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

3207.1 The Medical Director shall assume full responsibility for the overall supervision of the medical care provided in the facility. If the Medical Director is absent, he or she shall delegate the continuity and supervision of resident care to a qualified physician.
3207.2 The Medical Director shall:
   (a) Coordinate medical care in the facility;
   (b) Implement resident care policies;
   (c) Develop written medical bylaws and medical policies;
   (d) Serve as liaison with attending physicians to ensure the prompt issuance and implementation of orders;
(e) Review incidents and accidents that occur on the premises to identify hazards to health and safety;
(f) Ensure that medical components of resident care policies are followed;
(g) Assist the Administrator in arranging twenty-four (24) hours of continuous physician services a day for medical emergencies and in developing procedures for emergency medical care; and
(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.

3207.9 The Medical Director shall make arrangements for the provision of medical care twenty-four (24) hours a day.

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...
3208.4 Each Director of Nursing shall participate annually in a minimum of twelve (12) hours of continuing education programs relating to geriatric, administration, or related areas of care.
3208.5 The Director of Nursing shall provide for, at a minimum, the following:
   ...(4) Orientation;
   (5) In-service education...

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.

3211 NURSING PERSONNEL

3211.9 A facility shall not employ an individual, other than a certified nurse aide, as a nurse aide unless that person is enrolled and actively participating in a training and competency evaluation program approved by the District.
3211.10 A facility shall not employ an individual, other than a certified nurse aide, as a nurse aide if that person has been employed as a nurse aide for six (6) of the immediately preceding twelve (12) months and he or she has not completed a training and competency evaluation program approved by the District.
3211.11 The facility shall provide regular performance review and regular in-service education to ensure that individuals employed as nurse aides are competent to perform services as nurse aides.
3211.12 The facility shall ensure that nurse aides, including certified nurse aides, are competent in those skills necessary to care for residents’ needs, as identified in the residents’ individualized assessments and plans of care.

3213. RESTORATIVE NURSING CARE PROGRAM

3213.3 Each nursing employee who provides restorative nursing services shall attend educational programs in restorative nursing that includes practical experience.
3214 IN-SERVICE EDUCATION FOR NURSING PERSONNEL
3214.1 A comprehensive on-going in-service education program shall be provided by the facility and shall include training on the provision of resident care.
3214.2 Each nursing employee shall be trained in emergency procedures, disaster plans and fire evacuation plans.
3214.3 Each area of in-service training shall be conducted by a registered nurse, qualified and experienced in the area of instruction.
3214.4 A facility shall designate an In-Service Education Director who shall maintain records of training and orientation activities, which include the agenda, instructions, and participants. Records of each in-service education program shall be kept on file and available for inspection.
3214.5 Each nursing employee shall be encouraged to attend education and training programs conducted in the community that relate to nursing practice.
3214.6 Each facility shall have space for conducting in-service programs.

3215 VENTILATOR CARE SERVICES
3215.6 In order to operate a ventilator unit, a facility shall develop and the Department of Health shall approve, a plan of operation which shall include:
...(d) A quality assurance plan which shall include:
(1) Assignment of responsibility for monitoring and evaluation activities;
(2) Identification of indicators and appropriate clinical critical criteria for monitoring the most important aspects; and
(3) Establishment of thresholds (levels or trends) for the indicators that will trigger evaluation of care.

3217. INFECTION CONTROL
3217.1 The facility shall have an Infection Control Committee composed of the Administrator or designee and members of the medical, nursing, dietary, pharmacy, housekeeping, maintenance, and other services.
3217.7 The Infection Control Committee shall ensure that in-service training on infection control policies and procedures is provided at least annually to each employee of each service represented on the Committee.

3219 DIETARY SERVICES
3219.3 A regularly scheduled program of in-service education shall be conducted for all food service employees hired after the effective date of these regulations. Records should be maintained on in-service programs and shall be available for review.
3219.4 The curriculum for regularly scheduled in-service education programs for food service employees may include, but not be limited to, the following:
(a) Disaster and emergency procedures;
(b) Infection control;
(c) Safety and accident prevention;
(d) Therapeutic diets;
(e) Food handling;
(f) Personal hygiene;
(g) Residents’ rights; and
(h) Psychological aspects of aging.

3223 REHABILITATIVE SERVICES

...3223.2 There shall be a regularly scheduled program of in-service education programs for the rehabilitative services staff.

3224. SUPERVISION OF PHARMACEUTICAL SERVICES

...3224.3 The supervising pharmacist shall do the following:
...(c) Provide a minimum of two (2) in-service sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications.

3228. PODIATRY SERVICES PROGRAM

3228.1 Each facility shall have a written agreement for obtaining regular podiatry services with a podiatrist licensed in the District of Columbia.
3228.2 Podiatry services shall include direct services to residents, as well as consultation and in-service training for nursing employees.

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.
...3229.4 In conjunction with the resident’s admission, stay, and discharge, the functions of the social services program shall include the following:
...(g) Annual in-service training to other staff of the facility on subjects including, but not limited to, resident’s rights, psychosocial aspects of aging and confidentiality.

