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
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.

,,302.11 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.

303 PERSONNEL ADMINISTRATION

303.1 The administrator shall establish and maintain a personnel file for each employee.

303.2 Applications for each employee shall contain sufficient information to support placement in the position to which assigned. All applications from licensed and/or registered personnel shall contain the appropriate certificate or registration number and current renewal date. These registrations and/or certifications shall be verified.

303.3 No employee caring for patients shall be less than sixteen (16) years of age. Employees shall wear uniforms and name pins with job title.

..303.6 Written job descriptions shall be developed for each employee classification, i.e., R.N., L.P.N., aide, housekeepers, maids, etc., and shall include, as a minimum the responsibilities and/or actual work to be performed in such classification. In addition, the job description shall include the physical and educational qualifications and licenses or certificates required for each job classification.

303.7 Sufficiently trained personnel shall be on duty at all times. Provisions shall be made for relief of direct care personnel during vacations and other relief periods.

303.8 Upon request, a nursing home must make available to employees of the Division, payroll records showing staff employed during recent pay periods. This is to verify that minimum staffing has been maintained.

303.9 Copies of these regulations shall be available to all personnel. All personnel shall be instructed by the administrator in the requirements of the law and in the regulations pertaining to their respective duties.

303.10 Nursing or personal care shall not be delegated to cooks, housekeeping, or laundry personnel.

303.11 A weekly time schedule shall be prepared and posted for each week and shall include the employee’s first and last name, classification, i.e., aide, R.N., cook, etc., and the beginning and ending time of each tour of duty, such as 7:00 a.m. to 3:00 p.m., etc.

304 STAFF DEVELOPMENT

304.1 Job orientation shall be provided for all personnel to acquaint them with the needs of the residents, the physical facility, disaster plan, and the employee’s specific duties and responsibilities. There should be written documentation maintained to verify that orientation and in-service training are planned and conducted. A continuing in-service training program is planned and conducted. Attendance at such training shall be verified by each employee by signing their names on the attendance record. Records of orientation
shall include the signature of the employee as well as topic of instruction and date of successful completion.

304.2 A reasonable supply of textbooks of basic practices shall be available in the nursing home for the specific job needs of all employees.

304.3 At least ninety percent (90%) of personnel on each shift shall be trained at least on a quarterly basis in the proper use of all fire-fighting equipment, in the procedures for evacuation of patients, and in the procedures to follow in case of fire or explosion. Disaster drills, including tornado drills, should be conducted semi-annually for each shift. A record of the drills held shall be maintained, and this record shall include the time and date the drill was held, along with the signature of all staff participating. Facility policies and procedures regarding reporting, as addressed in these regulations, must be included in orientation training for all new employees, and must be addressed at least annually during in-service training for all facility staff.

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.

Facility policies and procedures regarding reporting, as addressed in these regulations, must be included in orientation training for all new employees, and must be addressed at least annually during in-service training for all facility staff.

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.

325 OUTSIDE RESOURCE AGREEMENTS

326 SPECIALIZED REHABILITATIVE SERVICES

If the facility does not offer specialized rehabilitative services directly, patients in need of such services, i.e., physical therapy, occupational therapy, speech pathology, and audiology,
shall not be admitted or retained in the facility unless arrangements for these services have been provided with an outside resource. Terms of the agreement should include reimbursement, responsibility of each party, and documentation responsibilities.

327 ADVISORY DENTIST
Facilities shall establish a written cooperative agreement with an advisory dentist or dental service. The agreement shall include provisions for a dentist or dental service. The agreement shall include provisions for a dentist to participate annually in the staff development program and to recommend oral hygiene policies and practices.

328 SOCIAL SERVICES
If a facility provides social services directly and the designated staff member is not a qualified social worker, a written agreement shall be established to provide consultation from such a qualified person or a recognized social agency.

329 ACTIVITY DIRECTOR
In a nursing facility, if the staff member designated responsible for the activity program is not a qualified patient activity coordinator, a written agreement shall be established with a person so qualified. The MSW consultant may also serve as consultant to the activity director.

330 PHARMACIST
If a facility does not employ a licensed pharmacist, it shall establish a written agreement with a licensed pharmacist to provide consultation on methods and procedures for ordering, storage, administration, disposal, and record keeping of drugs and biologicals.

331 MEDICAL AND REMEDIAL SERVICES
A nursing home shall establish a written agreement for all medical and remedial services, i.e., laboratory, radiological, and other services, required by the resident but not regularly provided within the facility.

