§9703. Licensing Process  
B. The applicant or applicant’s designee shall disclose to the department the name and address of all individuals with 5 percent or more ownership interest, and, in the instance where the nursing home is a corporation or partnership, the name and address of each officer or director, and board members.  
C. If the nursing home is operated by a management company, or leased in whole or in part by another organization, the applicant or applicant’s designee shall disclose to the department the name of the management firm and employer identification number, or the name of the leasing organization.  
K. The license shall be conspicuously posted in the nursing home.

§9704. Alzheimer’s Special Care Disclosure  
A. Any provider offering a special program for persons with Alzheimer’s disease or a related disorder must disclose the form of care or treatment that distinguishes it as being especially applicable to or suitable for such persons. For the purpose of this section, a related disorder means progressive, incurable dementia.  
B. Prior to entering into any agreement to provide care, a provider must make the disclosure to:  
any person seeking services within an Alzheimer’s special care program; or any person seeking such services on behalf of a person with Alzheimer’s disease or a related disorder within an Alzheimer’s special care program. A provider must make the disclosure upon characterizing programs or services as specially suited for persons with Alzheimer’s disease or a related disorder. Additionally, a provider must give copies of current disclosure forms to all designees, representatives or sponsors of persons receiving treatment in an Alzheimer’s special care program.  
C. A provider must furnish the disclosure to the department when applying for a license, renewing an existing license, or changing an existing license. Additional disclosure may be made to the state ombudsman. During the licensure or renewal process, the department will examine all disclosures to verify the accuracy of the information. Failure to provide accurate or timely information constitutes noncompliance with this section and may subject the provider to standard administrative penalties or corrective actions. Distributing an inaccurate or misleading disclosure form constitutes deceptive advertising and may subject a provider to prosecution under LA R.S. 51:1401 et seq. In such instances, the department will refer the matter to the Attorney General’s Division of Consumer Protection for investigation and possible prosecution.  
D. Within seven working days of a significant change in the information submitted to the department, a provider must furnish an amended disclosure form reflecting the change to the following parties:  
1. the department;  
2. any clients with Alzheimer’s disease or a related disorder currently residing in the nursing home;
3. any designee, representative or sponsor of any such client;
4. any person seeking services in an Alzheimer's special care program; and
5. any person seeking services on behalf of a person with Alzheimer's disease or a related
disorder in an Alzheimer's special care program.
E. A provider must use the "Alzheimer's Special Care Disclosure Form" developed by the
department. The disclosure form shall contain the following information:
a written statement of the overall philosophy and mission of the Alzheimer's special care
program which reflects the needs of residents afflicted with dementia; a description of the
criteria and process for admission to, transfer, or discharge from the program; a
description of the process used to perform an assessment as well as to develop and
implement the plan of care, including the responsiveness of the plan of care to changes in
condition; a description of staff training and continuing education practices; a description
of the physical environment and design features appropriate to support the functioning of
cognitively impaired adult residents; a description of the frequency and types of resident
activities; a statement of philosophy on the family's involvement in care and a statement
on the availability of family support programs;
a list of the fees for care and any additional program fees.

97 SUBCHAPTER B. ORGANIZATION AND GENERAL SERVICES

§9715. Governing Body
A. The nursing home shall have a governing body that is legally responsible for establishing
and implementing policies regarding the management and operation of the nursing home.
The governing body shall develop and approve policies and procedures which define and
describe the scope of services offered. They shall be revised as necessary and reviewed at
least annually.
B. The governing body shall be responsible for the operation of the nursing home.
C. The governing body shall appoint, in writing, a licensed administrator responsible for the
management of the nursing home.
D. The governing body shall notify the department, in writing by certified mail, when a
change occurs in the administrator position within 30 calendar days after the change
occurs. The notice shall include the identity of the individual and the specific date the
change occurred.

