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.

1.3 QUALITY ASSURANCE.
The governing body shall assure that there is an effective quality assurance program to evaluate the availability, appropriateness, effectiveness, and efficiency of resident care, including without limitation, a continuous program of evaluating medical, nursing care, social services, activities, dietary, housekeeping, maintenance, infection control, and pharmacy services.
1.3.1 The quality assurance plan shall be in writing and shall include objectives; personnel involved; responsibility for reviewing critical incidents; methods for monitoring and evaluating care; and methods for monitoring effectiveness of actions taken to improve quality of resident care.
1.3.2 The facility shall maintain evidence of actions taken in response to quality assurance activity and their effectiveness and shall report annually to the governing body.

...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 4 - PERSONNEL

4.1 POLICIES. The facility shall maintain written approved personnel policies, job descriptions, and rules prescribing the conditions of employment, management of employees, and quality and quantity of resident care to be provided.

4.1.1 The facility shall provide job-specific orientation to all new employees within 90 days of employment.

4.1.2 All personnel shall be informed of the purpose and objectives of the facility.

4.1.3 All personnel shall be provided access to the facility’s personnel policies and the facility shall provide evidence that each employee has received them.

4.2 DEPARTMENTS. Each department of the facility shall be under the direction of a person qualified by training, experience, and ability to direct effective services.

4.2.1 The facility shall provide a sufficient number of qualified personnel in each department to operate the department.

4.2.2 All persons assigned to direct resident care shall be prepared through formal education or on-the-job training in the principles, policies, procedures, and appropriate techniques of resident care. The facility shall provide educational programs for employees to be informed of new methods and techniques.

4.3 STAFF DEVELOPMENT COORDINATOR. The long-term care facility shall employ a staff development coordinator who shall be responsible for coordinating orientation, inservice, on-the-job training, and continuing education programs and for determining that staff have been properly trained and are implementing results of their training. The objective of this standard is that staff be appropriately trained in necessary aspects of resident care to carry out their job responsibilities.

4.3.1 The coordinator shall have experience in and ability to prepare and coordinate inservice education and training programs for adult learners in the area of geriatrics.

4.3.2 The facility shall employ a staff development coordinator for a sufficient amount of time to meet in-service, orientation, training, and supervision needs of staff. The facility shall provide for appropriate staff follow-up.

4.3.3 The facility shall provide annual inservice education for staff in at least the following areas: infection control, fire prevention and safety, accident prevention, confidentiality of resident information, rehabilitative nursing, resident rights, dietary, pharmacy, dental, behavior management, disaster preparedness, and, if it has developmentally disabled residents, developmental disabilities, residents with Alzheimer's conditions, those conditions, or mentally ill residents, mental illness.

4.3.4 The facility shall maintain attendance records with original signatures on inservice programs and course materials or outlines that staff who are unable to attend the program may review.

4.4 RECORDS. The facility shall maintain personnel records on each employee, including an employment application, that includes training and past experience, verification of credentials, references of past work experience, orientation, and evidence that health status is appropriate to perform duties in the employee's job description.

4.5 REFERENCE MATERIALS. The facility shall provide current reference material related to the care that is provided in the facility for use by all personnel. 4.6 STAFF IDENTIFICATION. All facility staff shall wear name and title badges while on duty, except where they may pose a danger to staff or residents due to the nature of resident conditions.
PART 6 - MEDICAL CARE SERVICES.

...6.2 MEDICAL DIRECTOR.
The facility shall retain by written agreement a physician or medical practice group to serve as medical director to the facility.
6.2.1 The medical director is responsible for overall coordination of medical care in the facility and for systematic review of the quality of the health care provided by the facility and the medical services provided by the physicians in the facility. The medical director shall develop policies and procedures for medical care and for the physicians admitting residents to the facility.
6.2.2 The medical director is responsible to:
(1) be a liaison between the facility and admitting physicians on matters related to attendance on residents, prompt writing of orders, and responding to requests by facility staff;
(2) advise in developing and reviewing resident care policies;
(3) establish rules governing conduct of physicians admitting residents to the facility;
(4) develop a procedure to provide care in emergencies when a resident's physician is unavailable;
(5) review accidents and hazards; and
(6) participate in pharmacy advisory committee deliberations.

PART 7. NURSING SERVICES

...7.2 DIRECTOR OF NURSING. Except as provided in Section 7.6, a nursing care facility shall employ a full-time (40 hours/week) Director of Nursing, who is a registered nurse,
...7.8 CARE POLICIES. The facility shall have written resident care policies approved by the governing body, which staff shall follow.

