410 IAC 16.2-3.1-2 LICENSES

Sec. 2.
...(c) The director may issue a health facility license for a new facility upon receipt, review, and approval of the following requirements:
(1) The applicant shall submit a license application on the prescribed form in accordance with IC 16-28-2-2. The applicant shall identify direct and indirect ownership interests of five percent (5%) or more and of officers, directors, and partners...
...(f) The director may issue a health facility license for a facility that has changed ownership upon receipt, review, and approval of the following requirements:
(1) The applicant shall submit a license application on the prescribed form in accordance with IC 16-28-2-2. The applicant shall identify direct and indirect ownership interests of five percent (5%) or more and of officers, directors, and partners...
...(h) For the renewal of a license, the director may issue a full license for any period up to one (1) year, issue a probationary license, or deny a license application upon receipt and review of the following requirements:
(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license. The renewal application shall be on a form provided and approved by the division. The applicant shall identify direct or indirect ownership interests of five percent (5%) or more and of officers, directors, and partners...
...(j) Any change in direct or indirect corporate ownership of five percent (5%) or more that occurs during the licensure period shall be reported to the director, in writing, at the time of the change. The facility must also provide written notice at the time the change occurs in the officers, directors, agents, or managing employees, or the corporation, association, or other company responsible for the management of the facility.

410 IAC 16.2-3.1-4 NOTICE OF RIGHTS AND SERVICES

Sec. 4.
...(f) The facility must do the following:
...(7) Ensure compliance with the requirements of state law regarding advance directives.
...(8) Provide for education for staff on issues concerning advance directives.
...(9) Provide for community education regarding advance directives either directly or in concert with other facilities or health care providers or other organizations.

10 IAC 16.2-3.1-13 ADMINISTRATION AND MANAGEMENT

Sec. 13.
(a) The licensee is responsible for compliance with all applicable laws and rules. The licensee has full authority and responsibility for the organization, management, operation, and control of the licensed facility. The delegation of any authority by the licensee does not diminish the responsibilities of the licensee.
(b) The licensee shall provide the number of staff as required to carry out all the functions
of the facility, including:
(1) initial orientation of all employees;
(2) a continuing inservice education and training program for all employees; and
(3) provision of supervision for all employees.
(c) If a facility offers services in addition to those provided to its long term care residents, the administrator is responsible for assuring that such additional services do not adversely affect the care provided to its residents.
(d) The licensee shall notify the department within three (3) working days of a vacancy in the administrator’s position. The licensee shall also notify the director of the name and license number of the replacement administrator.
(e) An administrator shall be employed to work in each licensed health facility. For purposes of this subsection, an individual can only be employed as an administrator in one (1) health facility or one (1) hospital-based long term care unit at a time.
(f) In the administrator’s absence, an individual shall be authorized, in writing, to act on the administrator’s behalf.
(g) The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:
(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:
   (A) epidemic outbreaks;
   (B) poisonings;
   (C) fires; or
   (D) major accidents. If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number ((317) 383-6144) of the division.
(2) Promptly arranging for medical, dental, podiatry, or nursing care or other health care services as prescribed by the attending physician.
(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.
(4) Ensuring that the facility maintains, on the premises, time schedules and an accurate record of actual time worked that indicates the employees’ full names and the dates and hours worked during the past twelve (12) months. This information shall be furnished to the division staff upon request.
(5) Maintaining a copy of this article and making it available to all personnel and the residents.
(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request.
(h) Each facility, except: (1) a facility that cares for children; or (2) an intermediate care facility for the mentally retarded; shall encourage all employees serving residents or the public to wear name and title identification.
(i) Each facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following:
(1) The range of services offered.
(2) Residents’ rights.
(3) Personnel administration.
(4) Facility operations.
(j) The licensee shall approve the policy manual, and subsequent revisions, in writing. The policy manual shall be reviewed and dated at least annually. The resident care policies shall be:
(1) developed by a group of professional personnel; and
(2) approved by the medical director.
(k) The policies shall be maintained in a manual or manuals accessible to employees and made available upon request to the following:
(1) Residents.
(2) The department.
(3) The sponsor or surrogate of a resident.
(4) The public. Management/ownership confidential directives are not required to be included in the policy manual; however, the policy manual must include all of the facility's operational policies.
(l) To assure continuity of care of residents in cases of emergency, the facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents and including situations that may require emergency relocation of residents. Facilities caring for children shall have a written plan outlining the staff procedures, including isolation and evacuation, in case of an outbreak of childhood diseases.
(m) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under a written agreement. Such agreements pertaining to services furnished by outside resources must specify, in writing, that the facility assumes responsibility for the following:
(1) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility.
(2) The timeliness of the services.
(3) Orientation to pertinent facility policies and residents to whom they are responsible.
(n) Each facility shall conspicuously post the license or a true copy thereof within the facility in a location accessible to public view.
(o) Each facility shall submit an annual statistical report to the department.
(p) The facility must have in effect a written transfer agreement with one (1) or more hospitals that reasonably assures the following:
(1) Residents will be transferred from the facility to the hospital and ensured of timely admission to the hospital when transfer is medically appropriate as determined by the attending physician.
(2) Medical and other information needed for care and treatment of residents and, when the transferring facility deems it appropriate, for determining whether the residents can be adequately cared for in a less expensive setting than either the facility or the hospital will be exchanged between the institutions.
(3) Specification of the responsibilities assumed by both the discharging and receiving institutions for prompt notification of the impending transfer of the resident for the following:
(A) Agreement by the receiving institution to admit the resident.
(B) Arranging appropriate transportation and care of the resident during transfer.
(C) The transfer of personal effects, particularly money and valuables, and of information related to the items.

