices listed in subsection (1)(a) of this rule will be posted and that:

(A) Is routinely accessible and conspicuous to residents and visitors, including those in wheelchairs; and
(B) Provides sufficient space for prominent, conspicuous display of each notice.

(2) NOTICES FOR STAFF. The facility must post the names of registered nurses as required by OAR 411-086-0020 and the physician(s) available for emergencies as required by OAR 411-086-0200 at each nursing station.

411-085-0050 Hospital-Based Nursing Facilities

Facilities that are physically connected to and operated by a licensed general hospital will be considered to be in compliance with the following Oregon nursing facility requirements:

(1) Requirements for policies, procedures and quality assurance programs if such policies, procedures and programs exist for both hospital and nursing facility.

(2) Requirements for full-time staff positions, departments and committees if the hospital has similar positions/departments/committees that address needs in the nursing facility.

(3) Requirements for a drug room or pharmacy if the hospital has a pharmacy or drug room available to the nursing facility 24 hours per day.

(4) Rules requiring specific training for the DNS and the RN Care Manager until January 1, 1990.

(5) Requirements that the administrator be full-time in the nursing facility if the nursing facility has 40 or fewer licensed beds. The administrator, however, must work full-time, based on time spent on both the hospital and nursing facility responsibilities, and must be available to nursing facility staff on a full-time basis.

411-085-0060 Specialty Nursing Facilities

(1) APPLICATION. Facilities that have successfully obtained from the State Office of Health Policy a certificate of need for "specialty long-term care beds" pursuant to OAR 333-610 must make application to The Department for licensure as "Special Nursing Facility" in accordance with OAR 411-085-0010.
(2) ISSUANCE OF LICENSE. Licenses will only be issued to a Specialty Nursing Facility after written notification from the State Office of Health Policy that the facility is eligible for such licensure. The license issued will state "Specialty Nursing Facility" and will identify the type of residents and specialized services the facility is authorized to admit and retain.

(3) COMPLIANCE WITH RULES. Specialty Nursing Facilities will be required to meet all Oregon Administrative Rules that apply to Nursing Facilities.

(4) ADMISSIONS. Facilities and distinct parts of facilities licensed as Specialty Nursing Facilities must only admit and provide services for residents consistent with the Certificate of Need issued by the Office of Health Policy.

411-085-0200 Licensee, Employees, Consultants

(1) LICENSEE. The licensee will be responsible for the operation of the facility and the quality of care rendered in the facility.

(2) EMPLOYEES.

...(b) Reference Check. The licensee must check and document references for all prospective employees prior to employment.

(c) Job Description. All employees' duties must be defined in writing and maintained in the facility. All employees must be instructed in and perform the duties assigned.

...(e) The licensee must assure a criminal history check is completed on all employees, in accordance with OAR chapter 407, division 007, (Criminal History Checks). A licensee must not employ any individual who is determined to be ineligible to provide services as outlined in OAR chapter 407, division 007.

(3) PROHIBITION OF EMPLOYMENT. The facility must not employ or retain in employment any of the following:

(a) Any person found responsible for abusing, neglecting or mistreating a person receiving long-term care services in a final administrative action that is not under appeal or in a court of law;

(b) Any nursing assistant against whom a finding of resident abuse has been entered into the registry maintained under ORS 678.150; or

(c) Any person who is known or reasonably should be known to the facility to be abusive or to have been abusive.

411-085-0300 Civil Rights

(1) The facility must not make any distinction, discrimination or restriction based on a resident’s, potential resident’s or visitor’s sex, marital status, race, color, national origin or disability.

(2) The facility must make reasonable accommodations in order to provide services needed by applicants who are disabled.

411-085-0360 Abuse.
(1) ABUSE IS PROHIBITED. The facility employees, agents and licensee must not permit, aid, or engage in abuse of residents under their care.

(2) REPORTERS AND MANDATORY REPORTERS. All persons are encouraged to report abuse and suspected abuse. The following persons are required to immediately report abuse and suspected abuse to The Department or law enforcement agency;

(a) Physicians, including any resident physician or intern;
(b) Licensed practical nurse or registered nurse;
(c) Employee of the Oregon Department of Human Services, Area Agency on Aging, county health department or community mental health program;
(d) Nursing facility employee or any individual who contracts to provide services in a nursing facility;
(e) Peace officer;
(f) Clergy;
(g) Licensed social worker;
(h) Physical, speech or occupational therapist; and
(i) Family member of a resident or guardian or legal counsel for a resident.

(3) FACILITY REPORTING OF ABUSE OR SUSPECTED ABUSE.

(a) The nursing facility administration must immediately notify The Department, local designee of The Department, or local law enforcement agency of any incident of abuse or suspected abuse. Physical injury of an unknown cause must be reported to The Department as suspected abuse, unless an immediate facility investigation reasonably concludes the physical injury is not the result of abuse.

(b) The local law enforcement agency must be called first when the suspected abuse is believed to be a crime (for example; rape; murder, assault, burglary, kidnapping, theft of controlled substances).

(c) The local law enforcement agency must be called if the offices of The Department or designee are closed and there are no arrangements for after hours investigation.

(4) ABUSE COMPLAINT. The oral or written abuse complaint must include the following information when available;

(a) Names, addresses and phone numbers of alleged perpetrator(s), resident(s) and witness(es);
(b) The nature and extent of the abuse or suspected abuse (including any evidence of previous abuse);
(c) Any explanation given for the abuse or suspected abuse; and
(d) Any other information that the person making the report believes might be helpful in establishing the circumstances surrounding the abuse and the identity of the perpetrator.

(5) PRIVILEGE. In the case of abuse of a resident, the physician-patient privilege, the husband-wife privilege, and the privileges extended under ORS 40.225 to 40.295 will not be a ground for excluding evidence regarding the abuse, or the cause thereof, in any judicial proceeding resulting from an abuse complaint made pursuant to this section.

(6) IMMUNITY AND PROHIBITION OF RETALIATION.
(a) The facility licensee, employees and agents must not retaliate in any way against anyone who participates in the making of an abuse complaint, including but not limited to restricting otherwise lawful access to the facility or to any resident, or, if an employee, to dismissal or harassment;

(b) The facility licensee, employee and agents must not retaliate against any resident who is alleged to be a victim of abuse.

(c) Anyone who, in good faith, reports abuse or suspected abuse will have immunity from any liability that might otherwise be incurred or imposed with respect to the making or content of an abuse complaint. Any such person will have the same immunity with respect to participating in judicial or administrative proceedings relating to the complaint.

7) INVESTIGATION BY FACILITY. In addition to immediately reporting abuse or suspected abuse to The Department or law enforcement agency, the facility must promptly investigate all reports of abuse and suspected abuse and must take measures necessary to protect residents from abuse and prevent recurrence of abuse.

411-085-0370 Confidentiality

This rule applies to facility licensees, employees and agents, to Division staff and the staff of all Area Agencies on Aging.

1) RESIDENTS. The names of residents and all documentation that would allow the identification of a resident must be kept confidential and are not accessible for public inspection.

2) COMPLAINANTS, WITNESSES. The names and identity of complainants and witnesses referred to in Division complaint investigations must be kept confidential and are not accessible for public inspection.

411-086-0010 Administrator

1) Full-Time. Each licensed nursing facility shall be under the supervision of a full-time Oregon licensed nursing home administrator:

(a) In facilities physically connected with an Oregon licensed general hospital, the nursing home administrator shall be considered "full-time" if the administrator works full-time based on time worked in both nursing facility and hospital, and if the administrator is available to the nursing facility staff on a full-time basis;

(b) In facilities with 40 or fewer beds and which admit only residents requiring intermediate care, a person who meets the requirements for both administrator and director of nursing services (DNS) may function simultaneously in both capacities.

2) Responsibility:

(a) The administrator shall ensure that the facility uses its resources effectively and efficiently to attain and maintain the highest practicable physical, mental and psychosocial well-being of each resident;

(b) The administrator shall comply with the rules of the Board of Examiners of Nursing Home Administrators;
(c) The administrator shall provide a comprehensive review of Division survey reports and inspections to the licensee.

(3) Temporary Absence of Administrator:

(a) The licensee shall designate, by written policy, an individual who is familiar with the operation of the facility to assume administration in the temporary absence of the administrator. If the designee is the DNS, another RN shall assume the DNS' responsibilities for this period;

(b) If the absence of the administrator is to exceed 30 days, the facility must notify the Division and obtain approval for the arrangements prior to the absence. The Division shall determine whether a licensed administrator shall serve in the administrator's absence.

(4) Change of Administrator:

(a) Upon termination of the administrator, the licensee shall immediately replace the administrator with a full-time administrator;

(b) The licensee shall notify the Division and the Board of Examiners of Nursing Home Administrators within seven days from the date the administrator leaves employment of the facility.

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PENNSYLVANIA

§ 201.13. Issuance of license.

...(i) The current license shall be displayed in a public and conspicuous place in the facility.


(a) The licensee is responsible for meeting the minimum standards for the operation of a facility as set forth by the Department and by other State and local agencies responsible for the health and welfare of residents.

(b) If the services are purchased for the administration or management of the facility, the licensee is responsible for insuring compliance with this subpart, and other relevant Commonwealth regulations.

(c) The licensee through the administrator shall report to the appropriate Division of Nursing Care Facilities field office serious incidents involving residents. As set forth in § 51.3 (relating to notification). For purposes of this subpart, references to patients in § 51.3 include references to residents.

(d) In addition to the notification requirements in § 51.3, the facility shall report in writing to the appropriate division of nursing care facilities field office:

(1) Transfers to hospitals as a result of injuries or accidents.
(2) Admissions to hospitals as a result of injuries or accidents.

(e) The administrator shall notify the appropriate division of nursing care facilities field office as soon as possible, or, at the latest, within 24 hours of the incidents listed in § 51.3 and subsection (d).

(f) Upon receipt of a strike notice, the licensee or administrator shall promptly notify the appropriate Division of Nursing Care Facilities field office and keep the Department apprised of the strike status and the measures being taken to provide resident care during the strike.

(g) A facility owner shall pay in a timely manner bills incurred in the operation of a facility that are not in dispute and that are for services without which the resident’s health and safety are jeopardized.

(h) The facility shall report to the Department, on forms issued by the Department, census, rate and program occupancy information as the Department may request.

§ 201.18. Management.

(a) The facility shall have an effective governing body or designated person functioning with full legal authority and responsibility for the operation of the facility.

(b) The governing body shall adopt and enforce rules relative to:

1. The health care and safety of the residents.

2. Protection of personal and property rights of the residents, while in the facility, and upon discharge or after death.

3. The general operation of the facility.

(c) The governing body shall provide the information required in § 201.12 (relating to application for license) and prompt reports of changes which would affect the current accuracy of the information required.

(d) The governing body shall adopt effective administrative and resident care policies and bylaws governing the operation of the facility in accordance with legal requirements. The administrative and resident care policies and bylaws shall be in writing; shall be dated; shall be made available to the members of the governing body, which shall ensure that they are operational; and shall be reviewed and revised, in writing, as necessary. The policies and bylaws shall be available upon request, to residents, responsible persons and for review by members of the public.

(e) The governing body shall appoint a full-time administrator who is currently licensed and registered in this Commonwealth and who is responsible for the overall management of the facility. The Department may, by exception, permit a long-term care facility of 25 beds or less to share the services of an administrator in keeping with section 3(b) of the Nursing Home Administrators License Act (63 P. S. § 1103(b)). The sharing of an administrator shall be limited to two facilities. The schedule of the currently licensed administrator shall be publicly posted in each facility. The administrator's responsibilities shall include the following:
(1) Enforcing the regulations relative to the level of health care and safety of residents and to the protection of their personal and property rights.

(2) Planning, organizing and directing responsibilities obligated to the administrator by the governing body.

(3) Maintaining an ongoing relationship with the governing body, medical and nursing staff and other professional and supervisory staff through meetings and periodic reports.

(4) Studying and acting upon recommendations made by committees.

(5) Appointing, in writing and in concurrence with the governing body, a responsible employe to act on the administrator’s behalf during temporary absences.

(6) Assuring that appropriate and adequate relief personnel are utilized for those necessary positions vacated either on a temporary or permanent basis.

(7) Developing a written plan to assure the continuity of resident care and services in the event of a strike in a unionized facility.

(f) A written record shall be maintained on a current basis for each resident with written receipts for personal possessions and funds received or deposited with the facility and for expenditures and disbursements made on behalf of the resident. The record shall be available for review by the resident or resident’s responsible person upon request.

(g) The governing body shall disclose, upon request, to be made available to the public, the licensee’s current daily reimbursement under Medical Assistance and Medicare as well as the average daily charge to other insured and noninsured private pay residents.

(h) When the facility accepts the responsibility for the resident’s financial affairs, the resident or resident’s responsible person shall designate, in writing, the transfer of the responsibility. The facility shall provide the residents with access to their money within 3 bank business days of the request and in the form—cash or check—requested by the resident.

§ 201.19. Personnel policies and procedures.

Personnel records shall be kept current and available for each employee and contain sufficient information to support placement in the position to which assigned.

§ 201.27. Advertisement of special services.

A facility may not advertise special services offered unless the service is under the direction and supervision of personnel trained or educated in that particular special service, such as, rehabilitation or physical therapy by a registered physical therapist; occupational therapy by a registered occupational therapist; skilled nursing care by registered nurses; special diets by a dietitian; or special foods.

§ 201.29. Resident rights.
(a) The governing body of the facility shall establish written policies regarding the rights and responsibilities of residents and, through the administrator, shall be responsible for development of and adherence to procedures implementing the policies.

§ 207.2. Administrator’s responsibility.

(a) The administrator shall be responsible for satisfactory housekeeping and maintenance of the buildings and grounds.

§ 51.3. Notification.

(a) A health care facility shall notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility.

(b) A health care facility shall notify the Department in writing at least 60 days prior to the intended date of providing services in new beds it intends to add to its approved complement of beds.

(c) A health care facility shall provide similar notice at least 60 days prior to the effective date it intends to cease providing an existing health care service or reduce its licensed bed complement.

(d) A health care facility shall submit to the Department architectural plans and blueprints of proposed new construction, alteration or renovation to the facility. This material shall be submitted at least 60 days before the initiation of construction, alteration or renovation. The Department will review these documents to assure compliance with relevant life safety code and other regulatory requirements. The Department will respond to the facility by either issuing an approval or disapproval or requesting further information within 45 days of receipt of the facility’s submission. The facility may not initiate construction, alteration or renovation until it has received an approval from the Department.

(e) If a health care facility is aware of information which shows that the facility is not in compliance with any of the Department’s regulations which are applicable to that health care facility, and that the noncompliance seriously compromises quality assurance or patient safety, it shall immediately notify the Department in writing of its noncompliance. The notification shall include sufficient detail and information to alert the Department as to the reason for the failure to comply and the steps which the health care facility shall take to bring it into compliance with the regulation.

( Editor's Note: Under section 314 of the act of March 20, 2002 (P. L. 154, No. 13) (act), subsections (f) and (g) are abrogated with respect to a medical facility upon the reporting of a serious event, incident or infrastructure failure pursuant to section 313 of the act.)