PART 10. DENTAL SERVICES

...10.4 DENTAL HYGIENE.
10.4.1 Direct care staff from each facility shall have at least annual inservice training course in preventive dentistry and oral hygiene, conducted by a dentist, dental hygienist, or preventive dental aide.

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 12. RESIDENTS' RIGHTS

12.3 STAFF TRAINING IN RESIDENTS' RIGHTS. The facility shall provide a copy of the facility’s statement of residents’ rights at new employee orientation. Current employees shall be provided a copy of the rights no later than the first pay period after receipt of these rules. The facility shall train all staff in the observation and protection of residents’ rights. Social services staff shall assist in residents’ rights orientation for new employees

PART 13. EMERGENCY SERVICES
13.1 EMERGENCY CARE POLICIES. The facility shall have and follow written policies for the care of residents in an emergency available for staff use, including: 1) arrangements for necessary medical care when a resident’s physician is unavailable (developed by persons described in Section 6.2); 2) procedures and training programs that cover immediate care of residents; and 3) persons to be notified in an emergency.

13.2 FIRE AND INTERNAL DISASTER PLAN. With the assistance of qualified fire and safety experts, the facility shall develop written policies and procedures for protection of persons within the building in case of fire, explosion, flood, staff shortage, food shortage, termination of vital services, or other emergency in the building. Policies shall include: 1) brief, written instructions, posted at each nurses’ station, that include persons to be notified and other immediate steps to be taken before the fire department or other assistance arrives; 2) a schematic plan of the building or portions thereof posted at each nurses’ station, showing evacuation routes, smoke stop and fire doors, exit doors, and the location of fire extinguishers and fire alarm boxes; 3) procedures for evacuating helpless residents; A) assignment of specific tasks and responsibilities to the personnel on each shift; 5) provision for at least annual training and instruction to keep employees informed of their duties; and 6) provisions for conducting simulated fire drills at least three times per year.

13.3 MASS CASUALTY PLAN. Each facility shall develop a written mass casualty plan for managing residents and treating casualties in an external or community disaster. The program shall be developed in cooperation with other health facilities in the area and with official and other community agencies.

PART 14. FACILITY RECORDS

14.1 HEALTH RECORDS. The facility shall maintain on its premises a health record for each resident. The record and the resident for which it is maintained shall be identified by a separate, unique number. The record shall contain sufficient information to identify the resident; provide and support resident diagnoses; include orders for medications, treatments, restorative services, diet, special procedures, and activities. It shall include a care plan and discharge plan and indicate in progress notes the resident’s progress at appropriate intervals. The components of the record may be kept separately as long as they are readily retrievable.

14.1.1 Only physicians, dentists or persons operating under their supervision shall write or dictate medical histories and physical examinations in the medical record, and only dentists shall write dental histories.

14.1.2 Telephone orders shall be taken by licensed nurses or members of other appropriate disciplines as authorized by their professional licensure and as approved in facility policy. They shall be countersigned by the physician or dentist and entered into the record within two weeks.

14.1.3 All orders for diagnostic procedures, treatments, and medications shall be entered into the health record and authenticated and signed by the physician, except that orders for dental procedures shall be authenticated and signed by a dentist. All reports of x-ray, laboratory, EKG, and other diagnostic tests shall be authenticated by the person submitting them and incorporated into the health record within two weeks after receipt by the facility.

14.1.4 All entries in the health record shall be the original ink or typed copy of valid copies, kept current, dated, and signed or authenticated. The responsibility for completing the health record rests with the attending physician and the facility administrator. A physician
may authenticate the health record by written signature, identifiable initials, computer key, or, under the following conditions, facsimile stamp:

1. The physician whose signature the facsimile stamp represents is the only one who has possession of the stamp and is the only one who uses it; and
2. The physician places in the medical record office a signed statement to the effect that the physician is the only one who has the stamp and the only one who will use it.

14.1.5 A completed health record shall be maintained on every resident from the time of admission through the time of discharge. All health records shall contain:

1. Identification and summary sheet that includes:
   a. resident’s name, health record number, social security number, marital status, age, race, home address, date of birth, place of birth, religion, occupation, name of informant and other available identifying sociological data (country of citizenship, father’s name, mother’s maiden name, military service, if any, and dates),
   b. name, address, and telephone number of referral source,
   c. name, address, and telephone number of attending physician and dentist,
   d. name of next of kin or other responsible person,
   e. date and time of admission and discharge,
   f. admitting diagnosis, final diagnosis(es), condition on discharge, and disposition, and
   g. attending physician’s signature.
2. Medical data that includes:
   a. medical history,
   b. medical evaluation reports on admission and thereafter as needed and at least annually,
   c. reports of any special examinations, including laboratory and x-ray reports,
   d. reports of consultations by consulting physicians, if any,
   e. reports from all consulting persons and agencies, if any,
   f. reports of special treatments, such as physical or occupational therapy,
   g. dental reports, if any,
   h. treatment and progress notes written and signed by the attending physician at the time of each visit,
   i. authentication of hospital diagnosis(es) in a hospital summary sheet or transfer form when applicable, and a summary of the course of treatment followed in the hospital if the resident is hospitalized,
   j. physician orders for all medications, treatments, diet, and restorative and special procedures,
   k. autopsy protocol, if any, and authorization for autopsy, and
3. plans and notes of the social service and activities service, including social history, social services assessment/plan, progress notes, activities assessment/plan and activities progress notes;
4. nutritional assessments and progress notes of the dietary service; and
5. reports or accidents or incidents experienced by the resident,
6. Nursing records, dated and signed by nursing personnel, which include the resident assessment required by Section 5.2, all medications and treatments administered, special procedures performed, notes of observations, and the time and circumstances of death.

14.2 FACILITIES. The facility shall provide a health record room or other health record accommodation and supplies and equipment adequate for health record functions. Health
records shall be maintained and stored safely for confidentiality and protection from loss, damage, and unauthorized use.

14.3 PRESERVATION. All health records shall be completed promptly, not later than 30 days following resident discharge, filed, and retained for a period of time consistent with the applicable statute of limitations and the facility’s written policies.

14.4 STAFFING. A Registered Record Administrator (RRA), Accredited Record Technician (ART), or other employee who is trained in medical records and who has consultation from a registered record administrator or accredited record technician shall be responsible for the custody, supervision, filing, and indexing of completed health records of all residents and for allied health records services.

14.5 LONG-TERM CARE FACILITY RECORDS. The facility shall maintain current the following records: 1) daily census including current resident problems and room numbers, 2) admission and discharge analysis records, 3) master resident file, 4) resident number index, and 5) disease index and (6) file of all accident and incident reports, including without limitation, those required by Part 3 of Chapter II.

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

16.2 ADVISORY COMMITTEE. The facility shall establish a pharmaceutical advisory committee, including a registered nurse, the consulting pharmacist and the medical advisor, to assist in the formulation of broad professional policies and procedures relating to pharmaceutical service in the facility.

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.

16.4 CONSULTING PHARMACIST. The facility shall contract in writing with a licensed pharmacist to be responsible for all pharmaceutical matters in the facility. The contract shall set forth the fees to be paid for services and the pharmacist’s responsibilities, including at least the following:

...(6) Regularly scheduled visits and consultations and at least annual in-service training to staff.
PART 17. DIAGNOSTIC SERVICES

17.1 POLICIES. The facility shall establish and follow policies for obtaining clinical laboratory, x-ray, and other diagnostic services.

17.2 PHYSICIAN ORDERS. Diagnostic services shall be provided only on the order of the attending physician or dentist.

17.3 TRANSPORTATION. The facility shall assist residents to make arrangements for transportation of residents and/or laboratory specimens to and from the source of diagnostic services.

17.4 REPORTS. All diagnostic reports shall be included in the resident’s health record within thirty days of the time the facility receives them.

PART 19. SECURE UNITS

19.1 COMPLIANCE. Any facility that has one or more units that are secured to prohibit free egress of residents shall comply with the standards in this Part in addition to all other applicable requirements of this chapter.

19.6 STAFFING. The facility shall provide a sufficient number of qualified staff to meet fully the needs of residents in the secure unit, which may require a higher staffing ratio than in other units in the facility, particularly on the night shift.

19.6.1 Staff in the special secure unit shall be experienced and trained in the particular needs and care of the types of residents in the unit.

19.6.2 For residents in the secure unit, the facility shall provide additional social work and activities staff to meet the social, emotional, and recreational needs of the residents and the social and emotional needs of their families in coping with the resident’s illness.

19.6.3 For residents with mental illness, the facility shall provide staff who have demonstrated knowledge and skill in caring for residents with mental illness.

PART 20. HOUSEKEEPING SERVICES

...20.8 TRAINING AND SUPERVISION. Housekeeping personnel shall receive adequate supervision. Frequent in-service training programs shall be provided for housekeeping personnel.

PART 22. INFECTION CONTROL

22.1 INFECTION CONTROL PROGRAM. The facility shall have an infection control program that provides in-service training on infection control and shall have current infection control policies and procedures available to all staff members.

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.