(4) Specification of the restrictions with respect to the types of services available or the types of residents or health conditions that will not be accepted by the hospital or the facility, or both, including any other criteria relating to the transfer of residents. The facility is considered to have a transfer agreement in effect if the facility has attempted in good faith to enter into an agreement with a hospital sufficiently close to the facility to make transfer feasible.

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

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

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

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

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

(2) responsible for the management of the facility.

(u) The facility must designate a physician to serve as medical director.

(v) The medical director shall be responsible for the following:

(1) Acting as a liaison between the administrator and the attending physicians to encourage physicians to write orders promptly and to make resident visits in a timely manner.

(2) Reviewing, evaluating, and implementing resident care policies and procedures and to guide the director of nursing services in matters related to resident care policies and services.

(3) Reviewing incidents and accidents that occur on the premises to identify hazards to health and safety.

(4) Reviewing employees’ pre-employment physicals and health reports and monitoring employees’ health status.

(5) The coordination of medical care in the facility.

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

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

(2) gain understanding of the current standards of care for residents with dementia.
(x) The director of the Alzheimer’s and dementia special care unit shall do the following:
(1) Oversee the operation of the unit.
(2) Ensure that personnel assigned to the unit receive required in-service training.
(3) Ensure that care provided to Alzheimer's and dementia care unit residents is consistent with in-service training, current Alzheimer's and dementia care practices, and regulatory standards.