(f) If a health care facility is aware of a situation or the occurrence of an event at the facility which could seriously compromise quality assurance or patient safety, the facility shall immediately notify the Department in writing. The notification shall include sufficient detail and information to alert the Department as to the reason for its occurrence and the steps which the health care facility shall take to rectify the situation.

(g) For purposes of subsections (e) and (f), events which seriously compromise quality assurance or patient safety include, but are not limited to, the following:
(1) Deaths due to injuries, suicide or unusual circumstances.
(2) Deaths due to malnutrition, dehydration or sepsis.
(3) Deaths or serious injuries due to a medication error.
(4) Elopements.
(5) Transfers to a hospital as a result of injuries or accidents.
(6) Complaints of patient abuse, whether or not confirmed by the facility.
(7) Rape.
...(9) Hemolytic transfusion reaction.
...(11) Significant disruption of services due to disaster such as fire, storm, flood or other occurrence.
(12) Notification of termination of any services vital to the continued safe operation of the facility or the health and safety of its patients and personnel, including, but not limited to, the anticipated or actual termination of electric, gas, steam heat, water, sewer and local exchange telephone service.
(13) Unlicensed practice of a regulated profession.
(14) Receipt of a strike notice.

(h) A health care facility shall send the written notification required under subsections (a)—(f) to the director of the division in the Department responsible for the licensure of the health care facility.

(i) Information contained in the notification submitted to the Department by a facility under subsection (e) or (f) may not, unless otherwise ordered by a court for good cause shown, be produced for inspection or copying by, nor may the contents thereof be disclosed to, a person other than the Secretary, the Secretary’s representative or another government agency, without the consent of the facility which filed the report.

(j) The Secretary and the Secretary’s representative shall use the information contained in the notification from the facility only in connection with the enforcement of the Department’s responsibilities under the act, or other applicable statutes within the Department’s jurisdiction.

(k) The notification requirements of this section do not require a facility, in providing a notification under subsection (e) or (f), to include information which is deemed confidential and not reportable to the Department under other provisions of Federal or State law or regulations.

(l) A health care facility may not commence the provision of new health care services or provide services in new beds until it has been informed by the Department that it is in compliance with all licensure requirements.

§ 51.6. Identification of personnel.

(a) When working in a health care facility and when clinically feasible, the following individuals shall wear an identification tag which displays that person’s name and professional designation:

(1) Health care practitioners licensed or certified by Commonwealth agencies.
(2) Health care providers employed by health care facilities.
(b) The identification tag shall include the individual’s full name. Abbreviated professional designations may be used only when the designation indicates licensure or certification by a Commonwealth agency, otherwise the full title shall be printed on the tag.

(c) The last name of the individual may be omitted or concealed when treating patients who exhibit symptoms of irrationality or violence.

§ 51.11. Civil rights compliance.

A health care facility shall comply with all civil rights laws. The Department may make onsite visits at its discretion to verify the civil rights compliance status of the health care facility.


(a) A health care facility shall have a nondiscriminatory policy which applies to all patients or residents and staff. The policy shall include a prohibition on the segregation of buildings, wings, floors and rooms for reasons of race, color, national origin, ancestry, age, sex, religion, handicap or disability. The nondiscriminatory policy shall also address the following:

1. Inpatient or outpatient admission or care.

2. Assigning patients or residents to rooms, floors and sections.

3. Asking patients or residents about roommate preferences.

4. Assignments of staff to patient or resident services.

5. Staff privileges of professionally qualified personnel.

6. Utilization of the health care facility.

7. Transfers of patients or residents from their rooms.

(b) A health care facility is required to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§ 2000e—2000e-17) and the Pennsylvania Human Relations Act (43 P. S. §§ 951—962.2) and to sign the following statement prior to receiving an initial license:

“This facility has agreed to comply with the provisions of the Federal Civil Rights Act of 1964 and the Pennsylvania Human Relations Act and all requirements imposed pursuant thereto to the end that no person shall, on the grounds of race, color, national origin, ancestry, age, sex, religious creed, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care or service.”

§ 51.13. Civil rights compliance records.
(a) A health care facility shall maintain the following records to show compliance with § 51.12
relating to nondiscriminatory policy:

(1) A copy of the health care facility’s admission policy which includes the date of its adoption,
which sets forth in clear terms nondiscriminatory practices with regard to race, color, national
origin, creed, ancestry, age, sex, religion, handicap or disability.

(2) A copy of a signed and dated notification to employees of the health care facility’s
nondiscrimination policy.

(3) Evidence that the nondiscriminatory practices of the health care facility have been publicized in
the community at least every 3 years by one of the following methods: newspapers, television,
radio, brochure or yellow pages.

(b) Copies of the health care facility’s nondiscriminatory policy shall be posted in locations
accessible to the facility’s staff and the general public.

(c) The health care facility shall provide the Department with a signed and dated copy of the
nondiscriminatory policy within 30 days of the effective date of any change in the policy.

§ 51.32. Exceptions for innovative programs.

This part is not intended to restrict the efforts of a health care facility to develop innovative and
improved programs of management, clinical practice, physical renovation or structural design.
Whenever this part appears to preclude a program which may improve the capacity of the health
care facility to deliver higher quality care and services or to operate more efficiently without
compromising patient or resident care, the Department encourages the health care facility to
request appropriate exceptions under this chapter.

RHODE ISLAND

Section 10.0 Governing Body or Other Legal Authority

10.1 Each facility shall have an organized governing body or other legal authority, responsible for:

a) the management and fiduciary control of the operation and maintenance of the facility; and

b) the conformity of the facility with all federal, state and local rules and regulations relating to fire,
safety, sanitation, communicable and reportable diseases, resident quality of care and quality of life,
and other relevant health and safety requirements and with all rules and regulations herein.

c) the administration of a policy of non-discrimination in the provision of services to residents and
the employment of persons without regard to race, color, creed, national origin, gender, religion,
sexual orientation, age, handicapping condition or degree of handicap, in accordance with Title VI of
the Civil Rights Act of 1964; U.S. Executive Order #11246 entitled “Equal Employment
Opportunity”, U.S. Department of Labor regulations; Title V of the Rehabilitation Act of 1973, as
amended; the Rhode Island Fair Employment Practices Act, Rhode Island General Laws Chapter 28-
5-1 et seq.; the Americans with Disabilities Act; and any other federal or state laws relating to discriminatory practices.

10.2 The governing body or other legal authority shall provide facilities, personnel and other resources necessary to meet resident and program needs and also:

a) describe the structure of the facility’s governing body, including functional and staff organizational charts;

b) provide names and affiliations of members of the facility’s governing body; c) provide a copy of the organization’s charter, constitution and/or by-laws.

10.3 The governing body or other legal authority shall designate a licensed administrator in accordance with reference 8 and shall establish by-laws or policies to govern the organization of the facility, to establish authority and responsibility, to identify program goals, and to provide for an annual evaluation of administrator performance.

10.4 The governing body or other legal authority shall adopt a written policy statement relating to conflict of interest on the part of members of the governing body receiving financial gain from ownership, medical staff and employees who may influence corporate decisions.

10.5 The governing body or other legal authority, through the administrator, shall be responsible for the procurement of a sufficient number of trained, experienced and competent personnel to provide appropriate care and supervision for all residents and to ensure that their personal needs are met.

Section 12.0 Administrator

12.1 Every facility shall have a full-time administrator licensed in accordance with reference 8, who shall be directly responsible to the governing body or other legal authority for its management and operation, and shall provide liaison between the governing body, medical and nursing staff and other professional staff.

a) When the administrator does not spend full-time in the facility, a substitute shall be designated only with the approval of the licensing agency.

b) In the absence of the administrator, a person shall be designated or authorized in writing, as a substitute on an interim basis.

c) A substitute must be licensed in Rhode Island as a nursing home administrator.

12.2 The administrator shall be responsible to ensure that services required by residents shall be available on a regular basis and provided in an appropriate environment in accordance with established policies.

12.3 The administrator shall be responsible for maintaining accurate time records on all personnel and for posting the work schedule of all direct resident care personnel on a weekly basis. Time records shall be retained by the facility for no less than three years.

12.4 Health care facilities shall provide the licensing agency with prompt notice of pending and actual labor disputes/actions which would impact delivery of patient care services including, but
not limited to, strikes, walk-outs, and strike notices. Health care facilities shall provide a plan, acceptable to the Director, for continued operation of the facility, suspension of operations, or closure in the event of such actual or potential labor dispute/action.

12.5 The licensing agency shall be notified of any change of the administrator of a facility.

Section 14.0 Personnel

Criminal Records Check

14.1 Pursuant to section 23-17-34 of the General Laws, any person seeking employment in a nursing facility, hired after July 21, 1992, and having routine contact with a resident without the presence of other employees, shall be subject to a criminal background check, to be initiated prior to, or within one week of employment.

14.2 Said employee through the employer shall apply to the bureau of criminal identification of the state or local police department for a statewide criminal records check. Fingerprinting shall not be required as part of this check.

14.3 In those situations in which no disqualifying information has been found, the bureau of criminal identification (BCI) of the state or local police shall inform the applicant and the employer in writing.

14.4 Any disqualifying information, as defined below, according to the provisions of section 23-17-34 of the General Laws, will be conveyed to the applicant in writing, by the bureau of criminal identification. The employer shall also be notified that disqualifying information has been discovered, but shall not be informed by the BCI of the nature of the disqualifying information.

14.4.1 Disqualifying information, as defined in Chapter 23-17-37 of the Rhode Island General Laws, as amended, means information produced by a criminal records review pertaining to conviction, for the following crimes will result in a letter to the employee and employer disqualifying the applicant from said employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, child abuse, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature), felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, larceny or felony banking law violations.

14.5 The employer shall maintain on file, subject to inspection by the Department of Health, evidence that criminal records checks have been initiated on all employees seeking employment after July 21, 1992 as well as the results of said check. Failure to maintain this evidence shall be grounds to revoke the license or registration of the employer.

14.6 If an applicant has undergone a statewide criminal records check within eighteen (18) months of an application for employment, then an employer may request from the bureau a letter indicating if any disqualifying information was discovered. The bureau will respond without disclosing the nature of the disqualifying information. This letter may be maintained on file to satisfy the requirements of Chapter 23-17-34.
14.7 An employee against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the employer who shall make a judgment regarding the continued employment of the employee.

Policies and Procedures

14.8 Each nursing facility shall maintain and implement written personnel policies and procedures supporting sound resident care and personnel practices. Such policies shall be reviewed annually and updated as necessary.

Job Descriptions

14.9 There shall be a job description for each classification of position which delineates qualifications, duties, authority and responsibilities inherent in each position.

a) For those selected non-licensed personnel authorized to administer drugs in accordance with section 25.9 herein, a job description delineating qualifications, duties and responsibilities shall be provided.

Personnel Records

14.12 Personnel records shall be maintained for each employee, shall be available at all times for inspection and shall include no less than the following: a) current and background information covering qualifications for employment; b) records of completion of required training and educational programs; c) records of all required health examinations which shall be kept confidential and in accordance with reference 17; d) evidence of current registration, certification or licensure of personnel subject to statutory regulation; e) annual work performance evaluation records; and f) evidence of authorization to administer drugs for selected non-licensed personnel in accordance with section 25.9 herein.

Photo Identification

14.14 A health care facility shall require all persons, including students, and as directed by the nursing facility, who examine, observe, treat or assist a patient or resident of such facility to wear a photo identification badge which states, in a reasonably legible manner, the first name, licensure/registration status, if any, and staff position of such person. This badge shall be worn in a manner that makes the badge easily seen and read by the resident or visitor.

Section 16.0 Reporting of Resident Abuse or Neglect, Accidents & Death

16.1 Any physician, nurse or other employee of a nursing facility who has reasonable cause to believe that a resident has been abused, exploited, mistreated, or neglected shall make within 24 hours or by the end of the next business day of the receipt of said information, a report to the licensing agency (Office of Facilities Regulation). Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent. Once notified, the administrator or the director of nursing services shall be required to meet the above reporting requirements.

a) All reports, as required herein, shall be provided to the licensing agency (Office of Facilities Regulation) in writing via facsimile on the form supplied in Appendix "E" herein. A copy of each
report shall be retained by the facility for review during subsequent inspections by the licensing agency.

b) The facility shall maintain evidence that all allegations of abuse, neglect, and/or mistreatment have been thoroughly investigated and that further potential abuse has been prevented while the investigation is in progress. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the licensing agency within five (5) business days.

16.2 Accidents resulting in: hospitalization; or death in the nursing facility; or death in the hospital following the accident; of any resident shall be reported in writing to the licensing agency before the end of the next working day or in a follow-up report in the event of item #3 (above). A copy of each report shall be retained by the facility for review during subsequent surveys.

16.3 The death of any resident of a nursing facility occurring within 24 hours of admission or prior to the performance of a physical examination in accordance with section 23.3 (c) herein, shall be reported to the Office of the State Medical Examiners.

16.4 In addition, all resident deaths occurring within a nursing facility which are sudden or unexpected, suspicious or unnatural, the result of trauma, remote or otherwise or when unattended by a physician shall be reported to the facility medical director and to the Office of the State Medical Examiners in accordance with Title 23, Chapter 4 of the General Laws of Rhode Island, as amended.

16.5 Reporting requirements, pursuant to Chapter 23-17.8 of the General Laws must be posted.

Section 20.0 Uniform Reporting System

20.1 Uniform Reporting System: Each nursing facility shall establish and maintain records and data in such a manner as to make uniform the system of periodic reporting. The manner in which the requirements of this regulation may be met shall be prescribed from time to time in directives promulgated by the Director with the advice of the Health Services Council.

20.2 Each nursing facility shall report to the licensing agency detailed financial and statistical data pertaining to its operations, services, and facilities. Such reports shall be made at such intervals and by such dates as determined by the Director and shall include but not be limited to the following:

a) utilization of nursing services;

b) unit cost of nursing services;

c) charges for rooms and services;

d) financial condition of the facility; and

e) quality of care.

20.3 The licensing agency is authorized to make the reported data available to any state agency concerned with or exercising jurisdiction over the reimbursement or utilization of nursing facilities.
20.4 The directives promulgated by the Director pursuant to these regulations shall be sent to each facility to which they apply. Such directives shall prescribe the form and manner in which the financial and statistical data required shall be furnished to the licensing agency.

Section 24.0 Nursing Service

a) The Director of Nurses employed full-time in accordance with section 24.2 above shall not be the administrator nor the assistant administrator...

Section 26.0 Special Care Units

Alzheimer and Other Dementia Special Care Units or Programs:

26.1 Any facility that provides or offers to provide care or services for residents in a manner as defined in section 1.2 herein shall disclose to the licensing agency and any person seeking placement in such Alzheimer and Other Dementia Special Care Unit/Program the form of specialized care and treatment provided that is in addition to the care and treatment required in the regulations herein.

