003. LICENSURE.

03. Issuance of License.
...c. The facility license shall be framed and posted so as to be visible to the general public. (1-1-88)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Criminal History and Background Check. A skilled nursing and intermediate care facility must complete a criminal history and background check on employees and contractors hired or contracted with after October 1, 2007, who have direct patient access to residents in the skilled nursing and intermediate care facility. A Department check conducted under IDAPA 16.05.06, “Criminal History and Background Checks,” satisfies this requirement. Other criminal history and background checks may be accepted provided they meet the criteria in Subsection 009.02 of this rule and the entity conducting the check issues written findings. The entity must provide a copy of these written findings to both the facility and the employee. (3-26-08)

02. Scope of a Criminal History and Background Check. The criminal history and background check must, at a minimum, be a fingerprint-based criminal history and background check that includes a search of the following record sources: (3-26-08) a. Federal Bureau of Investigation (FBI); (3-26-08) b. Idaho State Police Bureau of Criminal Identification; (3-26-08) c. Sexual Offender Registry; (3-26-08) d. Office of Inspector General List of Excluded Individuals and Entities; and (3-26-08) e. Nurse Aide Registry. (3-26-08)

03. Availability to Work. Any direct patient access individual hired or contracted with on or after October 1, 2007, must self-disclose all arrests and convictions before having access to residents. The individual is allowed to only work under supervision until the criminal history and background check is completed. If a disqualifying crime as described in IDAPA 16.05.06, “Criminal History and Background Checks,” is disclosed, the individual cannot have access to any resident. (3-26-08)

04. Submission of Fingerprints. The individual's fingerprints must be submitted to the entity conducting the criminal history and background check within twenty-one (21) days of his date of hire. (3-26-08)

05. New Criminal History and Background Check. An individual must have a criminal history and background check when: (3-26-08) a. Accepting employment with a new employer; and (3-26-08) 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)
   b. The true name and current address for each person or business entity having a five percent (5%) or more direct, or indirect, ownership interest in the facility shall be supplied to the Department at the time of licensure application or preceding any change in ownership. (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)

06. Transfer Agreement. (7-1-93)
a. Facilities shall have a written agreement with one (1) or more nearby hospitals or other providers of service which agrees to provide the following services to patients/residents of the facility: (1-1-88)
   i. Laboratory, x-ray, and other diagnostic services; and (1-1-88) ii. Hospitalization for acutely ill patients/residents; and (1-1-88) iii. The agreement shall provide reasonable assurance that there will be an interchange of information; and (1-1-88) iv. Transfer information including provisional diagnosis, treatment, clinical condition, reason for transfer and destination, and pertinent medical and social information shall accompany the patient/resident if transferred to or from another health care facility and shall become a part of the patient’s/resident’s medical record. (1-1-88)
b. ICFs shall have written agreements with Skilled Nursing Facilities for the appropriate and orderly transfer of individual patients/residents, including appropriate transfer information as delineated in Subsection 100.05.a.iv. (12-31-91)

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)

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)

11. Orientation and Continuing Education. The facility shall provide a formalized, ongoing educational program for all personnel which shall commence upon employment and shall include:

a. A structured orientation program written and designed to meet the training needs of new employees in relation to an employee’s responsibilities in the facility. The program shall include, but is not limited to: (1-1-88)
i. All facility policies and procedures relevant to an employee’s responsibilities; (1-1-88)
ii. Basic procedures relative to patient/resident care; (1-1-88)
iii. Patient’s/resident’s rights and responsibilities; (1-1-88)
iv. Confidentiality; (1-1-88)
v. Ethics; (1-1-88)
vi. Use of mechanical/electrical equipment utilized by the employee; (1-1-88)
vii. Fire safety and emergency evacuation; (1-1-88)
viii. Emergency procedures; (1-1-88)
ix. Organizational structure; (1-1-88)
x. Measures to prevent cross infection, including aseptic and isolation techniques; (1-1-88)
xii. Special needs of the population served; and (1-1-88)

b. An ongoing, planned continuing educational program which maintains and upgrades the knowledge, skills and abilities of the staff in relation to services provided and employee responsibilities. (1-1-88)
c. Opportunity to attend outside educational programs. (1-1-88)
d. At least twenty-four (24) hours of continuing education annually for all nursing personnel. (1-1-88)

106. FIRE AND LIFE SAFETY.

...04. Emergency Plans for Protection and Evacuation of Patients/Residents. In cooperation with the local fire authority, the administrator shall develop a written plan for employee response for protection of patients/residents in case of an emergency. The plan shall include at least the following: (1-1-88)
a. Specific procedures to follow in all potential emergencies (i.e., fire, flooding, bomb threat, explosion, natural disasters). (1-1-88)
b. A basic diagram of the building showing the location of emergency protection equipment and exits. The diagram shall be conspicuously posted throughout the facility. (1-1-88)
c. Written evidence of an arrangement for temporary housing of patients/residents who must be moved in the event of an emergency. (1-1-88)