410 IAC 16.2-3.1-14 PERSONNEL

Sec. 14
(a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Specific inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.
(b) A facility must not use any individual working in the facility as a nurse aide for more than four (4) months on a full-time, part-time, temporary, per diem, or other basis unless that individual:
(1) is competent to provide nursing and nursing-related services; and
(2) has completed a:
(A) training and competency evaluation program; or
(B) competency evaluation program approved by the division.
(c) Each nurse aide who is hired to work in a facility shall have successfully completed a nurse aide training program approved by the division or shall enroll in the first available approved training program scheduled to commence within sixty (60) days of the date of the nurse aide’s employment. The program may be established by the facility, an organization, or an institution. The training program shall consist of at least the following:
(1) Thirty (30) hours of classroom instruction within one hundred twenty (120) days of employment. At least sixteen (16) of those hours shall be in the following areas prior to any direct contact with a resident:
(A) Communication and interpersonal skills.
(B) Infection control.
(C) Safety/emergency procedures, including the Heimlich maneuver.
(D) Promoting residents’ independence.
(E) Respecting residents’ rights.
(2) The remainder of the thirty (30) hours of instruction shall include the following:
(A) Basic nursing skills as follows:
(i) Taking and recording vital signs.
(ii) Measuring and recording height and weight.
(iii) Caring for residents’ environment.
(iv) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor.
(v) Caring for residents when death is imminent.
(B) Personal care skills, including, but not limited to, the following:
(i) Bathing.
(ii) Grooming, including mouth care.
(iii) Dressing.
(iv) Toileting.
(v) Assisting with eating and hydration.
(vi) Proper feeding techniques.
(vii) Skin care.
(viii) Transfers, positioning, and turning.
(C) Mental health and social service needs as follows:
(i) Modifying aides’ behavior in response to residents’ behavior.
(ii) Awareness of developmental tasks associated with the aging process.
(iii) How to respond to residents’ behavior.
(iv) Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident’s dignity.
(v) Using the resident’s family as a source of emotional support.
(D) Care of cognitively impaired residents as follows:
(i) Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer’s and others).
(ii) Communicating with cognitively impaired residents.
(iii) Understanding the behavior of cognitively impaired residents.
(iv) Appropriate responses to the behavior of cognitively impaired residents.
(v) Methods of reducing the effects of cognitive impairments.
(E) Basic restorative services as follows:
(i) Training the resident in self-care according to the resident’s abilities.
(ii) Use of assistive devices in transferring, ambulation, eating, and dressing.
(iii) Maintenance of range of motion.
(iv) Proper turning and positioning in bed and chair.
(v) Bowel and bladder training.
(vi) Care and use of prosthetic and orthotic devices.
(F) Residents’ rights as follows:
(i) Providing privacy and maintenance of confidentiality.
(ii) Promoting residents’ right to make personal choices to accommodate their needs.
(iii) Giving assistance in resolving grievances and disputes.
(iv) Providing needed assistance in getting to and participating in resident and family groups and other activities.
(v) Maintaining care and security of residents’ personal possessions.
(vi) Promoting residents’ right to be free from abuse, mistreatment, and neglect, and the need to report any instances of such treatment to appropriate facility staff.
(vii) Avoiding the need for restraints in accordance with current professional standards.
(3) Seventy-five (75) hours of supervised clinical experience, at least sixteen (16) hours of which must be in directly supervised practical training. As used in this subdivision, “directly supervised practical training” means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under direct supervision of a registered nurse or a licensed practical nurse. These hours shall consist of normal employment as a nurse aide under the supervision of a licensed nurse.
(4) Training that ensures the following:
(A) Students do not perform any services for which they have not trained and been found proficient by the instructor.
(B) Students who are providing services to residents are under the general supervision of a licensed nurse.
(d) A facility must arrange for individuals used as nurse aides, as of the effective date of this rule, to participate in a competency evaluation program approved by the division and preparation necessary for the individual to complete the program.

(e) Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless the individual:
(1) is a full-time employee in a training and competency evaluation program approved by the division; or
(2) can prove that he or she has recently successfully completed a training and competency evaluation program approved by the division and has not yet been included in the registry. Facilities must follow up to ensure that such individual actually becomes registered.

(f) A facility must check with all state nurse aide registries it has reason to believe contain information on an individual before using that individual as a nurse aide.

(g) If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new:
(1) training and competency evaluation program; or
(2) competency evaluation program.

(h) The facility must complete a performance review of every nurse aide at least once every twelve (12) months and must provide regular in-service education based on the outcome of these reviews. The in-service training must be as follows:
(1) Sufficient to ensure the continuing competence of nurse aides but must be no less than twelve (12) hours per year.
(2) Address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff.
(3) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

(i) The facility must ensure that nurse aides and qualified medication aides are able to demonstrate competency in skills and techniques necessary to care for residents’ needs as identified through resident assessments and described in the care plan.

(j) Medication shall be administered by licensed nursing personnel or qualified medication aides. If medication aides handle or administer drugs or perform treatments requiring medications, the facility shall ensure that the persons have been properly qualified in medication administration by a state-approved course. Injectable medications shall be given only by licensed personnel.

(k) There shall be an organized ongoing in-service education and training program planned in advance for all personnel. This training shall include, but not be limited to, the following:
(1) Residents’ rights.
(2) Prevention and control of infection.
(3) Fire prevention.
(4) Safety and accident prevention.
(5) Needs of specialized populations served.
(6) Care of cognitively impaired residents.