26.1.1 The information disclosed shall be on a form prescribed by the Department of Health.

26.1.2 The facility shall provide care and services as described in the disclosure form, and consistent with the rules and regulations herein. The information disclosed shall explain the additional care provided in each of the following areas:

a) Philosophy - The special care unit/program's written statement of its overall philosophy and mission which reflects the needs of residents afflicted with dementia.

b) Pre-Admission, Admission and Discharge - The process and criteria for placement (which shall include a diagnosis of dementia), transfer or discharge from the unit.

c) Assessment, Care Planning and Implementation - The process used for assessment and establishing 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) Staffing Patterns and Training - Staff patterns and training and continuing education programs, which shall emphasize the effective management of the physical and behavioral problems of those with dementia.

e) Physical Environment - The physical environment and design features shall be appropriate to support the functioning and safety of cognitively impaired adult residents.

f) Therapeutic Activities - The frequency and types of resident activities. Therapeutic activities shall be designed specifically for those with dementia.

g) Family Role in Care – The facility shall provide for the involvement of families and family support program.

h) Program Costs - The cost of care and any additional fees.

26.1.3 Any significant changes in the information provided by the nursing facility will be reported to the licensing agency at the time the changes are made.
Rehabilitation Special Care Unit and Subacute Special Care Unit:

26.2 Any facility that provides or offers to provide care for patients or residents by means of a Rehabilitation Special Care Unit or a Subacute Special Care Unit shall be required to disclose to the licensing agency and to any person seeking placement in a Rehabilitation Special Care Unit or a Special Care Unit of a nursing facility the form of specialized care and treatment provided that is in addition to the care and treatment required in the regulations herein.

26.2.1 The information disclosed shall be on a form prescribed by the Department.

26.2.2 The facility shall provide care and services as described in the disclosure form, and consistent with the rules and regulations herein.

26.2.3 Any significant changes in the information provided by the nursing facility shall be reported to the licensing agency at the time the changes are made.

Section 56.0 Exception

56.1 Modification of any individual standard herein, for experimental or demonstration purposes, or as deemed appropriate by the licensing agency, provided that such modification will not be contrary to the public interest and the public health, or to the health and safety of residents, shall require advance written approval by the licensing agency.

SOUTH CAROLINA

Downloaded January 2011

SECTION 200 - LICENSE REQUIREMENTS AND FEES

201. License Requirements

...B. Compliance.

1. A copy of the licensing regulation for nursing homes in South Carolina and a current copy of R.61-25 shall be maintained in the facility by the licensee.

F. Issuance and Terms of License. A license is issued by the Department and shall be posted in a conspicuous place in a public area within the facility.

...5. Separate licenses are not required, but may be issued, for separate buildings on the same or adjoining grounds where a single level or type of care is provided.

6. Multiple types of facilities on the same premises shall be licensed separately even though owned by the same entity.

G. Facility Name. No proposed facility shall be named nor shall any existing facility have its name changed to the same or similar name as any other facility licensed in South Carolina. The Department shall determine if names are similar. If an entity owns multiple facilities and elects to
use a common name for two (2) or more of the facilities, the geographic area in which the facilities is located may be part of the name.

H. Licensee. The Licensee shall:

1. Have reputable and responsible character;

2. Be knowledgeable of the content of this regulation; and

3. Be responsible for implementing this regulation in the facility.

SECTION 500 - POLICIES AND PROCEDURES

501. General

A. There shall be written policies and procedures addressing the manner in which the requirements of this regulation shall be met. The written policies and procedures shall accurately reflect actual facility practice regarding care, treatment, procedures, services, record keeping and reporting, admission and transfer, physician services, nursing services, social services, resident rights and assurances, medication management, pharmaceutical services, meal service operations, emergency procedures, fire prevention, maintenance, housekeeping and infection control, the operation of the facility, and other special care and procedures as identified in this section. The policies and procedures shall address the provision of any special care offered by the facility that would include how the facility shall meet the specialized needs of the affected residents such as Alzheimer’s disease and/or related dementia, physically or developmentally disabled, in accordance with any laws that pertain to that service offered, e.g., Alzheimer’s Special Care Disclosure Act.

B. Specifically, there shall be written policies and procedures to:

1. Assure that residents do not develop pressure-related wounds unless the resident’s clinical condition demonstrates that they were unavoidable and to address treatment of existing pressure-related wounds;

2. Address resident exit-seeking and elopement, including prevention and actions to be taken in the event of occurrence;

3. Implement advance directives in accordance with S.C. Code Ann. Sections 4477-10, et seq. (1976, as amended), including provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical treatment and, at the individual’s option, formulate an advance directive. The policies shall not condition treatment or admission upon whether the individual has executed or waived an advance directive;

4. Control the use and application of physical restraints and all facility practices that meet the definition of a restraint, such as bed rails used to keep a resident from getting out of bed;

5. Address the conditions that would be acceptable for the safe operation of a microwave oven in a resident room in accordance with the resident’s ICP. A facility may elect to prohibit microwave ovens in resident rooms.

C. All policies and procedures shall:
1. Establish a time period for review of policies and procedures in writing and such reviews shall be documented;
2. Be revised as appropriate in order to reflect actual facility practice;
3. Be accessible to staff, printed or electronically, at all times.

SECTION 600 - STAFF/TRAINING

601. General

...B. Staff members of the facility shall not have a prior conviction or pled no contest (nolo contendere) for child or adult abuse, neglect, or mistreatment, or any other felony. The facility shall coordinate with appropriate abuse-related registries prior to the employment of staff.

...D. There shall be accurate current information maintained regarding all staff members of the facility that shall include:

1. Name, address and telephone number;
2. Date of hire;
3. Past employment, experience, and education;
4. Professional licensure or registration number or certificate or letter of completion;
5. Position in the facility and job description;
6. Documentation of orientation to the facility, including residents' rights, regulation compliance, policies and procedures, job duties, in-service training and on-going education;
7. Health status, health assessment, and tuberculin testing results;
8. Evidence that a criminal record check has been completed;
9. For former staff members, the date of separation;
10. Date of initial resident contact may be maintained by the facility.

E. Time schedules shall be maintained indicating the numbers and classification of all staff, including relief staff, who work on each shift of duty. The time schedules shall reflect all changes so as to indicate who actually worked.

F. Staff members shall not have an active dependency on a psychoactive substance(s) that would impair his or her ability to perform assigned duties.

G. Staff members shall display identification in accordance with facility policies and procedures that is visible at all times while on duty.

602. Criminal Record Check

Prior to employing or contracting with any individual, the facility shall conduct a criminal record check in accordance with S.C. Code Ann. Article 23, Section 44-7-2910, et seq., (1976, as amended).

603. Administrator

A. Each facility shall have a full-time licensed administrator.

B. The facility administrator shall be licensed as a nursing home administrator in accordance with S.C. Code Ann. Section 40-35-30 (1976, as amended). In addition, all other applicable provisions of S.C. Code Ann. Title 40, Chapter 35 (1976, as amended), shall be followed.
C. The administrator shall exercise judgment that reflects that he or she is in compliance with these regulations and shall demonstrate adequate knowledge of these regulations.

D. A staff member shall be designated, by name or position, in writing, to act in the absence of the administrator, e.g., a listing of the lines of authority by position title, including the names of the individuals filling these positions.

E. The administrator shall have sufficient freedom from other responsibilities and duties to carry out the functions associated with the position.

F. No individual may be the administrator of more than one (1) nursing home.

609. Volunteers

A. If the facility has a volunteer program, a facility staff person shall direct the program. Community groups such as Boy and Girl Scouts, church groups, civic organizations or individuals that may occasionally present programs, activities, or entertainment in the facility shall not be considered volunteers. Volunteers shall be subject to the same standards regarding resident confidentiality and practice as the facility staff. Volunteers shall consult with licensed staff prior to any changes in resident care or treatment. The facility may elect to prohibit volunteers to work in the facility.

B. The licensee is responsible for all the activities that take place in the facility including the coordination of volunteer activities. (II)

1. Volunteers shall receive the orientation, training, and supervision necessary to assure resident health and safety before performing any duties. The orientation program shall include, but not be limited to:

   a. Resident rights;
   b. Confidentiality;
   c. Disaster preparedness;
   d. Emergency response procedures;
   e. Safety procedures and precautions; and
   f. Infection control.

2. There shall be accurate current information maintained regarding all volunteers that shall include:

   a. Name, address and telephone number;

   b. Documentation of orientation to the facility, including residents' rights, regulation compliance, policies and procedures, training, and duties;

   c. Date of initial resident contact may be maintained by the facility, if applicable.

1. Facilities shall require that volunteers sign in and out with staff of the facility upon entering or leaving the facility. Volunteers shall wear legible name and title badges that are visible at all times while on duty.
C. At a minimum, volunteers shall be given information necessary to implement medical and physical precautions related to the residents with whom they work and shall respect all aspects of confidentiality. Volunteers shall not take the place of qualified staff.

D. Direct care volunteers shall have the ability to render care and services to residents in an understanding and gentle manner.

E. Documentation maintained for direct care volunteers shall include:

1. A health assessment (in accordance with Section 608) within three (3) months prior to initial date of volunteering or initial resident contact;

2. Familiarization with the disaster plan (See Section 1502) and documented instructions as to any required actions;

3. Fire response training (See Section 1603) within seven (7) days of his or her first day as a direct care volunteer and at least annually thereafter;

4. A criminal record check (See Section 602) completed prior to working as a direct care volunteer;

5. Determination of TB status (See Section 1803) prior to initial resident contact or his or her first day working as a direct care volunteer;

6. Annual influenza vaccination and hepatitis B vaccination series (See Section 1806) unless the vaccine is medically contraindicated or the person is offered the vaccination and declined. In either case, the decision shall be documented.

610. Private Sitters

A. If a resident or responsible party has not agreed in writing with the facility to not have a private sitter and chooses to employ a private sitter for use in the facility, the facility may establish a formalized private sitter program that shall be directed by a facility staff member.

1. The facility shall assure that private sitters have been chosen in accordance with the Bill of Rights for Residents of Long-Term Care Facilities.

2. The facility shall establish written policies and procedures for the private sitter program that includes an orientation to the facility consisting, at least, of the following:

   a. Residents' rights;
   b. Confidentiality;
   c. Disaster preparedness;
   d. Emergency response procedures;
   e. Safety procedures and precautions; and
   f. Infection control.

3. There shall be accurate current information maintained regarding private sitters including:

   a. Name, address and telephone number;
   b. Documentation of orientation to the facility, including residents' rights, regulation compliance,
policies and procedures, training, and duties;
c. Date of initial resident contact may be maintained by the facility, if applicable.

B. The facility shall maintain the following documentation regarding private sitters:

1. A health assessment (in accordance with Section 608) within three (3) months prior to initial resident contact or his or her first day working as a private sitter;
2. A criminal record check (See Section 602) completed prior to working as a private sitter;
3. Determination of TB status (See Section 1803) prior to initial resident contact or his or her first day working as a private sitter;
4. Annual influenza vaccination and hepatitis B vaccination series (See Section 1806).

D. Private sitters shall sign in and sign out with facility staff upon entering or leaving the facility. Private sitters shall display identification in accordance with facility policies and procedures that is visible at all times while on duty.

SECTION 700 - REPORTING

701. Incidents

I. Abuse and suspected abuse, neglect, or exploitation of residents shall also be reported to the South Carolina Long-Term Care Ombudsman Program in accordance with S.C. Code of Law Section 43-35-25 (1976, as amended).

704. Administrator Change

The Division of Health Licensing shall be notified in writing by the licensee within ten (10) days of any change in administrator. The notice shall include at a minimum the name of the newly-appointed individual, the effective date of the appointment, and a copy of the administrator’s license.

705. Joint Annual Report

Facilities shall complete and return a “Joint Annual Report” to the Department’s Planning and Certificate of Need Division within the time period specified by that Division.
44:04:01:02. Licensure of facilities by classification.

... The most current license issued by the department must be posted on the premises of the facility in a place conspicuous to the public. Each facility address shall show a current license.

44:04:01:03. Name of facility. Each facility must be designated by a pertinent and distinctive name that must be used in applying for a license. The name may not be changed without first notifying the department in writing. No facility may be given a name or advertise in a way that implies services rendered are in excess of the classification for which it is licensed or which would indicate an ownership other than actual.

44:04:01:06. Joint occupancy. The use of a portion of a building for purposes other than that covered by the license may be approved by the department only if it can be shown that joint occupancy is not detrimental to the welfare of the patients or residents. The area must be open to inspection by the department.

44:04:01:07. Reports. Each licensed facility, when requested by the department, shall submit to the department the pertinent data necessary to comply with the requirements of SDCL chapter 34-12 and this article. Each facility shall report to the department within 48 hours of the event any death resulting from other than natural causes originating on facility property such as accidents, abuse, negligence, or suicide; any missing patient or resident; and any allegation of abuse or neglect of any patient or resident by any person. Each facility shall report the results of the investigation within five working days after the event. Each facility shall also report to the department as soon as possible any fire with structural damage or where injury or death occurs; any partial or complete evacuation of the facility resulting from natural disaster; or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours. Each facility shall notify the department of any anticipated closure or discontinuation of service at least 30 days in advance of the effective date.

44:04:04:02. Governing body. Each facility operated by limited liability partnership, a corporation, or political subdivision must have an organized governing body legally responsible for the overall conduct of the facility. If the facility is operated by an individual or partnership, the individual or partnership shall carry out the functions in this chapter pertaining to the governing body. The governing body shall establish and maintain administration policies, procedures, or bylaws governing the operation of the facility. The governing body of a hospital shall determine which categories of practitioners are eligible candidates for appointment to the medical staff and shall credential and grant admitting or patient care privileges to appointees to the medical staff. The governing body may appoint members to the medical staff only after considering the recommendations of the existing members of the medical staff.

44:04:04:03. Administrator. The governing body must designate a qualified administrator to represent the owner or governing body and to be responsible for the daily overall management of the facility. The administrator must designate a qualified person to represent the administrator during the administrator’s absence. The governing body shall notify the department in writing of
any change of administrator. The administrator of a nursing facility must be licensed pursuant to article 20:49.

44:04:04. Personnel. The facility must have a sufficient number of qualified personnel to provide effective and safe care. Staff members on duty must be awake at all times. Supervisors must be 18 years of age or older. Written job descriptions and personnel policies and procedures must be made available to personnel of all departments and services. The facility may not knowingly employ any person with a conviction for abusing another person. The facility must establish and follow policies regarding special duty or staff members on contract.

44:04:04:11. Care policies. Each facility must establish and maintain policies, procedures, and practices to govern care, and related medical or other services necessary to meet the patients' or residents' needs. Policies and procedures for the management of adult day care clients and respite care patients or residents in the facilities offering those services shall be established and maintained.

TENNESSEE

1200-08-06-.02 LICENSING PROCEDURES.

(1).... Satellite facilities shall be prohibited. Licenses are not transferable or assignable and shall expire annually on June 30th. The license shall be conspicuously posted in the nursing home.

1200-08-06-.04 ADMINISTRATION.

(1) The nursing home shall have a full-time (working at least 32 hours per week) administrator licensed in Tennessee, who shall not function as the director of nursing. Any change of administrators shall be reported in writing to the department within fifteen (15) days. The administrator shall designate in writing an individual to act in his/her absence in order to provide the nursing home with administrative direction at all times. The administrator shall assure the provision of appropriate fiscal resources and personnel required to meet the needs of the residents.

