902 KAR 20:008. LICENSE PROCEDURES AND FEE SCHEDULE.

Section 2. Licenses.
...(9) The licensee shall fully disclose to the cabinet the name and address, or a change in the name or address, of:
(a) Each person having an ownership interest of twenty-five (25) percent or more in the facility; and
(b)1. Each officer or director of the corporation, if a facility is organized as a corporation; or 2. Each partner, if a facility is organized as a partnership.

902 KAR 20:300. OPERATION AND SERVICES; NURSING FACILITIES.

Section 1. Definitions. (1) "Facility" means a nursing facility licensed pursuant to this administrative regulation and 902 KAR 20:008.

Section 5. Resident Behavior and Facility Practices. (nursing facilities)
...(2) Abuse. The resident shall have the right to be free from verbal sexual, physical or mental abuse, corporal punishment, and involuntary seclusion.
(3) Staff treatment of residents. The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of residents.
(a) The facility shall:
  1. Not use verbal, mental, sexual, or physical abuse, including corporal punishment, or involuntary seclusion; and
  2. Not employ individuals who have been convicted of abusing, neglecting or mistreating individuals.
(b) The facility shall have evidence that all alleged violations are thoroughly investigated, and shall prevent further potential abuse while the investigation is in progress.
(c) The results of all investigations shall be reported to the administrator or his designated representative within five (5) working days or to other officials in accordance with applicable provisions of KRS Chapter 209 or 620, if the alleged violation is verified appropriate corrective action is taken.
(d) The facility shall document alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, are reported immediately to the administrator of the facility or to other officials in accordance with KRS Chapters 209 and 620.
(e) The facility shall have evidence that all alleged violations are thoroughly investigated, and shall prevent further potential abuse while the investigation is in progress.

Section 6. Quality of Life. (nursing facilities)
...7) Environment.
...(b) Infection control and communicable diseases.
... 3. The facility shall provide in-service education programs on the cause, effect, transmission, prevention and elimination of infections for all personnel responsible for direct patient care.
Section 9. Nursing Services. [nursing facilities]

... (2) Registered nurse.

... (b) Except when waived under subsection (3) or (4) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full-time basis.

... (4) Registered nurse waiver. Wavier of the requirement to provide services of a registered nurse for more than forty (40) hours a week, including a director of nursing specified in subsection (2) of this section, may be granted if the cabinet finds that the facility:

(a) Is located in a rural area and the supply of skilled nursing facility services in the area is not sufficient to meet the needs of individuals residing in the area;

(b) Has one (1) full-time registered nurse who is regularly on duty at the facility forty (40) hours a week; and

(c) Either:

1. Has only patients whose physicians have indicated (through physicians' orders or admission notes) that they do not require the services of a registered nurse or a physician for a forty-eight (48) hour period; or

2. Has made arrangements for a registered nurse or a physician to spend time at the facility, as determined necessary by the physician, to provide necessary skilled nursing services on days when the regular full-time registered nurse is not on duty.

Section 15. Administration. [nursing facilities] A facility shall 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.

(1) Compliance with federal, state and local laws and professional standards. The facility shall 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 a facility.

(2) Governing body.

(a) The facility shall 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; and

(b) The governing body appoints the administrator who shall be:

1. Licensed as a nursing home administrator pursuant to KRS 216A.080; and

2. Responsible for management of the facility.

(3) Required training of nurse aides.

(a) General rules. A facility shall not use any individual working in the facility as a nurse aide for more than four (4) months, on a full-time, temporary, per diem, or other basis, unless:

1. That individual is listed on the Kentucky Nurse Aide Registry; and

2. That individual is competent to provide nursing and nursing related services.

(b) Competency. A facility shall permit an individual to serve as a nurse aide or provide services of a type for which the individual has not demonstrated competence only when:

1. The individual is currently enrolled and participating in the Kentucky Medicaid Nurse Aide Training Program; or

2. The facility has asked and not yet received a reply from the Kentucky Nurse Aide Registry for information concerning the individual.
(c) Regular in-service education. The facility shall provide regular performance review and regular in-service education to ensure that individuals used as nurse aides are competent to perform services as nurse aides. In-service education must include training for individuals providing nursing and nursing related services to residents with cognitive impairments.