05. Orientation, Training and Drills. All employees shall be instructed in basic fire and life safety procedures. (1-1-88)
a. All new employees shall be instructed in basic facility fire and life safety procedures during their orientation period. Documentation that such orientation has been completed shall be maintained on file in the facility. (1-1-88)
b. Fire and/or safety classes shall be made available on a quarterly basis. The facility shall make an effort to encourage all staff to attend the classes. Classes shall not be conducted in lieu of drills. (1-1-88)
c. A minimum of one (1) fire drill per shift per quarter shall be held. The drills shall be unannounced, shall include transmission of a fire alarm signal (may be silent during the late night/early morning) and shall be conducted at irregular intervals during the day and night. At least one (1) drill per year shall include at least a partial evacuation of the building. A basic written record of each drill shall be maintained and include at least the following: (1-1-88)
   i. Date and time of drill; (1-1-88)
   ii. Brief description of the drill, including problems encountered; (1-1-88)
   iii. Recommendations for improvement (if any); and (1-1-88)
   iv. Signature of employees supervising the drill together with the names of all employees participating in the drill. (1-1-88)

107. DIETARY SERVICE.

01. Dietary Supervision… The dietitian shall: (1-1-88)…
   iii. Provide in-service training for all food service employees (1-1-88) ...
150. INFECTION CONTROL.

...02. Infection Control Committee. An Infection Control Committee shall be appointed by the administrator which shall: (1-1-88)
   a. Include the facility medical director, administrator, pharmacist, dietary services supervisor, director of nursing services, housekeeping services representative, and maintenance services representative. (1-1-88)
   b. Be responsible for development and implementation of infection control policies and procedures including the designation of a facility employee to monitor practices within the facility. (1-1-88)
   c. Meet as a group no less often than quarterly with documented minutes of meetings maintained showing members present, business addressed and signed and dated by the chairperson. (1-1-88)
   d. Review policies and procedures as needed but no less often than annually. (1-1-88)
   e. Review the quarterly report of infections prepared by the designated surveillance officer. (1-1-88)

154. MEDICAL DIRECTION.

01. Medical Director. The administrator of a SNF or ICF shall arrange for a physician to provide medical direction of the care functions of the facility as follows: (1-1-88)
   a. Assist in defining scope, characteristics, and standards for services provided; (1-1-88)
   b. Consult and assist in the monitoring of quality of the services provided; (1-1-88)
   c. Consult and assist in the overall management and delivery of patient care services. (1-1-88)

200. NURSING SERVICES.

01. Director of Nursing Services. A registered nurse currently licensed by the state of Idaho and qualified by training and experience shall be designated Director of Nursing Services in each SNF and ICF and shall be responsible and accountable for:
   ...(1-1-88) g. Planning and coordinating orientation programs for new nursing and auxiliary personnel, as well as a formal, coordinated in-service education program for all nursing personnel...

201. PHARMACY SERVICES.

01. Pharmacy Service. Each SNF and ICF shall have a written agreement with a pharmacist licensed by the state of Idaho to direct, supervise and be responsible for pharmacy service in the facility.

203. PATIENT/RESIDENT RECORDS

The facility maintains medical records for all patients/residents in accordance with accepted professional standards and practices. (1-1-88)

01. Responsible Staff. The administrator shall designate a staff member the responsibility for the accurate maintenance of medical records. If this person is not a Registered Records Administrator (RRA) or an Accredited Records Technician (ART), consultation from such a qualified individual shall be provided periodically to the designated staff person. (1-1-88)
02. Individual Medical Record. An individual medical record shall be maintained for each admission with all entries kept current, dated and signed. All records shall be either typewritten or recorded legibly in ink, and shall contain the following: (1-1-88)

a. Patient’s/resident’s name and date of admission; previous address; home telephone; sex; date of birth; place of birth; racial group; marital status; religious preference; usual occupation; Social Security number; branch and dates of military service (if applicable); name, address and telephone number of nearest relative or responsible person or agency; place admitted from; attending physician; date and time of admission; and date and time of discharge. Final diagnosis or cause of death (when applicable), condition on discharge, and disposition, signed by the attending physician, shall be part of the medical record. (1-1-88)

b. Medical history and physical examination, including both diagnosis and rehabilitative potential, signed by the attending physician. (1-1-88)

c. Transfer or referral report, where applicable. (1-1-88)

d. Special reports dated and signed by the person making the report, i.e., laboratory, X-ray, physical therapy, social services, consultation, and other special reports. (1-1-88)

e. Physician’s order record containing the physician’s authorization for required medications, tests, treatments, and diet. Each entry shall be dated and signed, or countersigned, by the physician. (1-1-88)

f. Progress notes by physicians, nurses, physical therapists, social worker, dietitian, and other health care personnel shall be recorded indicating observations to provide a full descriptive, chronological picture of the patient/resident during his stay in the facility. The writer shall date and sign each entry stating his specialty. (1-1-88)

g. Nurses’ entries shall include the following information: (1-1-88)

i. Date, time and mode of admission; documentation of the patient’s/resident’s general physical and skin condition as well as mental attitude upon admission. (1-1-88)