(2) The hospital administrator may serve as the administrator of a hospital-based nursing home provided that he/she is a Tennessee licensed nursing home administrator, the facilities are located on the same campus, and the surveys do not reflect substandard care.

(3) Any agreement to manage a nursing home must be reported in writing to the department within fifteen (15) days of its implementation.

(4) Upon the unexpected loss of the facility administrator, the facility shall proceed according to the following provisions:

(a) The term “unexpected loss” means the absence of a nursing home administrator due to serious illness or incapacity, unplanned hospitalization, death, resignation with less than thirty (30) days notice or unplanned termination.
(b) The facility must notify the department within twenty-four (24) hours after notice of the unexpected loss of the administrator. Notification to the department shall identify an individual to be responsible for administration of the facility for the immediate future not to exceed thirty (30) days. This responsible individual need not be licensed as an administrator and may be the facility’s director of nursing.

(c) Within seven (7) days of notice of the unexpected loss, the facility must request a waiver of the appropriate regulations from the board.

(d) On or before the expiration of thirty (30) days after notice of the unexpected loss, the facility shall appoint a temporary administrator to serve until either a permanent administrator is employed or the request for a waiver is considered by the board, whichever occurs first. The temporary administrator shall be any of the following:

1. A full-time administrator licensed in Tennessee or any other state;

2. One (1) or more part-time administrators licensed in Tennessee. Part-time shall not be less than twenty (20) hours per week; or,

3. A full-time candidate for licensure as a Tennessee administrator who has completed the required training and the application process. Such candidate shall be scheduled for the next licensure exam and is eligible for the continued administrator role only with the successful completion of that exam.

(e) The procedures set forth above shall be followed until the next regularly scheduled meeting of the board in which the board considers the facility’s application for a waiver. After reviewing the circumstances, the board may grant, refuse or condition a waiver as necessary to protect the health, safety and welfare of the residents in the facility.

(f) Any facility which follows these procedures shall not be subject to a civil penalty for absence of an administrator at any time preceding the board’s consideration of the facility’s request for a waiver.

(5) The facility shall make reasonable efforts to safeguard personal property and promptly investigate complaints of such loss. A record shall be prepared of all clothing, personal possessions and money brought by the resident to the nursing home at the time of admission. The record shall be filled out in duplicate. One copy of the record shall be given to the resident or the resident’s representative and the original shall be maintained in the nursing home record. This record shall be updated as additional personal property is brought to the facility.

...(10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee.

(11) All nursing homes shall initiate a criminal background check on any person who is employed by the facility in a position which involves providing direct care to a resident or patient, prior to or within seven (7) days of employment.
(a) Any person who applies for employment in a position which involves providing direct patient care to a resident in such a facility shall consent to:

1. Provide past work and personal references to be checked by the nursing home; and/or

2. Agree to release and use of any and all information and investigative records necessary for the purpose of verifying whether the individual has been convicted of a criminal offense in the state of Tennessee, to either the nursing home or its agent, to any agency that contracts with the state of Tennessee, to any law enforcement agency, or to any other legally authorized entity; and/or

3. Supply a fingerprint sample and submit to a state criminal history records check to be conducted by the Tennessee Bureau of Investigations, or a state and federal criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation; and/or

4. Release any information required for a criminal background investigation by a professional background screening organization or criminal background check service or registry.

(b) A nursing home shall not disclose criminal background check information obtained to a person who is not involved in evaluating a person's employment, except as required or permitted by state or federal law.

(c) Any costs incurred by the Tennessee Bureau of Investigation, professional background screening organization, law enforcement agency, or other legally authorized entity, in conducting such investigations of such applicants may be paid by the nursing home, or any agency that contracts with the state of Tennessee requesting such investigation and information, or the individual who seeks employment or is employed. Payment of such costs to the Tennessee Bureau of Investigation are to be made in accordance with T.C.A. §§38-6-103 and 38-6-109. The costs of conducting criminal background checks shall be an allowable cost under the state Medicaid program, if paid for by the nursing home.

(d) Criminal background checks are also required by any organization, company, or agency that provides or arranges for the supply of direct care staff to any nursing home licensed in the state of Tennessee. Such company, organization, or agency shall be responsible for initiating a criminal background check on any person hired by that entity for the purpose of working in a nursing home, and shall be required to report the results of the criminal background check to any facility in which the organization arranges the employee to work, upon request by a facility.

(e) A nursing home that declines to employ or terminates a person based upon criminal background information provided to the facility shall be immune from suit by or on behalf of that person for the termination of or the refusal to employ that person.

(12) Whenever the rules of this chapter require that a licensee develop a written policy, plan, procedure, technique, or system concerning a subject, the licensee shall develop the required policy, maintain it and adhere to its provisions. A nursing home which violates a required policy also violates the rule establishing the requirement.

(13) Policies and procedures shall be consistent with professionally recognized standards of practice.
(14) No nursing home shall retaliate against or, in any manner, discriminate against any person because of a complaint made in good faith and without malice to the board, the department, the Department of Human Services Adult Protective Services, the long term care ombudsman, the Comptroller of the State Treasury, or any government agency. A nursing home shall neither retaliate, nor discriminate, because of information lawfully provided to these authorities, because of a person’s cooperation with them, or because a person is subpoenaed to testify at a hearing involving one of these authorities.

(15) Each nursing home shall adopt safety policies for the protection of residents from accident and injury.

(16) Each nursing home shall post whether they have liability insurance, the identity of their primary insurance carrier, and if self-insured, the corporate entity responsible for payment of any claims. It shall be posted on a sign no smaller than eleven inches (11") in width and seventeen inches (17") in height and displayed at the main public entrance.

...(18) The nursing home shall ensure a framework for addressing issues related to care at the end of life.

(19) The nursing home shall provide a process that assesses pain in all patients. There shall be an appropriate and effective pain management program.

(20) The nursing home shall carry out the following functions, all of which shall be documented in a written medical equipment management plan:

(a) Develop and maintain a current itemized inventory of medical equipment used in the facility, that is owned or leased by the operator of the facility;

(b) Develop and maintain a schedule for the maintenance, inspection and testing of medical equipment according to manufacturers’ recommendations or other generally accepted standards. The schedule shall include the date and time such maintenance, inspection and testing was actually performed, and the name of the individual who performed such tasks; and

(c) Ensure maintenance, inspection and testing were conducted by facility personnel adequately trained in such procedures or by a contractor qualified to perform such procedures.

(21) All health care facilities licensed pursuant to T.C.A. §68-11-201, et. seq. shall post on a sign no smaller than eight and one-half inches (8½") in width and eleven inches (11") in height the following in the main public entrance:

(a) a statement that any person, regardless of age, who may be the victim of domestic violence may call the nationwide domestic violence hotline, with that number printed in boldface type, for immediate assistance.

(22) "No Smoking" signs or the international “No Smoking” symbol, consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it, shall be clearly and conspicuously posted at every entrance.

(23) Residents of the facility are exempt from the smoking prohibition. The resident smoking practices shall be governed by the policies and procedures established by the facility. Smoke from such areas shall not infiltrate into the areas where smoking is prohibited.
(24) The facility shall develop a concise statement of its charity care policies and shall post such statement in a place accessible to the public.

1200-08-06-.07 SPECIAL SERVICES: ALZHEIMER’S UNITS. Structurally distinct parts of a nursing home may be designated as special care units for ambulatory residents with dementia or Alzheimer’s Disease and related disorders. Such units shall be designed to encourage self-sufficiency, independence and decision-making skills, and may admit residents only after the unit is found to be in compliance with licensure standards and upon final approval by the department. Units which hold themselves out to the public as providing specialized Alzheimer’s services shall comply with the provisions of T.C.A. § 68-111404 and shall be in compliance with the following minimum standards:

(1) In order to be admitted to the special care unit:

(a) A diagnosis of dementia must be made by a physician. The specific etiology causing the dementia shall be identified to the best level of certainty prior to admission to the special care unit; and,

(b) The need for admission must be determined by an interdisciplinary team consisting at least of a physician experienced in the management of residents with Alzheimer’s Disease and related disorders, a social worker, a registered nurse and a relative of the resident or a resident care advocate.

(2) Special care units shall be separated from the remaining portion of the nursing home by a locked door and must have extraordinary and acceptable fire safety features and policies which ensure the well being and protection of the residents.

(3) The residents must have direct access to a secured, therapeutic outdoor area. This outdoor area shall be designed and maintained to facilitate emergency evacuation.

(4) There must be limited access to the designated unit so that visitors and staff do not pass through the unit to get to other areas of the nursing home.

(5) Each unit must contain a designated dining/activity area which shall accommodate 100% seating for residents.

(6) Corridors or open spaces shall be designed to facilitate ambulation and activity, and shall have an unobstructed view from the central working or nurses’ station.

(7) Drinking facilities shall be provided in the central working area or nurses’ station and in the primary activities areas. Glass front refrigerators may be used.

(8) The unit shall be designed, equipped and maintained to promote positive resident response through the use of:

(a) Reduced-glare lighting, wall and floor coverings, and materials and decorations conducive to appropriate sensory and visual stimulation; and,

(b) Meaningful wandering space shall be provided that encourages physical exercise and ensures that residents will not become frustrated upon reaching dead-ends.

(9) The designated units shall provide a minimum of 3.5 hours of direct care to each resident every day including .75 hours of licensed nursing personnel time. Direct care shall not be limited to
nursing personnel time and may include direct care provided by dietary employees, social workers, administrator, therapists and other care givers, including volunteers.

(10) In addition to the classroom instruction required in the nurse aide training program, each nurse aide assigned to the unit shall have forty (40) hours of classroom instruction which shall include but not be limited to the following subject areas:

(a) Basic facts about the causes, progression and management of Alzheimer’s Disease and related disorders;
(b) Dealing with dysfunctional behavior and catastrophic reactions in the resident;
(c) Identifying and alleviating safety risks to the resident;
(d) Providing assistance in the activities of daily living for the resident; and,
(e) Communicating with families and other persons interested in the resident.

(11) Each resident shall have a treatment plan developed, periodically reviewed and implemented by an interdisciplinary treatment team consisting at least of a physician experienced in the management of residents with Alzheimer’s Disease and related disorders, a registered nurse, a social worker, an activity coordinator and a relative of the resident or a resident care advocate.

(12) A protocol for identifying and alleviating job related stress among staff on the special care unit must be developed and carried out.

(13) The staff of the unit shall organize a support group for families of residents which meets at least quarterly for the purpose of:

(a) Providing ongoing education for families;
(b) Permitting families to give advice about the operation of the unit;
(c) Alleviating stress in family members; and
(d) Resolving special problems relating to the residents in the unit.

1200-08-06-.11 RECORDS AND REPORTS.

(2) Unusual events shall be reported by the facility to the Department of Health in a format designed by the Department within seven (7) business days of the date of the identification of the abuse of a patient or an unexpected occurrence or accident that results in death, life threatening or serious injury to a patient.

(a) The following represent circumstances that could result in an unusual event that is an unexpected occurrence or accident resulting in death, life threatening or serious injury to a patient, not related to a natural course of the patient’s illness or underlying condition. The circumstances that could result in an unusual event include, but are not limited to:

9. procedure related incidents, regardless of setting and within thirty (30) days of the procedure and includes readmissions, which include:

...(xx) patient abuse, patient neglect, or misappropriation of resident/patient funds....

(b) Specific incidents that might result in a disruption of the delivery of health care services at the facility shall also be reported to the department, on the unusual event form, within seven (7) days after the facility learns of the incident. These specific incidents include the following:
1. strike by the staff at the facility...

(3) The nursing home shall retain legible copies of the following records and reports for thirty-six months following their issuance. They shall be maintained in a single file and shall be made available for inspection during normal business hours to any person who requests to view them:

(a) Local fire safety inspections;
(b) Local building code inspections, if any;
(c) Fire marshal reports;
(d) Department licensure and fire safety inspections and surveys;
(e) Federal Health Care Financing Administration surveys and inspections, if any;
(f) Orders of the Commissioner or Board, if any;
(g) Comptroller of the Treasury’s audit reports and findings, if any; and,
(h) Maintenance records of all safety and patient care equipment.

1. Routine maintenance shall be administered according to the manufacture’s recommended maintenance for the above equipment.

2. Ensure that facility staff or contract personnel are appropriately trained to conduct safety and patient care equipment inspections.

(4) A yearly statistical report, the “Joint Annual Report of Nursing Homes”, shall be submitted to the Department. The forms are mailed to each nursing home by the Department each year. The forms shall be completed and returned to the Department as requested.

TEXAS

Sec. 242.010. CHANGE OF ADMINISTRATORS. An institution that hires a new administrator or person designated as chief manager shall:

(1) notify the department in writing not later than the 30th day after the date on which the change becomes effective; and

(2) pay a $20 administrative fee to the department.

Sec. 242.015. LICENSED ADMINISTRATOR.

(a) Each institution must have a licensed nursing facility administrator.

(b) The administrator shall:

(1) manage the institution;

(2) be responsible for:

(A) delivery of quality care to all residents; and
(B) implementation of the policies and procedures of the institution; and
(3) work at least 40 hours per week on administrative duties.

Sec. 242.035. LICENSING CATEGORIES.

(a) The department shall determine the rank of licensing categories.

(b) Unless prohibited by another state or federal requirement, the department shall allow a licensed institution to operate a portion of the institution under the standards of a lower licensing category. The board shall establish procedures and standards to accommodate an institution's operation under the lower category.

Sec. 242.037. RULES; MINIMUM STANDARDS.

(a) The department shall make and enforce rules and minimum standards to implement this chapter, including rules and minimum standards relating to quality of life, quality of care, and residents' rights.

(b) The rules and standards adopted under this chapter may be more stringent than the standards imposed by federal law for certification for participation in the state Medicaid program.

(i) The minimum standards adopted by the board under this section must require that each institution, as part of an existing training program, provide each registered nurse, licensed vocational nurse, nurse aide, and nursing assistant who provides nursing services in the institution at least one hour of training each year in caring for people with dementia.

Sec. 242.0371. NOTICE OF CERTAIN EMPLOYMENT POLICIES.

(a) An institution licensed under this chapter shall prepare a written statement describing the institution's policy for:

(1) the drug testing of employees who have direct contact with residents; and

(2) the conducting of criminal history record checks of employees and applicants for employment in accordance with Chapter 250.

(b) The institution shall provide the statement to:

(1) each person applying for services from the institution or the person's next of kin or guardian; and

(2) any person requesting the information.

Sec. 242.040. CERTIFICATION OF INSTITUTIONS THAT CARE FOR PERSONS WITH ALZHEIMER'S DISEASE AND RELATED DISORDERS.

(a) The department shall establish a system for certifying institutions that meet standards adopted by the board concerning the specialized care and treatment of persons with Alzheimer's disease and related disorders.

(b) An institution is not required to be certified under this section in order to provide care and treatment of persons with Alzheimer's disease and related disorders.
(c) The board by rule may adopt standards for the specialized care and treatment of persons with Alzheimer’s disease and related disorders and provide procedures for institutions applying for certification under this section. The rules must provide for annual certification.