(4) Proficiency of nurse aides. The facility shall ensure that nurse 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 plan of care.

(5) Staff qualifications.
(a) The facility shall employ on a full-time, part-time, or consultant basis those professionals necessary to carry out the provisions of this administrative regulation.
(b) Professional staff shall be licensed, certified or registered in accordance with applicable state statutes.

(6) Use of outside resources.
(a) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility shall have that service furnished to residents by a person or agency outside the facility.
(b) Arrangements or agreements pertaining to services furnished by outside resources shall specify in writing that the facility assumes responsibility for:
1. Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and
2. The timeliness of the services.

(7) Medical director.
(a) The facility shall designate a physician to serve as medical director.
(b) The medical director shall be responsible for:
1. Implementation of resident care policies; and
2. The coordination of medical care in the facility.

(8) Laboratory services.
(a) The facility shall provide or obtain clinical laboratory services to meet the needs of its residents. The facility shall be responsible for the quality and timeliness of the services.
1. If the facility provides its own laboratory services, the services shall meet the applicable state statutes and administrative regulations pursuant to KRS Chapter 333, or laboratory requirements for hospitals for those distinct part units within licensed hospitals.
2. If the facility provides blood bank and transfusion services, it must meet the applicable conditions for:
   a. Independent laboratories licensed pursuant to KRS Chapter 333; or
   b. Hospitals licensed pursuant to 902 KAR 20:016;
3. If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be licensed in accordance with KRS Chapter 333, or meet the laboratory standards in 902 KAR 20:016 for hospitals.
4. If the facility does not provide laboratory services on site, it shall have an agreement to obtain these services only from a laboratory that is licensed pursuant to KRS Chapter 333 as an independent laboratory, or in accordance with 902 KAR 20:016 for hospital laboratories.
(b) The facility shall:
1. Provide or obtain laboratory 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 service, if the resident needs assistance.

4. File in the resident’s clinical record signed and dated reports of clinical laboratory services.

(9) Radiology and other diagnostic services.
(a) The nursing facility shall 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.
1. If the facility provides its own diagnostic services, the services must meet the standards established in 902 KAR 20:016, Section 4(6).
2. If the facility does not provide diagnostic services, it shall have an agreement to obtain these services from a provider or supplier that is licensed or registered pursuant to KRS 211.842 through KRS 211.852.
(b) The facility shall:
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 service, if the resident needs assistance; and
4. File in the resident’s clinical record signed and dated reports of x-ray and other diagnostic services.

(10) Clinical records.
(a) The facility shall maintain clinical records on each resident in accordance with accepted professional standards and practices that are:
1. Complete;
2. Accurately documented;
3. Readily accessible; and
4. Systematically organized.
(b) Retention of records. After resident’s death or discharge the completed medical record shall be placed in an inactive file and retained for five (5) years or in case of a minor, three (3) years after the patient reaches the age of majority under state law, whichever is the longest.
(c) The facility shall safeguard clinical record information against loss, destruction, or unauthorized use;
(d) The facility shall 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:
1. Transfer to another health care institution;
2. Law;
3. Third-party payment contract; or
4. The resident.
(e) The facility shall:
1. Permit each resident to inspect his or her records on request; and
2. Provide copies of the records to each resident no later than forty-eight (48) hours after a written request from a resident, at a photocopying cost not to exceed the amount customarily charged in the community.

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

(11) Disaster and emergency preparedness.
(a) The facility shall have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.
(b) The facility shall train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out staff drills using those procedures.

(12) Transfer agreement.
(a) The facility shall have in effect a written transfer agreement with one (1) or more licensed hospitals that reasonably assures that:
   1. Residents shall 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; and
   2. Medical and other information needed for care and treatment of residents and when the transferring facility deems it appropriate, for determining whether such residents can be adequately cared for in a less expensive setting than either the facility or the hospital, will be exchanged between the institutions.
(b) The facility shall be 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.

(13) Quality assessment and assurance.
(a) A facility shall maintain a quality assessment and assurance committee consisting of:
   1. The director of nursing services;
   2. A physician designated by the facility; and
   3. At least three (3) other members of the facility’s staff.
(b) The quality assessment and assurance committee:
   1. Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and
   2. Develops and implements appropriate plans of action to correct identified quality deficiencies.