19 CSR 30-81.010 GENERAL CERTIFICATION REQUIREMENTS

...(2) An operator of an SNF or ICF licensed by the department electing to be certified as a provider of skilled nursing services under the Title XVIII (Medicare) or NF services under the Title XIX (Medicaid) program of the Social Security Act; or an operator of a facility electing to be certified as an ICF/MR facility under Title XIX shall submit application materials to the department as required by federal law and shall comply with standards set forth in the Code of Federal Regulations (CFR) of the United States Department of Health and Human Services in 42 CFR chapter IV, part 483, subpart B for nursing homes and 42 CFR chapter IV, part 483, subpart I for ICF/MR facilities, as appropriate.

...(8) A facility, in its application, shall designate the number of beds to be certified and their location in the facility. A facility can be wholly or partially certified. If partially certified, the beds shall be in a distinct part of the facility and all beds shall be contiguous.

...(10) If a facility certified to participate in the Title XIX (Medicaid) or Title XVIII (Medicare) program undergoes a change of operator, the new operator shall submit an application as specified in section (2) of this rule. The application shall be submitted within five (5) working days of the change of operator. For applications made for the Title XIX (Medicaid) program, the department shall provide the application to the Division of Medical Services of the Department of Social Services so that a provider agreement can be negotiated and signed. For applications made for the Title XVIII (Medicare) program, the department shall provide the application to the CMS. Certification status will be retained unless or until formally denied.

...(13) If a change in the administrator or the director of nursing of a facility occurs, the facility shall provide written notice to the department’s SLTC central office licensure unit within ten (10) calendar days of the change. The notice shall show the effective date of the change, the identity of the new director of nursing or administrator and a copy of his or her license or the license number. Change of administrator information shall be submitted as a notarized statement by the operator in accordance with section 198.018, RSMo.

19 CSR 30-82.010 GENERAL LICENSUREA REQUIREMENTS

(A) The applicant shall submit the following documents and information as listed in the application:

..8. A document disclosing the name, address, title, and percentage of ownership of each affiliate of any general partnership, limited partnership, general business corporation, nonprofit corporation, limited liability company, or governmental entity which owns or operates the facility or is an affiliate of an entity which owns or operates the facility. If an affiliate is a corporation, partnership, or LLC, a list of the affiliate’s affiliates must also be submitted. As used in this rule, the word “affiliate” means:

A. With respect to a partnership, each partner thereof;
B. With respect to a limited partnership, the general partner and each limited partner with an interest of five percent (5%) or more in the limited partnership;
C. With respect to a corporation, each person who owns, holds, or has the power to vote five percent (5%) or more of any class of securities issued by the corporation, and each officer and director;
D. With respect to an LLC, the LLC managers and members with an interest of five percent (5%) or more;

1. If applicable, a document stating the name and nature of any additional businesses in operation on the facility premises and the document issued by the division giving its prior written approval for each business;

2. A list of all principals in the operation of the facility and their addresses and titles and, so that the department may verify the information disclosed pursuant to paragraphs (1)(A)11. and (1)(A)12. of this rule, the Social Security numbers or employer identification numbers of the operator and all principals in the operation of the facility. As used in this rule, "principal" means officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities;

3. Disclosure concerning whether the operator or any principals in the operation of the facility are excluded from participation in the Title XVIII (Medicare) or Title XIX (Medicaid) program of any state or territory;

4. Disclosure concerning whether the operator or any principals in the operation of the facility have ever been convicted of a felony in any state or federal court concerning conduct involving either management of a long-term care facility or the provision or receipt of health care services;

5. Emergency telephone, fax, and email contact information for the facility administrator, director of nursing, and the operator's corporate office; and

6. Disclosure concerning whether the facility has a Department of Mental Health (DMH) license.

(B) Every facility that provides specialized Alzheimer’s or dementia care services, as defined in sections 198.500 to 198.515, RSMo, by means of an Alzheimer’s special care unit or program shall submit to the department with the licensure application or renewal, the following:

1. Form MO 580-2637, Alzheimer’s Special Care Services Disclosure (2-07).... The form shall be completed showing how the care provided by the special care unit or program differs from care provided in the rest of the facility in the following areas:
   A. The Alzheimer’s special care unit’s or program’s written statement of its overall philosophy and mission which reflects the needs of residents afflicted with dementia;
   B. The process and criteria for placement in, or transfer or discharge from, the unit or program;
   C. The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition;
   D. Staff training and continuing education practices;
   E. The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;
   F. The frequency and types of resident activities;
   G. The involvement of families and the availability of family support programs;
   H. The costs of care and any additional fees; and
   I. Safety and security measures; and

2. Form Guide to Selecting an Alzheimer’s Special Care Unit (6/06) #455

(G) If, during the license’s effective period, an operator which is a partnership, limited partnership or corporation undergoes any of the changes described in section 198.015.4, RSMo, or a new corporation, partnership, limited partnership, limited liability company or
other entity assumes facility operation, within ten (10) working days of the effective date of that change, the operator shall submit an application for a new license.

(K) The department shall issue a separate license for each level of care located on the same premises, whether applied for by one (1) application or more than one (1). If the operator uses one (1) application for two (2) or more levels of care on the same premises, the department shall issue licenses with one (1) expiration date. If two (2) or more levels of care have existing licenses with different expiration dates and the operator elects to apply for licenses for the levels of care by submitting one (1) relicensure application, the expiration dates of the licenses issued shall be two (2) years subsequent to the expiration date of the license of the level of care expiring earliest following receipt of the application by the department. Fees for unused portions of licenses resulting from the submission of one (1) application for two (2) or more levels of care are nonrefundable.

19 CSR 30-82.060 HIRING RESTRICTIONS—GOOD CAUSE WAIVER

...(2) Any person who is not eligible for employment by a provider due to the hiring restrictions found in section 660.317, RSMo, may apply to the director for a good cause waiver. If the director, or the director’s designee, determines that the applicant has demonstrated good cause, such restrictions prohibiting such persons from being hired by a provider shall be waived and such persons may be so employed unless rejected for employment on other grounds. Hiring restrictions based on the Department of Health and Senior Services’ employee disqualification list established pursuant to section 660.315, RSMo, are not subject to a waiver.

19 CSR 30-82.070 ALZHEIMER’S DEMONSTRATION PROJECTS

...(9) All facilities selected to participate in the demonstration projects shall demonstrate the ability to comply with the following minimum requirements set forth in section 198.086, RSMo Supp. 1999:
(A) Each health care facility for persons with Alzheimer’s disease or other related dementias shall maintain substantial compliance with all regulations under which they are licensed or certified. A facility may request an exception to a state licensure regulation in accordance with 13 CSR 15-10.010(4);
(B) Facilities shall design and implement self-care, productive and leisure activity programs for individuals with Alzheimer’s or other related dementias. These programs shall continually strive to promote the highest practicable physical and mental abilities and functioning of each resident;
(C) The facility may admit to the demonstration project facility only persons who have been diagnosed with Alzheimer’s disease or other related dementia and for whom it has been determined that the facility is able to meet their needs. The determination of whether a facility is able to meet a resident’s needs shall be made in consultation between the resident’s physician, family members or health care advocates;
(D) Facilities shall designate a contiguous portion of the facility as the demonstration project site, unless such facility exclusively admits individuals with Alzheimer’s or other related dementias as part of the demonstration project. All designated demonstration project beds shall be located within this designated contiguous portion of the facility;
(E) Facilities shall design and implement a resident environment which promotes the maintenance of the residents’ social abilities through daily and frequent opportunities for socialization and appropriate activities. The residential environment shall be designed and utilized in such a way as to reflect the individual preferences of residents and to provide as much independence and opportunities for choices throughout a day as possible;

(F) A Minimum Data Set (MDS) assessment shall be completed for any resident who occupies a bed designated for demonstration project participants. The MDS must be completed within fourteen (14) days of admission and an MDS quarterly review assessment must be completed every ninety (90) days thereafter. The MDS must also be completed whenever a significant change in condition occurs. For the purposes of this rule, “significant change” means a change in medical condition or in cognitive or psychosocial functioning which requires a change or modification in services or treatments provided in order to maintain the individual at the highest practicable level of functioning.