3230. RESIDENT ACTIVITIES

...3230.5 The responsibilities of the director of the activities program or his or her designee shall include, but not be limited to, the following:
...(e) To assist in the development of and participate in staff orientation and annual education programs for all staff in the facility...

3231. MEDICAL RECORDS

3231.1 The facility Administrator or designee shall be responsible for implementing and maintaining the medical records service.
3231.2 A designated employee of the facility shall be assigned the responsibility for ensuring that each medical record is maintained, completed and preserved.
3231.3 The training for the designated employee shall include the following areas:
(a) Medical terminology;
(b) Disease index coding systems;
(c) Confidentiality;
(d) Filing;
(e) Storage; and
(f) Analysis of records.
3231.4 The facility shall provide in-service training on medical records policies and procedures on reporting, recording, and legal aspects of documentation annually to each employee who writes in the medical records.
3231.5 The medical records shall be completed within thirty (30) days from the date of discharge.
3231.6 Each medical record shall be indexed according to the name of the resident and final diagnosis to facilitate acquisition of statistical medical information and retrieval of records for research or administrative action.
3231.7 Basic information to be indexed by each diagnosis shall include at least the following:
(a) Medical record number;
(b) Age;
(c) Sex;
(d) Physician; and
(e) Length of stay in days.
3231.8 Each facility shall maintain an area for processing medical records with adequate space, equipment, supplies, and lighting for staff.
3231.9 Each medical record shall serve as a basis for planning resident care and shall provide a means of communication between the physician and other employees involved in the resident’s care.
3231.10 Each medical record shall document the course of the resident’s condition and treatment and serve as a basis for review, and evaluation of the care given to the resident.
3231.11 Each entry into a medical record shall be legible, current, in black ink, dated and signed with full signature and discipline identification.
3231.12 Each medical record shall include the following information:
(a) The resident’s name, age, sex, date of birth, race, marital status, home address, telephone number, and religion;
(b) Full names, addresses and telephone numbers of the personal physician, dentist and interested family member or sponsor;
(c) Medicaid, Medicare and health insurance numbers;
(d) Social security and other entitlement numbers;
(e) Date of admission, results of pre-admission screening, admitting diagnoses, and final diagnoses;
(f) Date of discharge, and condition on discharge;
(g) Hospital discharge summaries or a transfer form from the attending physician;
(h) Medical history, allergies, physical examination, diagnosis, prognosis and rehabilitation potential;
(i) Vaccine history, if available, and other pertinent information about immune status in relation to vaccine preventable disease;
(j) Current status of resident’s condition;
(k) Physician progress notes which shall be written at the time of observation to describe significant changes in the resident’s condition, when medication or treatment orders are changed or renewed or when the resident’s condition remains stable to indicate a status quo condition;
The resident’s medical experiences upon discharge, which shall be summarized by the attending physician and shall include final diagnoses, course of treatment in the facility, essential information of illness, medications on discharge and location to which the resident was discharged;

(m) Nurse’s notes which shall be kept in accordance with the residents’ medical assessment and the policies of the nursing service;

(n) A record of the resident’s assessment and ongoing reports of physical therapy, occupational therapy, speech therapy, podiatry, dental, therapeutic recreation, dietary, and social services;

(o) The plan of care;

(p) Consent forms and advance directives; and

(q) A current inventory of the resident’s personal clothing, belongings and valuables.

3231.13 The facility shall permit each resident to inspect his or her medical records on request.

3256. HOUSEKEEPING AND MAINTENANCE SERVICES

...3256.14 A regularly scheduled in-service training program shall be provided for housekeeping and maintenance staff.

3258. GENERAL SAFETY AND INSPECTION

3258.1 The facility shall have detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing residents.

3258.2 First aid supplies shall be readily available on each unit to each employee.

3259. FIRE AND EMERGENCY PREPAREDNESS

3259.1 The facility shall have a manual of action to be taken in the event of a fire, approved by the D.C. Fire Department.

3259.2 The fire instructions manual shall specify the following:

(a) The plan to be followed in case of fire, explosion, or other emergency;

(b) The persons to be notified;

(c) The locations of alarm signals and fire extinguishers;

(d) The evacuation routes;

(e) The procedures for evacuating the residents;

(f) The frequency of fire drills; and

(g) The assignment of specific tasks and responsibilities to the employees on each shift in the event of fire, explosion or other emergency.

3259.3 A fire plan shall be developed with the assistance of qualified fire and safety experts. Each employee shall be trained to perform specific tasks according to the fire plan.

3259.4 Simulated drills testing the effectiveness of the fire plan shall be conducted for each shift at least four (4) times a year.

3259.5 Fire and emergency evacuation plans shall be posted conspicuously on each floor and throughout the facility.

3259.6 The most recent fire inspection report with the date of the latest inspection of the alarm system shall be available in the Administrator’s office.