(l) The frequency and content of in-service education and training programs shall be in accordance with the skills and knowledge of the facility personnel as follows. For nursing personnel, this shall include at least twelve (12) hours of in-service per calendar year and
six (6) hours of in-service per calendar year for nonnursing personnel.
(m) In-service programs for items required under subsection (k) shall contain a means to assess learning by participants.
(n) The administrator may approve attendance at outside workshops and continuing education programs related to that individual's responsibilities in the facility. Documented attendance at these workshops and programs meets the requirements for in-service training.
(o) In-service records shall be maintained and shall indicate the following:
(1) The time, date, and location.
(2) The name of the instructor.
(3) The title of the instructor.
(4) The names of the participants.
(5) The program content of in-service. The employee will acknowledge attendance by written signature.
(p) Initial orientation of all staff must be conducted and documented and shall include the following:
(1) Instructions on the needs of the specialized population or populations served in the facility, for example:
(A) aged;
(B) developmentally disabled;
(C) mentally ill;
(D) children; or
(E) care of cognitively impaired residents.
(2) A review of residents' rights and other pertinent portions of the facility's policy manual.
(3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures and universal precautions.
(4) A detailed review of the appropriate job description, including a demonstration of equipment and procedures required of the specific position to which the employee will be assigned.
(5) Review of ethical considerations and confidentiality in resident care and records.
(6) For direct care staff, instruction in the particular needs of each resident to whom the employee will be providing care.
(q) Each facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:
(1) The name and address of the employee.
(2) Social Security number.
(3) Date of beginning employment.
(4) Past employment, experience, and education if applicable.
(5) Professional licensure, certification, or registration number or dining assistant certificate or letter of completion if applicable.
(6) Position in the facility and job description.
(7) Documentation of orientation to the facility and to the specific job skills.
(8) Signed acknowledgement of orientation to residents' rights.
(9) Performance evaluations in accordance with the facility's policy.
(10) Date and reason for separation.
The employee’s personnel record shall be retained for at least three (3) years following termination or separation of the employee from employment.

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

In addition to the required in-service hours in subsection (l), staff who have regular contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months of initial employment, or within thirty (30) days for personnel assigned to the Alzheimer’s and dementia special care unit, and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents and to gain understanding of the current standards of care for residents with dementia.

410 IAC 16.2-3.1-17 NURSING SERVICES

The facility must provide services by sufficient number of each of the following types of personnel on a twenty-four (24) hour basis to provide nursing care to all residents in accordance with resident care plans:

Except as waived in subsection (f), the facility must designate a registered nurse who has completed a nursing management course with a clinical component or who has at least one (1) year of nursing supervision in the past five (5) years to serve as the director of nursing on a full-time basis.

A facility may request a waiver from either the requirement that a nursing facility provide a registered nurse for at least eight (8) consecutive hours a day, seven (7) days a week, or provide a registered nurse as the director of nursing, as specified in subsection (b), if the following conditions are met:

1. The facility demonstrates to the satisfaction of the state that the facility has been unable, despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities), to recruit appropriate personnel.
2. The state determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility.
3. The state finds that, for any periods in which registered nursing services are not available, a registered nurse or physician is obligated to respond immediately to telephone calls from the facility.
4. A waiver granted under the conditions listed in this subsection is subject to annual state review.
5. Effective October 1, 1990, in granting or renewing a waiver, a facility may be required by the state to use other qualified, licensed personnel.
6. The state agency granting a waiver of such requirements provides notice of the waiver to the state long term care ombudsman and the protection and advocacy system in the state for the mentally ill and mentally retarded.
7. The nursing facility that is granted such a waiver by the state notifies residents of the facility.

410 IAC 16.2-3.1-18 INFECTION CONTROL PROGRAM

Sec. 18

The facility must establish an infection control program under which it does the following:
(4) Provides orientation and in-service education on infection prevention and control, including universal precautions.

**410 IAC 16.2-3.1-20 DIETARY SERVICES**

... (d) A qualified dietitian is one who is certified under IC 25-14.5. However, a person employed by a health facility as of July 1, 1984, must:

...(3) participate annually in continuing dietetic education.

**410 IAC 16.2-3.1-26 RESIDENT BEHAVIOR AND FACILITY PRACTICES**

...(p) Restraints or seclusion shall be applied in a manner that permits rapid removal in case of fire or other emergency.

**410 IAC 16.2-3.1-28 STAFF TREATMENT OF RESIDENTS**

Sec. 28.
(a) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.
(b) The facility must:
(1) not employ individuals who have:
   (A) been found guilty of abusing, neglecting, or mistreating residents or misappropriating residents' property by a court of law; or
   (B) had a finding entered into the state nurse aide registry concerning abuse, neglect, mistreatment of residents, or misappropriation of their property; and
(2) report any knowledge the facility has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the state nurse aide registry or licensing authority.
(c) The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, are reported immediately to the administrator of the facility and other officials in accordance with state law through established procedures, including to the state survey and certification agency.
(d) The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress.
(e) The results of all investigations must be reported to the administrator or the administrator's designated representative and to other officials in accordance with state law (including to the department) within five (5) working days of the incident, and if the alleged violation is verified, appropriate corrective action must be taken.