332 TRANSFER AGREEMENT
A facility shall have in effect a written transfer agreement with one or more hospitals sufficiently close to the facility to make feasible the transfer of patients. It shall be the duty of each nursing home administrator to supply basic information at the time of a patient’s transfer from one nursing home to another or to a hospital.

333 ELECTRONIC RECORDS AND SIGNATURES
333.1 Facilities have the option of utilizing electronic records rather than, or in addition to, paper or “hardcopy” records. The facility must have safeguards to prevent unauthorized access to the records and a process for reconstruction of the records in the event of a system breakdown. Any electronic record or signature system shall, at a minimum:
   a. Require authentication and dating of all entries. "Authentication" means identification of the author of an entry by that author and no other, and that reflects the date of entry. An authenticated record shall be evidence that the entry to the record was what the author entered. To correct or enhance an entry, further authenticated entries may be made, by the original author, or by any other author, as long as the subsequent entries are authenticated
as to who entered them, complete with date and time stamp of the entry, and that the original entries are not modified. “Entry” means any changes, deletions, or additions to a record, or the creation of a record. The electronic system utilized by the facility shall retain all entries for the life of the medical record and shall record the date and time of any entry, as well as identifying the individual who performed the entry. The electronic system must not allow any original signed entry or any stored data to be modified from its original content except for computer technicians correcting program malfunction or abnormality. A complete audit trail of all events as well as all “before” and “after” data must be maintained.

b. Require data access controls using unique personal identifiers to ensure that unauthorized individuals cannot make entries to a record, or create or enter an electronic signature for a record. The facility shall maintain a master list of authorized users, past and present. Facilities shall terminate user access when the user leaves employment with the facility.

c. Include physical, technical, and administrative safeguards to ensure confidentiality of patient medical records, including procedures to limit access to only authorized users. The authorized user must certify in writing that the identifier will not be shared with or used by any other person and that they are aware of the requirements and penalties related to improper usage of their unique personal identifier.

d. Provide audit controls. The system must be capable of tracking and logging user activity within its electronic files. These audit logs shall include the date and time of access and the user ID under which access occurred. These logs shall be maintained a minimum of six years. The facility must certify in writing that it is monitoring the audit logs to identify questionable data access activities, investigate breaches, assess the security program, and are taking corrective actions when a breach in the security system becomes known.

e. Have a data recovery plan. Data must be backed up either locally or remotely. Backup media shall be stored at both on-site and off-site locations or alternatively at multiple offsite locations. The backup system must have the capability of timely restoring the data to the facility or to the central server in the event of a system failure. Barring a natural disaster of epic proportions (e.g., earthquake, tornado), timely means that the restoration of the backup occurs within a period of time that will permit no more than minimal disruption in the delivery of care and services to the residents. Pending restoration from backup, the facility shall maintain newly generated records in a paper format, and shall copy or transfer the contents of the paper records to the electronic system upon restoration of the system and backup. A full backup shall be performed at least weekly, with incremental or differential backups daily. Back up media shall be maintained both locally and at the off-site location or alternatively at multiple offsite locations until the next full weekly backup is successfully completed. Backups shall be tested periodically, but no less than monthly. Testing shall include restoration of the backup to a computer or system that shall not interfere with, or overwrite, current records. If utilizing a third party company for computer data storage and retrieval, the facility shall require that said third party company shall comply with these requirements.

f. Provide access to Department of Health and Human Services (DHHS), Office of Long Term Care (OLTC), and Centers for Medicaid or Medicare Services (CMS) personnel. Access may be by means of an identifier created for DHHS, OLTC, or CMS personnel, by a printout of the record, or both, as requested by DHHS, OLTC, or CMS personnel. Access must be in a “human readable” format, and shall be provided in a manner that permits DHHS, OLTC, or CMS personnel to view the records without facility personnel being present. Access shall
include all entries and accompanying logs and shall list the date and time of any entry, as well as identifying the individual who performed the entry. Any computer system utilized, whether in-house or from a third-party vendor, must comply with this regulation.

333.2 Physicians’ Orders. When facility personnel take telephone orders from physicians or other individuals authorized by law or regulations to issue orders the facility documents the appropriate information, including but not limited to, the date and time of the order, and the identity of the physician or other authorized individual giving the order as well as the identity of the facility personnel taking the order. The facility shall ensure that the physician electronically countersigns the physician’s order upon the physician’s next rounds at the facility or through Internet access from the physician’s office.

333.3 For purposes of these regulations, in all instances in which the regulations requires, or appears to require, the facility to use written records or written signatures, the facility may use electronic records or electronic signatures in lieu of written records or written signatures when doing so conforms to the requirements of this section for the use of electronic records or electronic signatures.