ii. Medication administration record. (1-1-88)

iii. Date and times of all treatments and dressings. (1-1-88)

iv. Any change in the patient’s/resident’s physical or mental status. (1-1-88)

v. Any incident or accident occurring while the patient/resident is in the facility. (1-1-88)

vi. Date of each physician’s visit. (1-1-88)

vii. Observations by licensed nursing personnel on labile, terminal, or acutely-ill patients/residents shall be recorded daily on each shift. (1-1-88)

viii. Observations by qualified nursing personnel on all other patients/residents shall be summarized and recorded at least monthly. (1-1-88)

h. Miscellaneous. Releases, consents, mortician’s receipt. (1-1-88)

i. The signature of the charge nurse for each shift indicating the assumption of responsibility for all entries made by nonprofessional nursing personnel. (1-1-88)

03. Discharged Patients’/Residents’ Records. (7-1-93)

a. Following the discharge or death of a patient/resident, the records clerk shall place the chart in chronological order and review the entire record for completeness. (1-1-88)

b. If incomplete, the chart shall be returned to the proper person for prompt completion. No chart shall be permanently filed until all portions are complete. (1-1-88)

04. Retention. (7-1-93)

a. There shall be adequate filing equipment and space to store closed charts and facilitate retrieval. (1-1-88)
b. Records shall be preserved in a safe location protected from fire, theft, and water damage for a period of time not less than seven (7) years. If the patient/resident is a minor, the record shall be preserved for a period of not less than seven (7) years following his eighteenth birthday. (1-1-88)
05. Confidentiality. The facility shall safeguard medical record information against loss, destruction, and unauthorized use. (1-1-88)

204. DAY CARE SERVICES.

Day care services may be provided for up to twelve (12) hours per day as determined by facility policy. If provided, it shall not interfere with the regular services to facility patients/residents. (1-1-88)
01. Day Care Coordinator. There shall be a staff member designated to supervise and coordinate day care services. (1-1-88)

...04. Records. A day care participant record shall be maintained for each individual which includes: (1-1-88)
a. Admission identification information, including responsible party and physician; (1-1-88)
b. Physical evaluation summary, including any activities limitations and/or special care, i.e., dietary or treatments that must be arranged for; (1-1-88)
c. Individual plan of services as developed by the day care coordinator; (1-1-88)
d. Participation record of each individual in the day care services provided. (1-1-88)

205. CHILD CARE CENTERS.

01. Policies and Procedures. Any facility that permits a child care center adjacent to or attached to the skilled nursing or intermediate care facility shall establish well-defined written and implemented policies and procedures pertaining to the relationship between the child care center and the SNF or ICF. These shall include, but are not limited to: (1-1-88)
a. Safety measures. (1-1-88)
b. Infection control and prevention of disease transmission. (1-1-88)
c. Access by SNF or ICF patients/residents to the child care center and access by the child care center participants to the SNF or ICF. (1-1-88)
d. Rights and limitations of both child care center participants and patients/residents of the SNF or ICF. (1-1-88)
02. Day Care Licensure. Any day care home or day care center for children, as defined under Basic Day Care License Act, Sections 39-1101 through 39-1117, Idaho Code, either attached as a distinct part or as a separate facility on the premises of the SNF or ICF facility shall be licensed separately by the appropriate state or local licensing agency. (1-1-88)
03. Day Care Compliance. Every child day care home or center shall comply with the Idaho Department of Health and Welfare Rules, IDAPA 16.02.10, “Idaho Reportable Diseases.” (1-1-88)

...06. Sanitation. All individuals moving between the SNF or ICF and the child day care facility shall wash their hands thoroughly, using appropriate soap solution. (1-1-88)
07. Abuse Prohibited. The children and their families shall be assured of freedom from all types of abuse: emotional, physical, verbal, or sexual. (1-1-88)
08. Staff Education. The staff of day care facilities shall give evidence of participating in at least annual education pertinent to child day care management and supervision. (1-1-88)
301.RESPITE CARE SERVICES.

If the SNF or ICF offers respite care to relieve families or other individuals, there shall be policies and procedures written and implemented regarding the program. (1-1-88)

...03. Records. Records shall be maintained for all respite care patients/residents which shall include at least the following: (1-1-88)

a. Medical information sufficient to care for the patient/resident submitted by the attending physician. (1-1-88)
b. Signed and dated physician’s orders for care, including diet, medications, treatments and any physical activity limitations. (1-1-88)
c. Nursing and other notes by staff caring for the patient/resident. (1-1-88)
d. Medication administration record. (1-1-88)
e. Pertinent patient/resident data information such as name, address, next of kin, who to call in an emergency, name of physician, etc. (1-1-88)

303.OTHER SERVICES.

If a SNF or ICF offers home health, hospice or other services from the facility, the needs and requirements for the delivery of those services shall in no way interfere with the ongoing operation of the SNF or ICF. This includes, but is not limited to, the use of SNF or ICF staff which shall not reduce the required nursing hours per patient/resident per day in the SNF or ICF. (1-1-88)