(d) The board may establish and charge fees for the certification in an amount necessary to administer this section.

(e) An institution may not advertise or otherwise communicate that the institution is certified by the department to provide specialized care for persons with Alzheimer’s disease or related disorders unless the institution is certified under this section.

Sec. 242.042. POSTING.

(a) Each institution shall prominently and conspicuously post for display in a public area of the institution that is readily available to residents, employees, and visitors:

(1) the license issued under this chapter;

(2) a sign prescribed by the department that specifies complaint procedures established under this chapter or rules adopted under this chapter and that specifies how complaints may be registered with the department;

(3) a notice in a form prescribed by the department stating that licensing inspection reports and other related reports which show deficiencies cited by the department are available at the institution for public inspection and providing the department’s toll-free telephone number that may be used to obtain information concerning the institution;

(4) a concise summary of the most recent inspection report relating to the institution;

(5) notice that the department can provide summary reports relating to the quality of care, recent investigations, litigation, and other aspects of the operation of the institution;

(6) notice that the Texas Board of Nursing Facility Administrators can provide information about the nursing facility administrator;

(7) any notice or written statement required to be posted under Section 242.072(c);

(8) notice that informational materials relating to the compliance history of the institution are available for inspection at a location in the institution specified by the sign; and

(9) notice that employees, other staff, residents, volunteers, and family members and guardians of residents are protected from discrimination or retaliation as provided by Sections 242.133 and 242.1335.

(b) The notice required by Subsection (a)(8) must also be posted at each door providing ingress to and egress from the institution.

(c) The informational materials required to be maintained for public inspection by an institution under Subsection (a)(8) must be maintained in a well-lighted accessible location and must include:

(1) any information required to be included under Section 242.504; and
(2) a statement of the institution’s record of compliance with this chapter and the rules and standards adopted under this chapter that is updated not less frequently than bi-monthly and that reflects the record of compliance during the period beginning one year before the date the statement is last updated, in the form required by the department.

(d) The notice required by Subsection (a)(9) must be posted in English and a second language as required by department rule.

(e) The department shall post detailed compliance information regarding each institution licensed by the department, including the information an institution is required to make accessible by Subsection (c), on the department’s website. The department shall update the website once a month to provide the most current compliance information regarding each institution.

Sec. 242.052. DRUG TESTING OF EMPLOYEES.

(a) An institution may establish a drug testing policy for employees of the institution. An institution that establishes a drug testing policy under this subsection may adopt the model drug testing policy adopted by the board or may use another drug testing policy.

(b) The board by rule shall adopt a model drug testing policy for use by institutions. The model drug testing policy must be designed to ensure the safety of residents through appropriate drug testing and to protect the rights of employees. The model drug testing policy must:

(1) require at least one scheduled drug test each year for each employee of an institution that has direct contact with a resident in the institution; and

(2) authorize random, unannounced drug testing for employees described by Subdivision (1).

SUBCHAPTER E. REPORTS OF ABUSE AND NEGLECT

Sec. 242.122. REPORTING OF ABUSE AND NEGLECT.

(a) A person, including an owner or employee of an institution, who has cause to believe that the physical or mental health or welfare of a resident has been or may be adversely affected by abuse or neglect caused by another person shall report the abuse or neglect in accordance with this subchapter.

(b) Each institution shall require each employee of the institution, as a condition of employment with the institution, to sign a statement that the employee realizes that the employee may be criminally liable for failure to report those abuses.

(c) A person shall make an oral report immediately on learning of the abuse or neglect and shall make a written report to the same agency not later than the fifth day after the oral report is made.

SUBCHAPTER H. CARE FOR RESIDENTS WITH ALZHEIMER’S DISEASE AND RELATED DISORDERS

Sec. 242.202. DISCLOSURE REQUIRED.

(a) An institution covered by this subchapter shall provide a disclosure statement disclosing the nature of its care or treatment of residents with Alzheimer’s disease and related disorders to:

(1) an individual seeking placement as a resident with Alzheimer’s disease or a related disorder;
(2) an individual attempting to place another individual as a resident with Alzheimer's disease or a related disorder; or

(3) a person seeking information about the institution's care or treatment of residents with Alzheimer's disease and related disorders.

(b) The disclosure statement must be displayed with the institution's license as it is posted under Section 242.042.

(c) The institution must file the disclosure statement with the department as part of the report filed under Section 242.033(d). The department shall verify contents of the disclosure statement as part of the license renewal process.

(d) The disclosure statement must contain the following categories of information:

1. the institution's philosophy of care;
2. the preadmission, admission, and discharge process;
3. resident assessment, care planning, and implementation of the care plan;
4. staffing patterns, such as resident-to-staff ratios, and staff training;
5. the physical environment of the institution;
6. resident activities;
7. program costs;
8. systems for evaluation of the institution's programs for residents;
9. family involvement in resident care; and
10. the toll-free telephone number maintained by the department for acceptance of complaints against the institution.

(e) The institution must update the disclosure statement as needed to reflect changes in the operation of the institution.

RULE §19.204 Application Requirements

(a) Applications. All applications must be made on forms prescribed by and available from DADS.

...(2) Changes to information required in the application must be reported to DADS, as required by §19.1918 of this title (relating to Disclosure of Ownership).

...(4) for a facility which advertises, markets, or otherwise promotes that it provides services to residents with Alzheimer's disease and related disorders, a disclosure statement, using the departmental form, describing the nature of its care or treatment of residents with Alzheimer's disease and related disorders, as required by the Texas Health and Safety Code, §242.202.

(A) Failure to submit the required disclosure statement will result in an administrative penalty in accordance with §19.2112 of this title (relating to Administrative Penalties).

(B) The disclosure statement must contain the following information:

(i) the facility's philosophy of care for residents with Alzheimer's disease and related disorders;
(ii) the preadmission, admission, and discharge process;
(iii) resident assessment, care planning, and implementation of the care plan;
(iv) staffing patterns, such as resident to staff ratios, and staff training;
(v) the physical environment of the facility;
(vi) resident activities;
(vii) program charges;
(viii) systems for evaluation of the facility's program;
(ix) family involvement in resident care; and
(x) the telephone number for DADS' toll-free complaint line.

(C) The disclosure statement must be updated and submitted to DADS as needed to reflect changes in special services for residents with Alzheimer's disease or a related condition.

RULE §19.601 Resident Behavior and Facility Practice

...(c) Staff treatment of residents. The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents, and misappropriation of residents' property.

(1) The facility must:

(A) not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; and

(2) not employ individuals who have: been found guilty of

(i) abusing, neglecting, or mistreating residents by a court of law, or

(ii) had a finding entered into the state nurse aide registry concerning abuse, neglect, mistreatment of residents, or misappropriation of their property; and

(iii) been convicted of any crime contained in §250.006, Health and Safety Code; and

(C) report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other staff to the state nurse aide registry or licensing authority.

(2) The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, are reported immediately to the administrator of the facility and to other officials in accordance with Texas law through established procedures (see §19.602 of this title (relating to Incidents of Abuse and Neglect Reportable to the Texas Department of Human Services and Law Enforcement Agencies by Facilities)).

(3) The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress.

(4) The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with Texas law (including to the state survey and certification agency) within five workdays of the incident, and if the alleged violation is verified, appropriate corrective action must be taken.

RULE §19.1901 Administration
A nursing facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(a) Licensure. A nursing facility (NF) must be licensed by the Texas Department of Human Services (DHS) as described in §19.201 of this title (relating to Criteria for Licensing).

(b) Compliance with federal, state, and local laws and professional standards. The facility must operate and provide services in compliance with all applicable federal, state, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.

(c) Medicaid-certified facilities’ relationship to other Health and Human Services regulations. In addition to compliance with the regulations set forth in these Nursing Facility Requirements for Licensure and Certification, as Medicaid providers, facilities are obliged to meet the applicable provisions of other federal regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 Code of Federal Regulations, Part 80), nondiscrimination on the basis of handicap (45 Code of Federal Regulations, Part 84), nondiscrimination on the basis of age (45 Code of Federal Regulations, Part 91), protection of human subjects of research (45 Code of Federal Regulations, Part 46), and fraud and abuse (42 Code of Federal Regulations, Part 45). Although these regulations are not in themselves considered requirements under 42 Code of Federal Regulations 483, their violation may result in the termination or suspension of payment with federal funds, or the refusal to grant or continue payment with federal funds.

RULE §19.1902 Governing Body

(a) The facility must have a governing body, or designated persons functioning as a governing body that is legally responsible for establishing and implementing policies regarding the management and operation of the facility. The governing body must have periodically updated written policies and procedures that are formally adopted and dated, specifying and governing all services. The policies and procedures must be available to all of the facility’s governing body’s members, staff, residents, family or legal representatives of residents, and the public. The governing body must:

(1) designate a person to exercise the administrator’s authority when the facility does not have an administrator. The facility must secure a licensed nursing home administrator within 30 days; and

(2) ensure that a person designated as being in authority notifies the Texas Department of Human Services immediately when the facility does not have an administrator.

(b) The facility must operate under the supervision of a nursing facility administrator who is:

(i) licensed by the Texas Board of Nursing Facility Administrators;
(ii) responsible for management of the facility; and
(iii) required to work at least 40 hours per week on administrative duties.

(c) The administrator must be accountable to the governing body for overall management of the nursing facility.

RULE §19.1920 Operating Policies and Procedures
(a) The facility must have an administrative policy and procedure manual that outlines the general operating policies and procedures of the facility. The manual must include policies and procedures related to admission and admission agreements, resident care services, refunds, transfers and discharges, receiving and responding to complaints and recommendations, and protection of residents' personal property and civil rights. A copy of this manual must be made available for review upon request to each physician, staff member, resident, and resident's next of kin or guardian and to the public.

(b) The facility must have written personnel policies and procedures that are explained to employees during initial orientation and are readily available to them after that time.

(c) The facility must ensure that personnel records are correct and contain sufficient information to support placement in the assigned position (including a resume of training and experience). When appropriate, a current copy of the person's license or permit must be in the file.

(d) Upon request of the Texas Department of Human Services (DHS), the facility must make available financial records to demonstrate the facility's compliance with applicable state laws and standards relating to licensing.

RULE §19.1921 General Requirements for a Nursing Facility

...(c) The term "hospital" may not be used as part of the name of a nursing facility unless it has been classified and duly licensed as a hospital by the appropriate state agency.

...(e)...The following items must be posted:

(1) the facility license;

(2) a complaint sign provided by DADS giving the toll-free telephone number;

(3) a notice in a form prescribed by DADS that inspection and related reports are available at the facility for public inspection;

(4) a concise summary prepared by DADS of the most recent inspection report;

(5) a notice of DADS' toll-free telephone number 1-800-458-9858 to request summary reports relating to the quality of care, recent investigations, litigation or other aspects of the operation of the facility that are available to the public;

(6) a notice that DADS can provide information about the nursing facility administrator at 512-438-2015;

(7) if a facility has been ordered to suspend admissions, a notice of the suspension, which must be posted also on all doors providing public ingress to and egress from the facility;

(8) a statement of resident rights using a form DADS provides;

(9) a notice that employees, other staff, residents, volunteers, and family members and guardians of residents are protected from discrimination or retaliation as provided by the Health and Safety Code, §242.133 and §242.1335; and that the facility has available for public inspection a copy of the Health and Safety Code, Chapter 242, Subchapter E;
(10) for a facility that advertises, markets, or otherwise promotes that it provides services to residents with Alzheimer's disease and related disorders, a disclosure statement describing the nature of its care or treatment of residents with Alzheimer's disease and related disorders in accordance with §19.204(b)(4) of this chapter (relating to Application Requirements);

(11) at each entrance to the facility, a sign that states that a person may not enter the premises with a concealed handgun and that complies with Penal Code §30.06; and

(12) daily for each shift, the current number of licensed and unlicensed nursing staff directly responsible for resident care in the facility. In addition, the nursing facility must make the information required to be posted available to the public upon request.

(f) A facility that advertises, markets, or otherwise promotes that it provides services to residents with Alzheimer's disease and related disorders must give the required department disclosure statement to an individual:

(1) with Alzheimer's disease or a related disorder, seeking placement as a resident;
(2) attempting to place another individual as a resident with Alzheimer's disease or a related disorder; or
(3) seeking information about the facility's care or treatment of residents with Alzheimer's disease or a related disorder.

(g) The reports referenced in subsection (e)(3) of this section must be maintained in a well-lighted, accessible location and must include:

(1) a statement of the facility's compliance record that is updated at least bi-monthly and reflects at least one year's compliance record, in a form required by DADS; and

(2) if a facility has been cited for a violation of residents' rights, a copy of the citation, which must remain in the reports until any regulatory action with respect to the violation is complete and DADS has determined that the facility is in full compliance with the applicable requirement.

...(i) A copy of the Health and Safety Code, Chapter 242, must be available for public inspection at the facility.

...(k) Each facility must comply with the provisions of the Health and Safety Code, Chapter 250 (relating to Nurse Aide Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly or Persons with Disabilities).

(l) Before a facility hires an unlicensed employee, the facility must search the employee misconduct registry (EMR) established under §253.007, Health and Safety Code, and the DADS nurse aide registry (NAR) to determine whether the individual is designated in either registry as unemployable. Both registries can be accessed on the DADS Internet website.

(m) A facility is prohibited from hiring or continuing to employ a person who is listed in the EMR or NAR as unemployable.

(n) A facility must provide notification about the EMR to an employee in accordance with §93.3 of this title (relating to Employment and Registry Information).

(o) In addition to the initial search of the EMR and NAR, a facility must:
(1) conduct a search of the NAR and EMR to determine if an employee of the facility is listed as unemployable in either registry as follows:

(A) for an employee most recently hired before September 1, 2009, by August 31, 2011, and at least every twelve months thereafter; and

(B) for an employee most recently hired on or after September 1, 2009, at least every twelve months; and

(2) keep a copy of the results of the initial and annual searches of the NAR and EMR in the employee’s personnel file.

RULE §19.1922 Resident Care Policies

(a) The facility must have written policies to govern the nursing care and related medical or other services provided. The written policies must include plans for promoting self-care and independence.

(b) Resident care policies are developed by the medical director and by professional personnel, including one or more physicians, licensed or registered nurses, a registered pharmacist, and the licensed nursing home administrator. The advisory group must review the policies at least annually and update them as necessary.

RULE §19.1924 Financial Records

(a) Nursing facility staff must maintain current financial records in accordance with recognized fiscal and accounting procedures. The facility must ensure that records clearly identify each charge and payment made on behalf of each resident residing in the facility. The facility must clearly state in its records to whom charges were made and for whom payment was received. Medicaid-certified facilities must also comply with the following requirements.

(b) The facility must make financial records and supporting documents available at any time within working hours and without prior notification for review by the Texas Department of Human Services, the Department of Health and Human Services, and the Texas attorney general’s Medicaid Fraud Control Unit.

(c) The facility must keep the financial records in the facility for a minimum of three years and 90 days after the termination of the contract period or for three years after the end of the federal fiscal year in which services were provided if there was a provider agreement/contract with no specific termination date in effect. The facility must also keep for the same period of time supporting fiscal documents and other records necessary to ensure claims for federal matching funds.