§9717. Administration
A. Facility Administrator. All facilities are required to have full-time administrators. Full-
time administrators are persons who are licensed, currently registered and engaged in the
day-to-day management of the facility. The administrator's duties shall conform to the
following standards.
1. Administrative/management activities shall be the major function of the required duties.
2. An adequate and reasonable amount of time shall be spent on the premises of the facility.
The administrative activities must be the major function of the person performing the
duties.
3. A major portion of the time, described above, shall be spent during the normal work
week of the facility's personnel.
B. A full-time employee functioning in an administrative capacity shall be authorized in
writing to act in the administrator's behalf when he/she is absent or functioning as a full-
time administrator for two facilities.
C. Administrator Responsibilities and Restrictions
1. No individual may function as a full-time administrator for more than two nursing facilities. When a full-time administrator is engaged in the management of two nursing facilities, the facilities' sizes and proximity to one another have considerable bearing on the administrator's ability to adequately manage the affairs of both nursing facilities.
   a. The response time to either facility shall be no longer than one hour.
b. If an administrator serves two facilities, he/she must spend 20 hours per week at each facility.
1. The administrator or his designee is responsible, in writing, for the execution of all policies and procedures.
2. If a change occurs in the individual who is the administrator of a nursing facility, notice shall be provided to the Bureau of Health Services Financing, Health Standards Section by the facility administrator or, in the absence of an administrator, by the governing body of the facility at the time the change occurs.
   a. Notice shall include the identity of all individuals involved and the specific changes which have occurred.
b. Failure to provide written notice by certified mail within 30 calendar days from the date a change occurs will result in a Class C civil money penalty.
c. The Department shall allow nursing facilities 30 days from the date of the change in the position to fill the resulting vacancy in the administrator position. There shall be no waiver provisions for this position.
d. The governing body of the facility shall appoint a facility designee charged with the general administration of the facility in the absence of a licensed administrator.
e. Failure to fill a vacancy or to notify the Department in writing by the thirty-first day of vacancy that the administrator position has been filled shall result in a Class C civil money penalty.
D. Assistant Administrator. A nursing facility with a licensed bed capacity of 161 or more beds must employ an assistant administrator. An assistant administrator shall be a full-time employee and function in an administrative capacity.

§9719. Personnel
A. There shall be sufficient qualified personnel to properly operate each department of the nursing home to assure the health, safety, proper care, and treatment of the residents.
1. Time schedules shall be maintained indicating the numbers and classification of all personnel, including relief personnel, who work on each tour of duty. The time schedules shall reflect all changes so as to indicate who actually worked.
2. Should there be a need to commingle the nursing service staff with other personnel:
   a. Nurse aides shall not work in food preparation after having provided personal care to residents;
b. Laundry and housekeeping personnel shall not provide nursing care functions to residents;
c. Nursing service personnel may perform housekeeping duties only after normal duty hours of the housekeeping staff or when a situation arises that may cause an unsafe situation.
B. Personnel records shall be current and available for each employee and shall contain sufficient information to assure that they are assigned duties consistent with his or her job description and level of competence, education, preparation, and experience.
§9721. Criminal History Provisions; Screening
A. Nursing homes shall have criminal history checks performed on non-licensed personnel to include CNAs, housekeeping staff, activity workers, and social service personnel in accordance with R.S. 40:1300.5 et seq.
B. All personnel requiring licensure to provide care shall be licensed to practice in the state of Louisiana. Credentials of all licensed full-time, part-time, and consultant personnel shall be verified on an annual basis, in writing, by a designated staff member.

§9723. Policies and Procedures
A. There shall be written policies and procedures:
   1. available to staff, residents, and/or sponsors governing all areas of care and services provided by the nursing home;
   2. ensuring that each resident receives the necessary care and services to promote the highest level of functioning and well-being of each resident;
   3. developed with the advice of a group of professional personnel consisting of at least a licensed physician, the administrator, and the director of nursing service;
   4. approved by the governing body;
   5. revised, as necessary, but reviewed by the professional group at least annually;
   6. available to admitting physicians; and
   7. reflecting awareness of, and provision for, meeting the total medical and psychosocial needs of residents, including admission, transfer, and discharge planning; and the range of services available to residents, including frequency of physician visits by each category of residents admitted.
B. The administrator, or his designee, is responsible, in writing, for the execution of such policies.