400 PHYSICAL ENVIRONMENT

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 non-conforming 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.

500 PATIENT CARE SERVICES

511 PROFESSIONAL NURSE SUPERVISION
511.1 A licensed registered nurse shall be employed full-time as the Director of Nursing Services and normally work on the day shift.

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

518 REHABILITATIVE NURSING
518.1 Nursing personnel shall be trained in rehabilitative nursing measures. This shall be documented in the orientation program, and in-service on this subject shall be conducted at least annually.
542 PHARMACY CONSULTANTS PERMIT
Each nursing home shall have a formal arrangement with a licensed pharmacist to provide supervision and consultation on methods and procedures for ordering, storing, administering, disposition, and record keeping of drugs and biologicals. A consultant pharmacist’s permit shall be obtained yearly from the Arkansas State Board of Pharmacy and shall be displayed in a conspicuous place in the facility.

561 STAFFING
...Certified Dietary Managers and food service supervisors shall complete fifteen (15) hours per year of continuing education courses approved by the Office of Long Term Care. For purposes of these regulations, the term continuing education courses approved by the Office of Long Term Care means continuing education courses offered by the Dietary Managers Association or comparable body, and approved by the Office of Long Term Care.

600 RESIDENT RECORDS

601 RESIDENT RECORD MAINTENANCE
The facility will maintain an individual record on all residents admitted in accordance with accepted professional standards and practices. The resident record service must have sufficient staff, facilities, and equipment to provide records that are completely and accurately documented, readily accessible, and systematically organized.

602 CONTENTS OF RECORDS (TO FACILITATE RETRIEVING AND COMPILING INFORMATION)
The resident records will contain sufficient information to identify the resident, his/her diagnosis(es) and treatment, and to document the results accurately.

602.1 Admission and Discharge Record
- Record number
- Date and time of Admission
- Name
- Last known address
- Age
- Date of Birth
- Sex
- Marital status
- Name, address, and telephone numbers of attending physician and dentist.
- Name, address, and telephone number of next of kin.
- Date and time of discharge or death.
- Admitting and final diagnosis.

602.2 History and Physical Examination Prior to Admission
- Medical history
- Physical findings which includes a complete review of systems and diagnosis(es)
- Date and signature of physician

602.3 Physician Orders
- Date
Orders for medication, treatment, care, diet, restraints, extend of activity, therapeutic home visits, discharge, or transfer.

- Telephone or verbal orders may be taken and written by licensed personnel and countersigned by the physician given the order within seven (7) days. Telephone or verbal orders for restraints must be signed by the physician giving the order within five (5) days.

602.4 Physician Progress Notes
- Written at the time of each visit.
- Dated.
- Signature of the physician.

602.4 Written at least every sixty (60) days on skilled care patients and every one-hundred twenty (120) days on others.

602.5 Nursing Notes
- Each entry will be dated and signed by the person making such entry.
- PRN medications will be documented as to the time given, amount given, reason given, results, and signature of person giving the medication.
- Vital signs shall be taken and recorded on all patients as ordered by the attending physician, not less than weekly.
- Date and time of all treatments and dressings.
- Date and time of physician visits.
- Complete record of all restraints, including time of application and release, type of restraint, and reason for applying.
- Record all incidents and accidents, and follow-up involving the resident.
- The amount and type of bedtime nourishment taken by residents on calorie controlled diets.
- Condition on discharge or transfer.
- Disposition of personal belongings and medications upon discharge.
- Time of death and the name of person pronouncing the death of the resident and disposition of the body.
- Heights and weights of the residents will be obtained at the time of admission to the facility. Weights will then be recorded at least monthly.

602.6 Discharge Summaries Should Include:
- Signature of the physician
- Admitting and final diagnosis.
- Course of resident’s treatment and condition while in the nursing home.
- Cause of death if applicable.
- Disposition of resident, i.e., transfer to hospital, nursing home, mortuary, or home.

603 INDEX
There will be an index of all residents admitted to the facility including:
- Name of resident.
- Record number.
- Former Address.
- Name of physician.
- Date of birth.
- Date of discharge.