RULE §19.1926 Medicaid Hospice Services

(a) When a nursing facility (NF) contracts for hospice services for residents, the nursing facility must:

(1) have a written contract for the provision of arranged services, which must be signed by authorized representatives of the NF and hospice and must include the following:

(A) the services to be provided;
(B) a stipulation that hospice-related services performed by NF staff may be provided only with the express authorization of the hospice;

(C) how the contracted services are to be coordinated, supervised, and evaluated by the hospice and the NF;

(D) delineation of the roles of the hospice and the NF in the admission process, recipient and family assessment, and the interdisciplinary team case conferences;

a requirement for documentation of services furnished; and

the qualifications of the personnel providing the services;

(2) provide room and board services, which include the performance of personal care services, including assistance in the activities of daily living, administration of medication, socializing activities, maintaining the cleanliness of a resident's room, and supervision and assisting in the use of durable medical equipment and prescribed therapies;

(3) immediately notify the hospice of any significant changes in the hospice recipient's condition;

(4) have joint procedures with the hospice provider for ordering medications that ensure the proper payor is billed and for reconciling billing between NF and hospice, including:

contacting the hospice prior to filling a new prescription; and

ensuring that drugs unrelated to the terminal illness are ordered through the Vendor Drug program; and

(5) ensure that hospice documentation is a part of the current clinical record, which, at a minimum, must include the current and past:

(A) Texas Medicaid Hospice Recipient Election/Cancellation form;
(B) MDS assessment;
(C) Physician Certification of Terminal Illness form;
(D) Medicare Election Statement, if dually eligible;
(E) verification that the recipient does not have Medicare Part A;
(F) hospice interdisciplinary assessments;
(G) hospice plan of care; and
(H) current interdisciplinary notes, which include the following:

(i) nurses notes and summaries;
(ii) physician orders and progress notes; and
(iii) medication and treatment sheets during the hospice certification period.

(b) The NF and hospice must ensure that the coordinated plan of care reflects the participation of the hospice, the NF, the recipient, and the recipient's legal representative to the extent possible. The plan of care must include directives for managing pain and other uncomfortable symptoms, and must be revised and updated as necessary to reflect the recipient's current status.

(c) The recipient has the right to refuse any services from the nursing facility and the hospice provider.
(d) The hospice retains overall professional management responsibility for directing the implementation of the plan of care related to the terminal illness and related conditions, which includes:

(1) designation of a hospice registered nurse to coordinate the implementation of the plan of care;

(2) provision of substantially all core services (physician, nursing, medical social work, and counseling services) that must be routinely provided directly by the hospice employees, and cannot be delegated to the NF, as outlined under 42 Code of Federal Regulations §418.80;

(3) provision of drugs and medical supplies as needed for palliation and management of the terminal illness and related conditions; and

(4) involvement of NF personnel in assisting with the administration of prescribed therapies in the plan of care only to the extent that the hospice would routinely use the services of a hospice patient’s family or caregiver in the home setting.

(e) The hospice may arrange to have non-core hospice services provided by the NF if the hospice assumes professional management responsibility for the services and assures these services are performed in accordance with the policies of the hospice and the recipient’s plan of care.

RULE §19.1928 Volunteer Program

(a) The facility must promote a volunteer program designed to assist in meeting the social and emotional needs of the residents.

(b) A volunteer council may be utilized to solicit community involvement in the volunteer program.

RULE §19.2204 Voluntary Certification of Facilities for Care of Persons with Alzheimer’s Disease

(a) A facility may apply for certification as a facility that provides specialized care for Alzheimer’s disease and related disorders either at the time of the initial application for a license or at any time subsequent to the issuance of a license under this chapter.

(b) Application must be made on forms prescribed by the Texas Department of Human Services (DHS). The application fee must accompany the application as provided in §19.216(c) of this title (relating to License Fees).

(c) A facility licensed under this chapter is not required to apply for certification under this section in order to provide care and treatment of persons with Alzheimer’s disease and related disorders.

(d) A facility may not advertise or otherwise communicate that the facility is certified by DHS to provide specialized care for persons with Alzheimer’s disease or related disorders unless the facility is certified under this subchapter.

RULE §19.2206 General Requirements for a Certified Facility

(a) Resident admission. The facility must admit and retain only residents whose needs can be met through service from the facility staff, or in cooperation with community resources or other providers under contract.
(b) Allowable number of residents. Each certificate must specify the maximum allowable number of residents to be cared for at any one time in the certified area. No greater number of residents must be kept in the certified area than is authorized by the certificate.

(c) Nullification of certificate. When a certificate becomes null and void, the facility must remove the certificate from display and advertising, and the certificate must be surrendered to DHS on request. A certificate is nontransferable and nonassignable; therefore, a certificate existing at the time of change of ownership becomes null and void.

(d) Display of certificate. A certificate must be displayed in a prominent location for public view. The facility may advertise as long as the certificate is in effect; however, the type of advertising must be such that the advertising can be withdrawn if the certificate becomes null and void. Upon removal of the certificate it is the responsibility of the facility to inform interested persons of the revised status. The certificate is the property of DHS.

(e) Cancellation of certificate. A certificate must be canceled if DHS finds that the certified unit is not in compliance with applicable laws and rules.

(f) Effective period of certificate. A certificate is valid for one year from the effective date of approval by DHS.

RULE §19.2208 Standards for Certified Alzheimer's Facilities

(a) General requirements.

(1) Residents eligible for admission to Alzheimer's units will have a diagnosis of Alzheimer’s disease or related dementing disorders. The need for admission to the Alzheimer's unit must be documented by the attending physician.

(2) Security and safety measures are provided to prevent the residents from harming themselves or leaving designated indoor or outdoor areas without supervision by staff members or other responsible escort. Policies will also be provided to prevent abuse of the rights and property of other residents.

(3) Understanding that security measures to prevent wandering may infringe on resident rights, care must be exercised in the use of physical restraint or barriers, or chemical restraint. The specific purpose and time-limited orders for any additional physical or chemical restraint must be written and renewed according to facility policy. The frequency of such renewal must not exceed 60 days.

(4) Activity and recreational programs will be provided and utilized to the maximum extent possible for all residents in order to promote physical well being and help with behavior management. The program must be tailored to the individual resident's needs, being appropriate for his specific impairment and stage of disease.

(5) Residents are provided privacy in treatment and in care for his or her personal needs.

(b) Staff.

(1) All assigned staff members and consultants to the unit must have documented training in the care and handling of Alzheimer's residents, including at least:
(A) eight hours of orientation to cover the following:

(i) facility Alzheimer's policies;
(ii) etiology and treatment of dementias;
(iii) stages of Alzheimer's disease;
(iv) behavior management; and
(v) communication; and

(B) four hours of the required annual continuing education must be in Alzheimer's disease or related disorders.

(2) A social worker, licensed or temporarily licensed by the State of Texas, must be utilized as Community/Family Support Coordinator whose functions must include:

(A) evaluation of resident's initial social history on admission;
(B) utilization of community resources;
(C) conducting quarterly family support group meetings; and
(D) identification and utilization of existing Alzheimer's network.

(3) Specially trained staff will be maintained and assigned exclusively to the Alzheimer's unit. Although emergency scheduling may require substitution of staff, every effort should be made to provide residents with familiar staff members in order to minimize resident confusion. Staff training will meet at least the minimum requirements in subsection (a)(2) of this section.

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UTAH

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R432-1-4. Identification Badges.

(1) Health care facilities and agencies shall ensure that the following persons, shall wear an identification badge:

(a) professional and non-professional employees who provide direct care to patients; and

(b) volunteers.

(2) The identification badge shall include the following:

(a) the person's first or last name; however, the badge does not have to reveal the persons full name; and

(b) the person's title or position, in terms generally understood by the public.


The facility must have a governing body, or designated persons functioning as a governing body.

(1) The governing body must establish and implement policies regarding the management and operation of the facility.
(2) The governing body shall institute bylaws, policies and procedures relative to the general operation of all facility services including the health care of the residents and the protection of resident rights.

(3) The governing body must appoint the administrator in writing.


(1) The administrator must comply with the following requirements.

(a) The administrator must be licensed as a health facility administrator by the Utah Department of Commerce pursuant to Title 58, Chapter 15.
(b) The administrator’s license shall be posted in a place readily visible to the public.
(c) The administrator may supervise no more than one nursing care facility.
(d) The administrator shall have sufficient freedom from other responsibilities to permit attention to the management and administration of the facility.
(e) The administrator shall designate, in writing, the name and title of the person who shall act as administrator in any temporary absence of the administrator. This person shall have the authority and freedom to act in the best interests of resident safety and wellbeing. It is not the intent of this paragraph to permit an unlicensed de facto administrator to supplant or replace the designated, licensed administrator.

(2) The administrator’s responsibilities must be defined in a written job description on file in the facility. The job description shall include at least the following responsibilities:

(a) complete, submit, and file all records and reports required by the Department;
(b) act as a liaison between the licensee, medical and nursing staffs, and other supervisory staff of the facility;
(c) respond to recommendations made by the quality assurance committee;
(d) implement policies and procedures governing the operation of all functions of the facility; and
(e) review all incident and accident reports and document the action taken or reason for no action.

(3) The administrator shall ensure that facility policies and procedures reflect current facility practice, and are revised and updated as needed.

(4) The administrator shall secure and update contracts for required professional services not provided directly by the facility.

(a) Contracts shall document the following:

(i) the effective and expiration date of contract;
(ii) a description of goods or services provided by the contractor to the facility;
(iii) a statement that the contractor shall conform to the standards required by Utah law or rules;
(iv) a provision to terminate the contract with advance notice;
(v) the financial terms of the contract;
(vi) a copy of the business or professional license of the contractor; and
(vii) a provision to report findings, observations, and recommendations to the administrator on a regular basis.

(b) Contracts shall be signed, dated and maintained for review by the Department.
R432-150-10. Staff and Personnel.

(1)...(a) The administrator, director of nursing or health services supervisor, and department supervisors shall develop job descriptions for each position including job title, job summary, responsibilities, qualifications, required skills and licenses, and physical requirements.

(b) All personnel must have access to facility policy and procedure manuals and other information necessary to effectively perform duties and carry out responsibilities.

...(2) The facility shall maintain staffing records, including employee performance evaluations, for the preceding 12 months.

...(7) The facility may utilize volunteers in the daily activities of the facility provided that volunteers are not included in the facility's staffing plan in lieu of facility employees.

(a) Volunteers shall be supervised and familiar with resident's rights and the facility's policies and procedures.

(b) Volunteers who provide personal care to residents shall be screened according to facility policy and under the direct supervision of a qualified employee.

(8) An employee who reports suspected abuse, neglect, or exploitation shall not be subject to retaliation, disciplinary action, or termination by the facility for making the report.

R432-200-3. Compliance. [small health care facilities]

All small health care facilities shall be in full compliance at the time of licensure. All Medicare and Medicaid certified facilities must comply with Title XVIII and Title XIX regulations.

R432-200-7. Administration and Organization. [small health care facilities]

(1) Organization. Each facility shall be operated by a licensee.

(2) Duties and Responsibilities. The licensee shall be responsible for compliance with Utah law and licensure requirements and for the organization, management, operation, and control of the facility. Responsibilities shall include at least the following:

(a) Comply with all federal, state and local laws, rules, and regulations;
(b) Adopt and institute by-laws, policies and procedures relative to the general operation of the facility including the health care of the residents and the protection of their rights;
(c) Adopt a policy that states the facility will not discriminate on the basis of race, color, sex, religion, ancestry or national origin in accordance with Section 13-7-1;
(d) Appoint, in writing, a qualified administrator to be responsible for the implementation of facility by-laws and policies and procedures, and for the overall management of the facility;
(e) Secure and update contracts for professional and other services;
(f) Receive and respond, as appropriate, to the annual licensure inspection report by the Department;
(g) Notify the Department, in writing, at least 30 days prior to, but not later than five days after, a change of administrator. The notice shall include the name of the new administrator and the effective date of the change.
(3) Administrator.

(a) Administrator’s Appointment. Each facility shall appoint, in writing, an administrator professionally licensed by the Utah Department of Commerce in a health care field.

(b) A copy of the administrator’s license or credentials shall be posted alongside the facility’s license in a place readily visible to the public.

(c) The administrator shall act as the administrator of no more than four small health care facilities (or a maximum of 60 beds) at any one time.

(d) The administrator shall have sufficient freedom from other responsibilities and shall be on the premises of the facility a sufficient number of hours in the business day (at least four hours per week for each six residents) and as necessary to properly manage the facility and respond to appropriate requests by the Department.

(e) The administrator shall designate, in writing, the name and title of the person who shall act as administrator in his absence. This person shall have sufficient power, authority, and freedom to act in the best interests of resident safety and well-being. It is not the intent of this paragraph to permit an unlicensed de facto administrator to supplant or replace the designated, licensed administrator.

(4) Administrator Responsibilities. The administrator shall have the following responsibilities:

(a) Complete, submit and file all records and reports required by the Department;
(b) Act as a liaison among the licensee, medical and nursing staff, and other supervisory staff of the facility, as appropriate, and respond to recommendations of the quality assurance committee;
(c) Assure that employees are oriented to their job functions and receive appropriate in-service training;
(d) Implement policies and procedures for the operation of the facility;
(e) Hire and maintain the required number of licensed and non-licensed staff as specified in these rules to meet the needs of residents;
(f) Maintain facility staffing records for 12 months;
(g) Secure and update contracts required for professional and other services not provided directly by the facility;
(h) Verify all required licenses and permits of staff and consultants at the time of hire and effective date of contract;
(i) Review all incident and accident reports and take appropriate action.

(7) Staff and Personnel.[ small health care facilities]

...(b) Qualifications and Orientation.

(i) The administrator shall develop job descriptions including job title, job summary, responsibilities, qualifications, required skills and licenses, and physical requirements for each position or employee.

(ii) Periodic employee performance evaluations shall be documented.
(iii) All personnel shall have access to the facility's policies and procedures manuals, resident-care policies, therapeutic manuals, and other information necessary to effectively perform their duties and carry out their responsibilities.

VERMONT

1. GENERAL PROVISIONS

1.1 Statement of Purpose and Scope

It is the purpose of these rules to implement state and federal law governing the licensing, operation, and standard of care in nursing homes located in the State of Vermont. Compliance with these rules will help each resident attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with a comprehensive assessment and plan of care and prevailing standards of care, and will promote a standard of care that assures that the ability of each resident to perform activities of daily living does not diminish unless the resident’s ability is diminished solely as a result of a change in the resident’s clinical condition.

2. NURSING FACILITY LICENSING

2.7 Special Care Units

(a) The facility must obtain approval from the licensing agency prior to establishing and operating a Special Care Unit. Approval will be based on a demonstration that the Unit will provide specialized services to a specific population.

(b) A request for approval must include all of the following:

(1) a statement outlining the philosophy and purpose of the unit, including a description of the form of care, treatment, program or scope of services to be provided that distinguishes it as being especially applicable to or suitable for residents;

(2) a definition of the categories of residents to be served;

(3) a description of the organizational structure of the unit consistent with the unit’s philosophy, purpose and scope of services;

(4) a description and identification of physical environment;

(5) the criteria for admission, continued stay and discharge which shall also include any criteria used for moving residents within the facility, into or out of a unit; and

(6) a description of unit staffing to include:

(i) staff qualifications,
(ii) orientation,
(iii) in-service education and specialized training, and
(iv) medical management and credentialing as necessary.