§9727. Staff Orientation, Training and Education
A. New employees shall have an orientation program of sufficient scope and duration to inform the individual about his/her responsibilities and how to fulfill them.
B. The orientation program shall include at least a review of policies and procedures, job description, and performance expectations prior to the employee performing his/her responsibilities.
C. A staff development program shall be conducted by competent staff and/or consultants and planned based upon employee performance appraisals, resident population served by the nursing home, and as determined by facility staff. All employees shall participate in in-service education programs which are planned and conducted for the development and improvement of their skills.
D. The in-service training shall include at least problems and needs common to the age of those being served; prevention and control of infections; fire prevention and safety; emergency preparedness; accident prevention; confidentiality of resident information; and preservation of resident dignity and respect, including protection of privacy and personal and property rights.
E. The facility’s in-service training shall be sufficient to ensure the continuing competence of the staff but must be provided no less than 12 hours per year.
F. Records of in-service training shall be maintained indicating the content, time, names of employees in attendance, and the name of the presenter.
G. Dementia Training
1. All employees shall be trained in the care of persons diagnosed with dementia and dementia-related practices that include or that are informed by evidence-based care practices.
2. Nursing facility staff who provide care on a regular basis to residents in Alzheimer’s special care units shall meet the following training requirements:
   a. Staff who provide nursing and nursing assistant care to residents shall be required to obtain at least eight hours of dementia-specific training within 90 days of employment and five hours of dementia-specific training annually. The training shall include the following topics:
      i. an overview of Alzheimer’s disease and related dementias;
      ii. communicating with persons with dementia;
      iii. behavior management;
      iv. promoting independence in activities of daily living; and
      v. understanding and dealing with family issues.
   NOTE: For purposes of this Section, "regular basis" shall mean more than 10 full shifts in any one calendar year.
   b. Staff who have regular communicative contact with residents, but who do not provide nursing and nursing assistant care, shall be required to obtain at least four hours of dementia-specific training within 90 days of employment and one hour of dementia training annually. This training shall include the following topics:
      i. an overview of dementias; and
      ii. communicating with persons with dementia.
   c. Staff who have only incidental contact with residents shall receive general written information provided by the facility on interacting with residents with dementia.
3. Nursing facility staff who do not provide care to residents in an Alzheimer’s special care unit shall meet the following training requirements.
   a. Staff who provide nursing assistant care shall be required to obtain four hours of dementia-specific training within 90 days of employment and two hours of dementia training annually.
   b. Staff who are not licensed and who have regular communicative contact with residents but do not provide nursing assistant care shall be required to obtain four hours of dementia-specific training within 90 days of employment and one hour of dementia training annually. The training shall include the following topics:
      i. an overview of dementias; and
      ii. communicating with persons with dementia.
   c. Staff who have only incidental contact with residents shall receive general written information provided by the facility on interacting with residents with dementia.
4. Staff delivering approved training will be considered as having received that portion of the training that they have delivered.
5. Nothing herein shall be construed to increase the number of training hours already required by regulations promulgated by the department.
6. Any dementia-specific training received in a nursing assistant program approved by the Department of Health and Hospitals or the Department of Social Services may be used to fulfill the training hours required pursuant to this Section.
7. Nursing facility providers may offer an approved complete training curriculum themselves or may contract with another organization, entity, or individual to provide the
training.
8. The dementia-specific training curriculum must be approved by the department or its
designee. To obtain training curriculum approval, the organization, entity, or individual
must submit the following information to the department or its designee:
a. a copy of the curriculum;
b. qualifications of the person(s) or entity that developed the training; and