604 RETENTION AND PRESERVATION OF RECORDS
604.1 Retention Requirements for Active Clinical Records

a. The maintenance schedule for records on resident charts are as follows:

1. Admission and Discharge Records Permanent
3. History and Physical Most recent
4. Rehabilitation Potential Evaluation Most recent
5. Physician’s orders Six months
6. Physician’s Progress Notes Six months
7. Resident Body Weight Six months
8. Transfer Forms 12 months or Most recent if older than 12 months
9. Laboratory and X-Ray Reports Six months or 12 months if ordered less often than monthly
10. Nurse’s Notes/Nursing Flow Sheets Three months (ADL, Restraints, Clinitest: Results, Intake and Output, etc.)
11. Medication and Treatment Records Three months
12. Personal Effects Inventory Most recent
13. Hospital Discharge Summary Current 12 (Including History and Physical) months
14. TB Surveillance Record Permanent
15. Classification Status Current
16. Consultant Reports Initial and - Physicians Most recent - Occupational Therapist - Speech Therapist - Physical Therapist - Social Worker - Psychologist - Others

b. The maintenance schedule for active records in the nurse’s station (other than those required to be maintained on the chart) are as follows:

Assessments and Re-assessments Most recent 12 months
Plan of Care 12 months Summary of Quarterly Progress Notes Change of Condition
Pharmacy Reviews Six months
PASSAR Level I Permanent
PASSAR Level II Most recent

c. Those portions of the active records not kept on the chart or at the nurse’s station must be maintained in the facility and retrievable within 15 minutes upon request.

604.2 Requirements for Retention and Preservation of Inactive/Closed Records

a. Resident records will be retained in the facility for a minimum of five years following discharge or death of the resident.

b. Resident records for minors will be kept for at least three years after they reach legal age of 18 years old.

c. The resident records will be kept on the premises at all times and will only be removed by subpoena.

d. In the case of change of ownership, the resident records will remain with the facility.

e. In case of closure, the records will be stored within the State of Arkansas for the retention period.

f. After the retention period is met, the records may be destroyed either by burning or shredding.

g. Records will be protected against loss, destruction or unauthorized use.

605 CONFIDENTIALITY
The information contained in the resident records is confidential and is not to be released without legal authorization or subpoena. The records will be available to State Survey Agency personnel.

606 STAFFING
An individual will be designated as responsible for the resident record service. There will be written job descriptions for the resident record service personnel.

607 GENERAL INFORMATION
All entries in the resident records will be recorded in ink. There will be no alteration of information in the resident records. If an error is made, a single line will be drawn through the error, the word “error” written above and initialed.

700 GREEN HOUSE™ FACILITIES

701 INTENT
Green House™ facilities are an attempt to enhance residents’ quality of life through the use of a non-institutional facility model resulting in a residential-style physical plant and specific principles of staff interaction. The Greenhouse model utilizes small, freestanding, self-contained homes surrounding or adjacent to a central administration unit, each housing between ten (10) and twelve (12) private rooms, each with full bathrooms. The residents’ rooms are constructed around a central, communal, family-style open space that includes a hearth, dining area, and residential-style kitchen. All residents’ room entrances are visible from the central communal area. Each home is built to blend architecturally with neighboring homes. The intent of these regulations is to create a framework that encourages the construction and operation of Green House™ facilities.

702 DESIGNATION
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.

800 HOMESTYLE FACILITIES

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 the level of functioning, social interaction, and medical conditions of residents 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
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.

805 STAFF TRAINING
a. In addition to any state or federal training requirements pertaining to long term care facilities, each CNA working in a HomeStyle home shall complete the following eighty (80) hours of training to include but not limited to:

TRAINING: HomeStyle Model v. Traditional Model
HOURS: 4.0
Activities- development of, and appreciation for, activities designed to meet the individual’s personal preferences and needs.
Replacing the medical model role of employees
Disregarding the medical model role of residents
Organizational Culture Change

TRAINING: Universal/Flexible Worker
HOURS: 4.0
Concept
Responsibilities of the Worker

TRAINING: Person-directed Care
HOURS: 4.0
Concepts and Relationship Building
Execution
Documentation

TRAINING: Self-Managed or Self-Directed Work Team
HOURS: 8.0
Concept
Responsibilities
Conflict Resolution and Learning Circles
Staffing

TRAINING: Food Safety
HOURS: 30.0
Introduction
Safety
Contamination
Allergies
Therapeutic Diets
Thickening Agents
Food Preparation

TRAINING: Family style dining
HOURS: 4.0
Concept
Measuring intake
Management
Safety
Documentation

TRAINING: Emergency Situations and Evacuation
HOURS: 8.0
Fire Drills
Tornado Drills
Disaster Drills
Evacuation
Emergency Equipment (fire extinguishers, generators, water and gas shut-offs, etc.)
Behavioral Issues
Choking
Emergency calls
Environmental policy

TRAINING: Cottage Equipment Use
HOURS: 8.0
Appliance Usage (microwave, vent-a-hood, stove, fryer, lifts, whirlpools, washer and dryers, air-conditioners, etc.)
Appliance Safety (changing grease, cleaning vent-a-hood, etc.)