... (e) Failure to provide the care, treatment, program or scope of services set forth in the request for approval from the licensing agency shall constitute a violation of these rules.

(f) Facilities with existing special care units shall comply with the requirements of subsections (b) and (d) on the date on which the rules take effect. Such facilities shall meet the requirements of subsection (c) as soon as practicable, but no later than six months from the effective date of the rules. Facilities that cannot come into compliance within that time period may request a variance pursuant to section 1.5 of these rules.

9. ADMINISTRATION

The facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well being of each resident.

9.1 Licensure

(a) A facility must be licensed pursuant to 33 V.S.A. §§ 7103, 7105 and Section 2 of these rules.

(b) Compliance with Federal, State and local laws and professional standards. The facility must operate and provide services in compliance with all applicable Federal, State and local laws, rules and codes and with accepted professional standards and principles that apply to professionals providing services in such a facility.

(1) For standards governing the facility's water supply and sewage disposal, contact should be made with the state Department of Environmental Conservation.

(2) For standards governing construction and equipment of facilities, reference Guidelines for Construction and Equipment of Hospital and Medical Facilities, current edition.

9.2 Governing Body

(a) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and

(b) The governing body shall appoint the administrator who shall be:

(1) licensed by the State of Vermont; and

(2) responsible for the management of the facility.

VIRGINIA

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12 VAC 5-371-30. License.
C. A separate license shall be required for nursing facilities maintained on separate premises, even though they are owned or are operated under the same management.

D. Every nursing facility shall be designated by a permanent and appropriate name. The name shall not be changed without first notifying the OLC.

F. Nursing facility units located in and operated by hospitals shall be licensed under Regulations for the Licensure of Hospitals in Virginia (12 VAC 5-410-10). Approval for such units shall be included on the annual license issued to each hospital.


A. No person shall own, establish, conduct, maintain, manage, or operate any nursing facility, as defined in ’32.1-123 of the Code of Virginia, without having obtained a license.

B. The nursing facility must comply with:

1. These regulations (12 VAC 5-371-10);
2. Other applicable federal, state or local laws and regulations; and
3. Its own policies and procedures.

C. The nursing facility shall submit, or make available, reports and information necessary to establish compliance with these regulations and applicable statutes.

D. The nursing facility shall submit, in a timely manner as determined by the center, and implement a written plan of action to correct any noncompliance with these regulations identified during an inspection. The plan shall include:

1. Description of the corrective action or actions to be taken;
2. Date of completion for each action; and
3. Signature of the person responsible for the operation.

E. The nursing facility shall permit representatives from the OLC to conduct inspections to:

1. Verify application information;
2. Determine compliance with this chapter;
3. Review necessary records; and
4. Investigate complaints.

F. The current license from the department shall be posted in a place clearly visible to the general public.

G. The nursing facility shall not operate more resident beds than the number for which it is licensed.

H. The nursing facility shall fully disclose its admission policies, including any preferences given, to applicants for admission.

I. The nursing facility shall identify its operating elements and programs, the internal relationship among these elements and programs, and the management or leadership structure.

12 VAC 5-371-120. Governing body.
A. The nursing facility shall have a governing body that is legally responsible for the management of the operation.

B. The governing body shall adopt written bylaws that describe the organizational structure and establish authority and responsibility in accordance with applicable laws, including a:

1. Statement of purpose;
2. Description of the functions of the governing body members, officers and committees;
3. Description of the method of adoption, implementation, and periodic review of policies and procedures; and
4. Description of the methods to be utilized to assure compliance with this chapter.

D. When the governing body is not the owner of the physical plant, the governing body shall disclose the name and address of the individual or entity responsible for the alterations, modifications, maintenance and repairs to the building.

E. The governing body shall notify the OLC in writing 30 days in advance of changes affecting the accuracy of the license. Changes affecting the accuracy of the license are:

1. Any proposed change in management contract or lease agreement to operate the nursing facility;
2. Implementing any proposed addition, deletion, or change in nursing facility services whether or not licensure is required;
3. Selling the facility; or
4. A change in ownership.

12 VAC 5-371-130. Administrator.

A. The governing body shall appoint an individual, on a full time basis, to serve as its onsite agent, responsible for the day-to-day administration and management.

B. The governing body shall provide the center with evidence that the individual appointed as administrator is:

1. Currently licensed by the Virginia Board of Long Term Care Administrators; or
2. Holds a current administrator's license in another state and has filed an application for license with the Virginia Board of Long Term Care Administrators.

C. Within five working days of the effective date of termination of the administrator's employment, the governing body shall notify the OLC, in writing, of the name and qualifications of the replacement administrator of record or the acting administrator.

D. The governing body shall appoint a qualified administrator within 90 days of the effective date of the termination of the previously qualified administrator, and shall provide the OLC with written notification of the administrator's name, license number, and effective date of employment. An additional 30-day extension may be granted if a written request provides documentation that the individual designated as administrator is awaiting the final licensing decision of the Virginia Board of Long Term Care Administrators.

E. The governing body shall assure that administrative direction is provided at all times. The governing body, the administrator, or the chief executive officer shall designate, in writing, a
qualified individual to act as the alternate nursing home administrator in the absence of the administrator of record.

12 VAC 5-371-140. Policies and procedures.

A. The nursing facility shall implement written policies and procedures approved by the governing body.

B. All policies and procedures shall be reviewed at least annually, with recommended changes submitted to the governing body for approval.

C. A written record of the annual policy review, including at least the review dates, participants, recommendations and action dates of the governing body, shall be maintained.

D. Administrative and operational policies and procedures shall include, but are not limited to:

1. Administrative records;
2. Admission, transfer and discharge;
3. Medical direction and physician services;
4. Nursing direction and nursing services;
5. Pharmaceutical services, including drugs purchased outside the nursing facility;
6. Dietary services;
7. Social services;
8. Activities services;
9. Restorative and rehabilitative resident services;
10. Contractual services;
11. Clinical records;
12. Resident rights and grievances;
13. Quality assurance and infection control;
14. Safety and emergency preparedness procedures; and
15. Professional and clinical ethics, including:
   a. Confidentiality of resident information;
   b. Truthful communication with residents;
   c. Observance of appropriate standards of informed consent and refusal of treatment; and
   d. Preservation of resident dignity, with special attention to the needs of the aged, the cognitively impaired, and the dying.

E. Personnel policies and procedures shall include, but are not limited to:

1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification;
2. An on-going plan for employee orientation, staff development, in-service training and continuing education;
3. An accurate and complete personnel record for each employee including:
a. Verification of current professional license, registration, or certificate or completion of a required approved training course;
b. Criminal record check;
c. Verification that the employee has reviewed or received a copy of the job description;
d. Orientation to the nursing facility, its policies and to the position and duties assigned;
e. Completed continuing education program approved for the employee as determined by the outcome of the annual performance evaluation;
f. Annual employee performance evaluations; and
g. Disciplinary action taken.

4. Employee health-related information retained in a file separate from personnel files.

F. Financial policies and procedures shall include, but not be limited to:

1. Admission agreements;

2. Methods of billing:
   a. Services not included in the basic daily or monthly rate;
   b. Services delivered by contractors of the nursing facility; and
   c. Third party payers;

3. Resident or designated representative notification of changes in fees and charges;

4. Correction of billing errors and refund policy;

5. Collection of delinquent resident accounts; and

6. Handling of resident funds.

G. Policies shall be made available for review, upon request, to residents and their designated representatives.

H. Policies and procedures shall be readily available for staff use at all times.

WASHINGTON

388-97-0640 Prevention of abuse.

(1) Each resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.

(2) The nursing home must develop and implement written policies and procedures that:

(a) Prohibit abandonment, abuse, and neglect of residents, financial exploitation, and misappropriation of resident property; and
(b) Require staff to report possible abuse, and other related incidents, as required by chapter 74.34 RCW, and for skilled nursing facilities and nursing facilities as required by 42 C.F.R. § 483.13.

(3) The nursing home must not allow staff to:

(a) Engage in verbal, mental, sexual, or physical abuse;

(b) Use corporal punishment;

(c) Involuntarily seclude, abandon, neglect, or financially exploit residents; or

(d) Misappropriate resident property.

(4) The nursing home must report any information it has about an action taken by a court of law against an employee to the department's complaint resolution unit and the appropriate department of health licensing authority, if that action would disqualify the individual from employment as described in RCW 43.43.842.

(5) The nursing home must ensure that all allegations involving abandonment, abuse, neglect, financial exploitation, or misappropriation of resident property, including injuries of unknown origin, are reported immediately to the department, other applicable officials, and the administrator of the facility. The nursing home must:

(a) Ensure that the reports are made through established procedures in accordance with state law including chapter 74.34 RCW, and guidelines developed by the department; and

(b) Not have any policy or procedure that interferes with the requirement of chapter 74.34 RCW that employees and other mandatory reporters file reports directly with the department, and also with law enforcement, if they suspect sexual or physical assault has occurred.

(6) The nursing home must:

(a) Have evidence that all alleged violations are thoroughly investigated;

(b) Prevent further potential abandonment, abuse, neglect, financial exploitation, or misappropriation of resident property while the investigation is in progress; and

(c) Report the results of all investigations to the administrator or his designated representative and to other officials in accordance with state law and established procedures (including the state survey and certification agency) within five working days of the incident, and if the alleged violation is verified appropriate action must be taken.

(7) When a mandated reporter has:

(a) Reasonable cause to believe that a vulnerable adult has been abandoned, abused, neglected, financially exploited, or a resident's property has been misappropriated, the individual mandatory reporter must immediately report the incident to the department's aging and disability services administration (ADSA);

(b) Reason to suspect that a vulnerable adult has been sexually or physically assaulted, the individual mandatory reporter must:
(i) Immediately report the incident to the department’s aging and disability services administration (ADSA);

Notify local law enforcement in accordance with the provisions of chapter 74.34 RCW.

Under RCW 74.34.053, it is:

(a) A gross misdemeanor for a mandated reporter knowingly to fail to report as required under this section; and

(b) A misdemeanor for a person to intentionally, maliciously, or in bad faith make a false report of alleged abandonment, abuse, financial exploitation, or neglect of a vulnerable adult.

(9) The nursing home must not employ individuals who are disqualified under the requirements of WAC 388-97-1820.

388-97-1040 Dementia care.

(1) A nursing home must ensure that it provides residents with dementia with an environment designed to attain or maintain the highest level of functioning and well-being possible, taking into consideration the resident’s medical condition and functional status. Therefore, the nursing home must:

(a) Have a program designed to meet the identified needs of the residents;

(b) Develop and implement program policies and procedures; and

(c) Train all staff, who have resident contact, in the special needs and care approaches applicable to residents with dementia. This training must be ongoing and consistent with requirements under WAC 388-97-1680 (2)(b).

388-97-1620 General administration.

(1) The nursing home must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(2) The nursing home must:

(a) Be licensed under chapter 18.51 RCW;

(b) Operate and provide services in compliance with:

(i) All applicable federal, state and local laws, regulations, and codes;
(ii) Accepted professional standards and principles that apply to professionals providing services in nursing homes; and

(c) Have a governing body or designated individuals functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the nursing home.

(3) The governing body of the nursing home must appoint the administrator who:
(a) Is licensed by the state;
(b) Is responsible for management of the nursing home;
(c) Keeps the licensee informed of all surveys and notices of noncompliance;
(d) Complies with all requirements of chapter 18.52 RCW, and all regulations adopted under that chapter;
(e) Is an on-site, full-time individual in active administrative charge at the premises of only one nursing home, a minimum of four days and an average of forty hours per week. Exception: On-site, full-time administrator with small resident populations or in rural areas will be defined as an individual in active administrative charge at the premises of only one nursing home:
(i) A minimum of four days and an average of twenty hours per week at facilities with one to thirty beds; or
(ii) A minimum of four days and an average of thirty hours per week at facilities with thirty-one to forty-nine beds.

(4) Nursing homes temporarily without an administrator may operate up to four continuous weeks under a responsible individual authorized to act as nursing home administrator designee.

(a) The designee must be qualified by experience to assume designated duties; and
(b) The nursing home must have a written agreement with a nursing home administrator, licensed in the state of Washington, who must be readily available to consult with the designee.

(c) The nursing home may make a written request to the department's designated aging and disability services administration field office for an extension of the four weeks by stating why an extension is needed, how a resident's safety or well-being is maintained during an extension and giving the estimated date by which a full-time, qualified nursing home administrator will be on-site.

...(7) The nursing home must:

(a) Report to the local law enforcement agency and the department any individual threatening bodily harm or causing a disturbance which threatens any individual's welfare and safety;
(b) Identify, investigate, and report incidents involving residents, according to department established nursing home guidelines; and
(c) Comply with "whistle blower" rules as defined in chapter 74.34 RCW.

(8) The department will:

(a) Investigate complaints, made to the department according to established protocols including protocols described in RCW 74.39A.060;
(b) Take action against a nursing home that is found to have used retaliatory treatment toward a resident or employee who has voiced grievances to nursing home staff or administration, or lodged a good faith complaint with the department; and
(c) Report to local law enforcement:

(i) Any mandated reporter that knowingly fails to report in accordance with WAC 388-970640; and

(ii) Any person that intentionally, maliciously or in bad faith makes a false report of alleged abandonment, abuse, financial exploitation, or neglect of a vulnerable adult.

(9) Refer also to WAC 388-97-1840, Retaliation.

388-97-1640 Required notification and reporting.

(1) The nursing home must immediately notify the department’s aging and disability services administration of:

(a) Any allegations of resident abandonment, abuse, or neglect, including substantial injuries of an unknown source, financial exploitation and misappropriation of a resident’s property;

...(c) Circumstances which threaten the nursing home’s ability to ensure continuation of services to residents.

(2) Mandated reporters must notify the department and law enforcement as directed in WAC 388-97-0640, and according to department established nursing home guidelines.

388-97-1780 Policies and procedures.

(1) The nursing home must develop and implement written policies and procedures, including those specified in RCW 74.42.430, for all services provided in the facility.

388-97-1800 Criminal history disclosure and background inquiries.

(1) As used in this section, the term “nursing home” includes a nursing facility and a skilled nursing facility.

(2) The nursing home must:

(a) Have a valid criminal history background check for any individual employed, directly or by contract, or any individual accepted as a volunteer or student who may have unsupervised access to any resident; and

(b) Repeat the check every two years.

(3) A nursing home licensed under chapter 18.51 RCW must make a background inquiry request to one of the following:

(a) The Washington state patrol;

(b) The department;

(c) The most recent employer licensed under chapters 18.51, 18.20, and 70.128 RCW provided termination of that employment was within twelve months of the current employment application and provided the inquiry was completed by the department or the Washington state patrol within the two years of the current date of application; or
(d) A nurse pool agency licensed under chapter 18.52C RCW, or hereafter renamed, provided the background inquiry was completed by the Washington state patrol within two years before the current date of employment in the nursing home.