c. information on how the training will be delivered (i.e., web-based, classroom, etc.)
9. A provider, organization, entity, or individual must submit any significant content
changes to an approved training curriculum to the department, or its designee, for review
and approval.
a. A significant change occurs when there is:
i. any change of 50 percent or more to the training content;
ii. a change to the content regarding three or more required topic areas; or
iii. a change in the delivery method of the training (e.g., from classroom-based to web-
based).
b. Continuing education undertaken by the provider does not require the department’s
approval.
10. If a provider, organization, entity or individual with an approved curriculum ceases to
provide training, the department must be notified in writing within 30 days of cessation of
training. Prior to resuming the training program, the provider, organization, entity or
individual must reapply to the department for approval to resume the program.
11. An approved training curriculum remains effective for seven years from the date the
approval is obtained from the department or its designee.
a. The department may disqualify a training curriculum offered by a provider, organization,
entity or individual that has demonstrated substantial noncompliance with training
requirements, including, but not limited to the:
i. qualifications of the person(s) or entity that developed the training;
ii. the minimum qualifications of the person(s) or entity delivering the training; or
iii. training curriculum requirements.
13. Compliance with Training Requirements.
a. The review of compliance with training requirements will include, at a minimum, a
review of:
i. the documented use of an approved training curriculum; and
ii. the provider’s adherence to established training requirements.
b. The department may impose applicable sanctions for failure to adhere to the training
requirements outlined in this Section.
14. Training Exclusions and Timelines
a. Persons who are employed on a contractual basis are excluded from the dementia
training requirements.
b. Nursing facilities must comply with these dementia training requirements by January 1,
2011.
i. Existing staff must be trained in accordance with these provisions by January 1, 2011.
ii. New staff must be trained in accordance with these provisions within 90 days from the
date of hire.
§9729. Emergency Preparedness
A. The nursing facility shall have an emergency preparedness plan which conforms to the Office of Emergency Preparedness (OEP) model plan designed to manage the consequences of declared disasters or other emergencies that disrupt the facility’s ability to provide care and treatment or threatens the lives or safety of the residents. The facility shall follow and execute its approved emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency.
B. At a minimum, the nursing facility shall have a written plan that describes:
1. the evacuation of residents to a safe place either within the nursing facility or to another location;
2. the delivery of essential care and services to residents, whether the residents are housed off-site or when additional residents are housed in the nursing facility during an emergency;
3. the provisions for the management of staff, including distribution and assignment of responsibilities and functions, either within the nursing facility or at another location;
4. Effective immediately, upon declaration by the secretary and notification to the Louisiana Nursing Home Association and Gulf States Association of Homes and Services for the Aging, all nursing facilities licensed in Louisiana shall file an electronic report with the HSS emergency preparedness webpage/operating system, or a successor operation system, during a declared disaster or other public health emergency.
   a. The electronic report will enable the department to monitor the status of nursing facilities during and immediately following an emergency event.
   b. The electronic report shall be filed twice daily at a.m. and 2:30 p.m. throughout the duration of the disaster or emergency event.
   The electronic report shall include, but is not limited to the following:
   i. status of operation (open, limited or closed);
   ii. availability of beds;
   iii. resources that have been requested by the nursing facility from the local or state Office of Emergency Preparedness;
   -generator status;
   -evacuation status;
   vi. shelter in place status; and
   vii. other information requested by the department.
NOTE: The electronic report is not to be used to request resources or to report emergency events.

98 SUBCHAPTER A – NURSING HOMES

§9801. Medical Director
A. The nursing home shall designate, pursuant to a written agreement, a physician currently holding an unrestricted license to practice medicine by the Louisiana State Board of Medical Examiners to serve as medical director.
B. The medical director shall serve as consultant regarding medical care policies and procedures.

Subchapter B. Nursing Services
§9811. Nursing Service Personnel