TRAINING: Cottage Orientation
HOURS: 2.0
Phone system
Call system
Cleaning Supply Storage
Cleaning Supply Usage
Workplace Organization

TRAINING: Communication
HOURS: 4.0
Communication Skills
Coaching Skills
Accountability
Support

TRAINING Observation skills
HOURS: 4.0
HOW TO OBTAIN A HISTORY FROM FAMILY
How to initiate a resident observation
How a care plan is developed
How to read a care plan
How to modify a care plan
How to identify a resident’s change in condition

900 ALZHEIMER'S SPECIAL CARE UNITS

DEFINITIONS
For the purposes of these regulations the following terms are defined as follows:
c. Alzheimer’s Special Care Unit: A separate and distinct unit within a Long Term Care facility that segregates and provides a special program for residents with a diagnosis of probable Alzheimer’s disease or related dementia, and 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 related dementia.

901 GENERAL ADMINISTRATION
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.

... d. Resident Record Maintenance
The ASCU shall develop and maintain a record-keeping system that includes a separate record for each resident and that documents each resident's health care, individual support plan, assessments, social information, and protection of each resident's rights.
e. Resident Records
The ASCU must follow the facility's policies and procedures and applicable state and federal laws and regulations governing:
The release of any resident information, including consent necessary from the client, parents or legal guardian;
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.

905 STAFFING
Alzheimer’s Special Care Units shall staff according to the Rules and Regulations for Nursing Facilities. Furthermore, the following staffing requirements are established for Alzheimer’s Special Care Units.

b. Staff and Training
In addition to any training requirements for any certification or licensure of the employee, training shall consist of, at a minimum:

B. On-going, in-service training consisting of at least two (2) hours every quarter. The topics to be addressed in the in-service training shall include the following, and each topic shall be addressed at least once per year:
   i. The nature of Alzheimer’s disease and other dementia, including:
      a. The definition of dementia;
      b. The harm to individuals without a correct diagnosis; and,
      c. The stages of Alzheimer’s disease.
   ii. Common behavior problems resulting from Alzheimer's or related dementia, and recommended behavior management for the problems;
   iii. Communication skills to facilitate improved staff relations with residents;
   iv. Positive therapeutic interventions and activities, such as:
      a. Exercise;
      b. Sensory stimulation; and,
      c. Activities of daily living.
   v. The benefits of family interaction with the resident, and the need for family interaction;
   vi. Developments and new trends in the fields of Alzheimer's or related dementia, and treatments for same;
   vii. Environmental modifications to minimize the effects and problems associated with Alzheimer's or related dementia; and,
   viii. Development of ISPs, including but not limited to instruction on the method of updating and implementing ISPs across shifts.

Rules and Regulations for the Arkansas Long Term Care Facility Nursing Assistant Training Program

Section IV NURSING ASSISTANT TRAINING
E. Orientation Program
1. All nursing assistants must receive an orientation program that includes, but is not limited to, an explanation of:
   – The organizational structure of the facility;
   – Policies and procedures (including fire/disaster plans, etc.)
   – The philosophy of care of the facility;
The description of the resident population; and
Employee rules.

2. This facility orientation training program is not included in the required 90 hours of nursing assistant training.

F. Ongoing InService Training
1. All facilities will continue to provide ongoing inservice training on a routine basis both in groups and as necessary in specific situations on a onetoone basis. Each nursing assistant must receive one (1) hour of inservice training per month.

2. The facility must complete a performance review of each nursing assistant at least once per year and provide regular inservice training based on the outcome of these reviews. The inservice training should address areas of weakness and be sufficient to ensure the continuing competence of the nursing assistants.

3. In addition to training needs identified by performance reviews, inservice training should also address the special needs of residents as determined by each facility. Training can be received on the unit as long as it is directed toward skills improvement, provided by appropriately trained staff and documented (for example, skills demonstration with return demonstration recorded on a check list).

4. Effective July 1, 2006, facilities are strongly encouraged to offer inservice training for nursing home employed CNAs who were certified in Arkansas prior to July 1, 2006 that covers the Barbara Broyles Alzheimer and Dementia Training that is included in Arkansas LTCF Nursing Assistant Training Curriculum. Facilities should maintain records that verify each employed CNA, who was certified in Arkansas prior to July 1, 2006, has received this training. After July 1, 2006 and ongoing, the new Alzheimer’s training is strongly encouraged for CNAs registered in Arkansas through reciprocity from other states and test candidates that are allowed to challenge the State competency test based on exemptions found in Section VII (D) (3 through 6).