(4) A nursing home may not rely on a criminal background inquiry from a former employer, including a nursing pool, if the nursing home knows or has reason to know that the individual applying for the job has, or may have, a disqualifying conviction or finding.

(5) Nursing homes must:

(a) Request a background inquiry of any individual employed, directly or by agreement or contract, or accepted as a volunteer or student; and

(b) Notify appropriate licensing or certification agency of any individual resigning or terminated as a result of a criminal conviction or a civil adjudication proceeding.

(6) Before a nursing home employs any individual, directly or by contract, or accepts any individual as a volunteer or student, a nursing home must:

(a) Inform the individual that the nursing home must make a background inquiry and require the individual to sign a disclosure statement, under penalty or perjury and in accordance with RCW 43.43.834;

(b) Inform the individual that he or she may request a copy of the results of the completed background inquiry described in this section; and

(c) Require the individual to sign a statement authorizing the nursing home, the department, and the Washington state patrol to make a background inquiry; and

(d) Verbally inform the individual of the background inquiry results within seventy-two hours of receipt.

(7) The nursing home must establish procedures ensuring that:

(a) The individual is verbally informed of the background inquiry results within seventy-two hours of receipt;

(b) All disclosure statements and background inquiry responses and all copies are maintained in a confidential and secure manner;

(c) Disclosure statements and background inquiry responses are used for employment purposes only;

(d) Disclosure statements and background inquiry responses are not disclosed to any individual except:

(i) The individual about whom the nursing home made the disclosure or background inquiry;
(ii) Authorized state employees including the department’s licensure and certification staff, resident protection program staff and background inquiry unit staff;
(iii) Authorized federal employees including those from the Department of Health and Human Services, Centers for Medicare and Medicaid Services;
(iv) The Washington state patrol auditor; and
(v) Potential employers licensed under chapters 18.51, 18.20, and 70.128 RCW who are making a request as provided for under subsection (1) of this section.

(8) A record of findings be retained by the nursing home for twelve months beyond the date of employment termination.

(9) The nursing home must not employ individuals who are disqualified under the requirements of WAC 388-97-1820.

74.42.350 Organization chart

The facility shall have and keep current an organization chart showing:

(1) The major operating programs of the facility;
(2) The staff divisions of the facility;
(3) The administrative personnel in charge of the programs and divisions; and
(4) The lines of authority, responsibility, and communication of administrative personnel.

WEST VIRGINIA


...3.1.b. A separate license is required for nursing homes maintained or operated on separate premises even though maintained or operated under the same ownership or management.

3.1.c. Separate buildings on the same premises, operated under the same ownership and management, are one (1) nursing home unless the director determines otherwise.

...3.1.j. The words "clinic," "hospital," "sanitarium," or any other word that suggests a type of institution other than the proposed or existing nursing home shall not appear in the name.

3.7. License; Posting; Licensed Capacity.

3.7.a. The owner shall post the license in a conspicuous place on the licensed premises.


4.14.c.1. A nursing home shall not segregate a resident, give separate treatment, restrict the enjoyment of any advantage or privilege enjoyed by others in the nursing home, or provide any aid, care services, or other benefits that are different from or are provided in a different manner from those provided to others in the nursing home on the grounds of race, color, religion or national origin, age, disability, sex or other protected status.

4.14.c.2. A nursing home shall not deny admission to a prospective resident on the grounds of race, religion or national origin, age, disability, sex or other protected status.
4.16.c. Abuse.

4.16.c.1. A resident has the right to be free from verbal, sexual, physical, and mental abuse, financial exploitation, discrimination, denial of privileges, corporal punishment and involuntary seclusion.

4.16.c.2. Staff treatment of residents.

4.16.c.2.A. The nursing home shall develop and implement written policies and procedures that prohibit neglect, abuse of residents, and misappropriation of resident property.

4.16.c.3. A nursing home shall not employ persons who have:

4.16.c.3.A. Been found guilty of abusing, neglecting, exploiting or mistreating residents, incapacitated adults or children by a court of law; or

4.16.c.3.B. Had a finding entered into the Certified Nursing Assistant Registry or the West Virginia Adult Abuse Registry concerning abuse, neglect, exploitation or mistreatment of residents or misappropriation of their property.

4.16.c.4. A nursing home shall report any knowledge it has of actions by a court of law against an employee, that would indicate unfitness for service as a nurse aide or other nursing home staff to the West Virginia Certified Nursing Assistant Registry or the appropriate licensing authority and the director.

4.16.c.4.A. Actions by a court of law which indicate unfitness for service include a substantiated charge of abuse, neglect or exploitation against an employee, or conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes related to public welfare, in any jurisdiction within or outside of the State of West Virginia.

4.16.c.5. A nursing home shall ensure that all alleged violations involving mistreatment, neglect, exploitation or abuse, including injuries of unknown source, and misappropriation of resident property are reported in accordance with State law.

4.16.c.6. A nursing home shall document that all alleged violations are thoroughly investigated and shall take appropriate steps to prevent further potential abuse while the investigation is in progress.

4.16.c.7. The results of all investigations shall be reported to the administrator or his or her designated representative and to other officials in accordance with State law, including the director within five (5) working days of the incident, and if the alleged violation is verified appropriate corrective action shall be taken.

§64-13-10. Administration.

10.1. A nursing home shall be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

10.2. Licensure.
10.2.a. A nursing home shall be licensed pursuant to section 3 of this rule.

10.2.b. A nursing home shall operate and provide services in compliance with all applicable federal, state, and local laws, rules, and codes and with accepted professional standards and principles that apply to professionals providing services in a nursing home.

10.3. Governing Body.

10.3.a. A nursing home shall have a governing body.

10.3.b. The governing body shall adopt and enforce rules governing the health care and safety of residents, the protection of their personal and property rights, and the operation of the nursing home.

10.3.c. The governing body shall develop a written nursing home plan that will be reviewed annually. In addition to the other requirements described in law and in this rule, the nursing home plan shall include:

10.3.c.1. An annual operating budget, including all anticipated income and expenses; and
10.3.c.2. A capital expenditure plan for at least a three (3) year period.

10.3.d. The governing body shall assure the development and maintenance of written policies and procedures that govern the services the nursing home provides.

10.3.d.1. The policies and procedures shall include as a minimum all policies and procedures required by this rule.

10.3.d.2. A copy of each written policy and procedure shall be available for inspection on request by the nursing home’s staff and residents and by members of the public.

11.3. Criminal Background Checks.

11.3.a. A nursing home shall conduct a criminal conviction investigation on all applicants for employment.

11.3.b. If an applicant has been convicted of a misdemeanor or a felony offense constituting child abuse or neglect or abuse or neglect of an incapacitated adult, he or she may not be employed by a nursing home.

11.3.c. An applicant may also not be employed by the nursing home if he or she is under indictment for, or convicted of, in any court of a crime punishable by imprisonment for more than one year or is a fugitive from justice.

11.6. Personnel Records. A nursing home shall maintain a confidential personnel record for each employee containing the following information:

11.6.a. A dated application;

11.6.b. Reference verification;
11.6.c. Results indicating a satisfactory health status for the employees' current job assignment as required in Subsection 8.19 of this rule.

11.6.d. Results of annual physical;

11.6.e. Evaluations of work performance;

11.6.f. Current license, registration, or certification status if applicable to the job;

11.6.g. A summary of each employee’s in-service training for the previous two years;

11.6.h. Any nursing home specific required forms; and

11.6.i. A job description signed by the employee.


3.1. General licensing provisions.

3.1.a. A facility that proposes to advertise, market, or otherwise promote the facility as providing a specialized unit or program for residents requiring Alzheimer’s/dementia care services in an Alzheimer’s/dementia special care unit or program shall first obtain an additional license from the secretary, to operate the special care unit or program.

3.1.b. A facility shall be licensed or eligible for a license as a health care facility in accordance with West Virginia law, to operate an Alzheimer’s/dementia special care unit or program. The facility shall meet the requirements of this rule in addition to any other applicable federal or state law and rule.

3.1.c. The facility shall make application to the secretary, prior to operation and on an annual license renewal application, on a form provided by the secretary. The applicant shall complete, sign and date the application.

3.1.d. The applicant shall submit a disclosure and application for approval, completed on forms provided by the secretary.

3.1.e. The secretary may, at his or her discretion, deny the application, if the facility is the subject of enforcement action by the department or has a history of noncompliance.

3.1.f. Prior to occupancy, the applicant shall submit architectural plans for an Alzheimer’s/dementia special care unit, including any new additions or renovations, to the secretary and state fire marshal for approval.
Subchapter I — General

HFS 132.14 Licensure.

(1) CATEGORIES. Nursing homes shall elect one of the following categories of licensure:

(a) Skilled nursing facility; or
(b) Intermediate care facility.

Subchapter IV — Management

HFS 132.41 Administrator.

(1) STATUTORY REFERENCE.

Section 50.04 (2), Stats., requires that a nursing home be supervised by an administrator licensed under ch. 456, Stats. Supervision shall include, but not be limited to, taking all reasonable steps to provide qualified personnel to assure the health, safety, and rights of the residents.

(2) FULL−TIME ADMINISTRATOR. Every nursing home shall be supervised full−time by an administrator licensed under ch. 456, Stats., except:

(a) Multiple facilities. If more than one nursing home or other licensed health care facility is located on the same or contiguous property, one full−time administrator may serve all the facilities;

(b) Small homes. A facility licensed for 50 beds or less shall employ an administrator for at least 4 hours per day on each of 5 days per week. No such administrator shall be employed in more than 2 nursing homes or other health care facilities.

(3) ABSENCE OF ADMINISTRATOR. A person present in and competent to supervise the facility shall be designated to be in charge whenever there is not an administrator in the facility, and shall be identified to all staff.

(4) CHANGE OF ADMINISTRATOR.

(a) Termination of administrator.

Except as provided in par. (b), no administrator shall be terminated unless recruitment procedures are begun immediately.

(b) Replacement of administrator. If it is necessary immediately to terminate an administrator, or if the licensee loses an administrator for other reasons, a replacement shall be employed or designated as soon as possible within 120 days of the vacancy.

(c) Temporary replacement. During any vacancy in the position of administrator, the licensee shall employ or designate a person competent to fulfill the functions of an administrator.
(d) Notice of change of administrator. When the licensee loses an administrator, the licensee shall notify the department within 2 working days of loss and provide written notification to the department of the name and qualifications of the person in charge of the facility during the vacancy and the name and qualifications of the replacement administrator, when known.

HFS 132.42 Employees.

...(5) VOLUNTEERS. Facilities may use volunteers provided that the volunteers receive the orientation and supervision necessary to assure resident health, safety, and welfare.

HFS 132.43 Abuse of residents.

(1) CONSIDERATE CARE AND TREATMENT. Residents shall receive considerate care and treatment at all times consistent with s. 50.09 (1) (e), Stats.

(2) RESIDENT ABUSE. No one may abuse a resident.

HFS 132.45 Records.

(1) GENERAL. The administrator or administrator's designee shall provide the department with any information required to document compliance with ch. HFS 132 and ch. 50, Stats., and shall provide reasonable means for examining records and gathering the information.

(2) PERSONNEL RECORDS. A separate record of each employee shall be maintained, be kept current, and contain sufficient information to support assignment to the employee's current position and duties.

...(6) OTHER RECORDS. The facility shall retain:

(a) Dietary records. All menus and therapeutic diets;

(b) Staffing records. Records of staff work schedules and time worked;

(c) Safety tests. Records of tests of fire detection, alarm, and extinguishment equipment;

(d) Resident census. At least a weekly census of all residents, indicating numbers of residents requiring each level of care;

(e) Professional consultations. Documentation of professional consultations by:

1. A dietitian, if required by s. HFS 132.63 (2) (b);
2. A registered nurse, if required by s. HFS 132.62 (2); and
3. Others, as may be used by the facility;

(f) Inservice and orientation programs. Subject matter, instructors and attendance records of all inservice and orientation programs;

(g) Transfer agreements. Transfer agreements, unless exempt under s. HFS 132.53 (4);
(h) Funds and property statement. The statement prepared upon a resident’s discharge or transfer from the facility that accounts for all funds and property held by the facility for the resident, as required under s. HFS 132.31 (1) (c) 3.; and

(i) Court orders and consent forms. Copies of court orders or other documents, if any, authorizing another person to speak or act on behalf of the resident.

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**WYOMING**

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Section 5. Organization and Administration.

(a) Governing Body. The Nursing Care Facility shall have a governing body which has the legal authority and responsibility to operate the Nursing Care Facility. The governing body shall:

(i) Appoint a full-time, on premise, administrator qualified by education, training and experience as established by the Wyoming Board of Nursing Home Administrators.

(A) The administrator shall have a current license as a Wyoming Licensed Nursing Home Administrator.

(ii) Temporary License. A temporary license may be granted by the Wyoming Board of Nursing Home Administrators:

(A) To fill a position of Nursing Home Administrator that unexpectedly becomes vacant;
(B) For a period not to exceed six (6) months;
(C) After consideration by the Board of Nursing Home Administrators on an individual basis; and
(D) To an individual who does not meet all the licensing requirements under the Act, but who is of good character and meets the educational requirements as stated.

(iii) A temporary license may be renewed for good cause for one (1) time if requested thirty (30) days prior to the termination of the initial temporary license.

(iv) The administrator of a hospital with a connecting nursing care wing can serve as the administrator and shall be licensed as a Wyoming Nursing Home Administrator.

(v) The administrator shall enforce the rules and regulations relative to the level of health care and safety of residents and for the protection of their personal and property rights.

(vi) The administrator shall plan, organize, and direct those responsibilities delegated to him by the governing body or its equivalent.

(vii) An employee of the facility shall be authorized in writing to act on the administrator’s behalf during his/her absence.

(b) Personnel policies and procedures. The governing body or its equivalent, through the Nursing Home Administrator, shall be responsible for implementing and maintaining written personnel policies and procedures that support sound resident care and personnel practices.
(i) Personnel records for each employee shall be current and available and shall contain sufficient information to support placement in the position assigned.

(A) References from former employers and evidence of current certification, licensure, or registration.

(B) An evaluation of the employees work performance shall be done yearly.

(ii) Written employee policies shall be available covering job descriptions, functions and special procedures.

(iii) Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties.

(iv) Written policies shall ensure a safe and sanitary environment for residents and personnel.

(c) Resident Care Policies. The Nursing Care Facility shall have written policies to govern nursing care and related medical or other services provided.

... (x) The facility shall cooperate in submitting periodic reports requested by the Licensing Division.

FEDERAL REGULATIONS

January 2011

§ 483.75 Administration.

A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(a) Licensure. A facility must be licensed under applicable State and local law.

(b) Compliance with Federal, State, and local laws and professional standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.

(c) Relationship to other HHS regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of handicap (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455). Although these regulations are not in themselves considered requirements under this part, their violation may result in the termination or suspension of, or the refusal to grant or continue payment with Federal funds.

(d) Governing body.
(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and

(2) The governing body appoints the administrator who is—

(i) Licensed by the State where licensing is required; and

(ii) Responsible for management of the facility.