**410 IAC 16.2-3.1-49 LABORATORY, RADIOLOGY, AND OTHER DIAGNOSTIC SERVICES**

Sec. 49.
(a) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.
(b) If the facility provides its own laboratory services, the services must meet the applicable requirements for coverage of the services furnished by independent laboratories specified in 42 CFR 493.
(c) If the facility provides blood bank and transfusion services, it must meet the requirements for laboratories specified in 42 CFR 493.
(d) If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be approved or licensed to test specimens in the appropriate specialties and/or subspecialties of service in accordance with the requirements of 42 CFR 493.

(e) If the facility does not provide laboratory services on-site, it must have an agreement to obtain these services only from a laboratory that meets the requirements of 42 CFR 493.

(f) The facility must:
   (1) provide or obtain laboratory services only when ordered by the attending physician;
   (2) assure that the attending physician is promptly notified of the findings;
   (3) assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and
   (4) file in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory.

(g) The nursing facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.

(h) If the facility provides its own diagnostic services, the services must meet the applicable rules for licensure of these services.

(i) If the facility does not provide its own diagnostic services, it must have a written agreement to obtain these services from a provider or supplier that is licensed under applicable state rules.

(j) The facility must do the following:
   (1) Provide or obtain radiology and other diagnostic services only when ordered by the attending physician.
   (2) Promptly notify the attending physician of the findings.
   (3) Assist the resident in making transportation arrangements to and from the source of the service if the resident needs assistance.
   (4) File in the resident's clinical record signed and dated report of x-ray and other diagnostic services.

410 IAC 16.2-3.1-50 CLINICAL RECORDS

Sec. 50.
(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. Any consultation must be provided by a medical records practitioner in accordance with accepted professional standards and practices. The records must be as follows:
   (1) Complete.
   (2) Accurately documented.
   (3) Readily accessible.
   (4) Systematically organized.
(b) Clinical records must be retained after discharge for:
   (1) a minimum period of one (1) year in the facility and five (5) years total; or
   (2) for a minor, until twenty-one (21) years of age.
(c) If a facility ceases operation, the director shall be informed within three (3) business days by the licensee of the arrangements made for the preservation of the residents’ clinical records.
(d) The facility must safeguard clinical record information against loss, destruction, or unauthorized use.

(e) The facility must keep confidential all information contained in the resident’s records, regardless of the form or storage method of the records, except when release is required by one (1) or more of the following:
1. Transfer to another health care institution.
2. Law.
3. Third party payment contract.
4. The resident or legal representative.

(f) The clinical record must contain the following:
1. Sufficient information to identify the resident.
2. A record of the resident’s assessments.
3. The care plan and services provided.
4. The results of any preadmission screening conducted by the state.
5. Progress notes.

(g) Each facility shall have a well-defined policy that ensures the staff has sufficient progress information to meet the residents’ needs.

(h) A transfer form shall include:
1. Identification data.
2. Name of the transferring institution.
3. Name of the receiving institution and date of transfer.
4. Resident’s personal property.
5. Nurses’ notes relating to the resident’s:
   A. functional abilities and physical limitations;
   B. nursing care;
   C. medications;
   D. treatment;
   E. current diet; and
   F. condition on transfer.
6. Diagnosis.
7. Presence or absence of decubitus ulcer.
8. Date of chest x-ray and skin test for tuberculosis.

(i) Current clinical records shall be completed promptly and those of discharged residents shall be completed within seventy (70) days of the discharge date.

(j) If a death occurs, information concerning the resident’s death shall include the following:
1. Notification of the physician, family, responsible person, and legal representative.
2. The disposition of the body, personal possessions, and medications.
3. A complete and accurate notation of the resident’s condition and most recent vital signs and symptoms preceding death.

410 IAC 16.2-3.1-51 DISASTER AND EMERGENCY PREPAREDNESS

Sec. 51.
(a) The facility must have detailed written plans and procedures to meet all potential emergencies and disasters.
(b) The facility must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.

(c) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions except that the movement of infirm or bedridden residents to safe areas or to the exterior of the building is not required. Drills shall be conducted at least four (4) times a year at regular intervals throughout the year, on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.

(d) At least annually, a facility shall attempt to hold a fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.

**410 IAC 16.2-3.1-52 QUALITY ASSESSMENT AND ASSURANCE**

Sec. 52.

(a) A facility must maintain a quality assessment and assurance committee consisting of

1. The director of nursing services.
2. A physician designated by the facility.
3. At least three (3) other members of the facility's staff.

(b) The quality assessment and assurance committee shall do the following:

1. Meet at least quarterly to identify issues with respect to which quality assessment and assurance
2. Develop and implement appropriate plans of action to correct identified issues.