(G) Facilities shall be staffed twenty-four (24) hours a day by the number and type of licensed and unlicensed personnel sufficient to insure that all the needs of residents are met throughout the day. Facilities must remain in compliance with the staffing regulations in effect for the licensure category of the facility and as established by statute and must provide any additional staffing required to insure that residents’ needs are met. Facilities shall determine appropriate staffing levels by utilizing current and updated Minimum Data Set information to identify residents’ needs and shall make a determination on a daily and as-needed basis regarding the number of staff required to meet these needs;

(H) Facilities shall conduct a total of at least twenty-four (24) hours of staff training for all employees providing direct care to demonstration project residents within the first thirty (30) days of employment. This training shall consist of at least six (6) hours of classroom training and two (2) hours of on-the-job training in the special needs, care and safety of individuals with Alzheimer’s disease or related dementias;

(I) Additional training provided shall address the needs, preferences and choices of the individual demonstration project residents, the degree of and the provision of assistance required with activities of daily living, the initiation of appropriate activities for residents and the promotion of each resident’s rights, dignity and independence;

(J) Facilities shall utilize personal electronic monitoring devices for any resident whose physician recommends and orders the use of the device. Such orders shall be documented in the resident’s health care record;

(K) The facility shall be equipped with a complete automated sprinkler system installed and maintained in accordance with the 1996 edition of the National Fire Protection Association (NFPA) 13, Standard for the Installation of Sprinkler Systems, or the 1996 edition of NFPA 13R, Sprinkler Systems in Residential Occupancies Up to and Including Four Stories in Height, which are hereby incorporated by reference in this rule. The facility shall also be equipped with a complete electrically supervised fire alarm system and smoke barriers in accordance with the provisions of the 1997 Life Safety Code for Existing Health Care Occupancy, which code is hereby incorporated by reference in this rule; and

(L) Buildings and furnishings shall be designed to provide for residents’ safety. Facilities shall have indoor and outdoor activity areas, and electronically controlled exits from the buildings and grounds to allow residents the ability to explore while preventing them from exiting the facility’s grounds unattended.
PURPOSE: This rule explains the requirements for receiving funding from the Nursing Facility Quality of Care (NFQC) Fund to improve the quality of service the facility provides to its residents.

(1) Definitions.

(A) Qualified Facility—Any facility licensed pursuant to Chapter 198, RSMo, that has received a Class I or Uncorrected Class II Notice of Noncompliance within the past twelve (12) months in one (1) of the following areas:

2. For Skilled Nursing Facility (SNF) and Intermediate Care Facility (ICF):
   A. Administration and Resident Care (19 CSR 30-85.042)
   B. Dietary (19 CSR 30-85.052); or
   C. Resident Rights (19 CSR 3088.010).

(B) Quality Improvement Project for Missouri (QIPMO) consultation—Provides technical assistance and support to nursing facility staff throughout the state in order to improve the quality of care in nursing facilities using the Minimum Data Set (MDS) and on-site clinical consultation.

(2) Selection of Qualified Facilities.

(A) Qualified facilities may submit a written request to the department for funds from the Nursing Facility Quality of Care (NFQC) Fund to pay for QIPMO assistance and support. The department will provide a written response to the qualified facility's request approving or disapproving the use of NFQC funding for QIPMO assistance. In the absence of extraordinary circumstances, a qualified facility shall receive no more than one thousand dollars ($1,000) per request. A qualified facility which wishes to receive more than one thousand dollars ($1,000) per request must separately justify reimbursement in excess of one thousand dollars ($1,000) by setting forth the extraordinary circumstances justifying reimbursement in excess of one thousand dollars ($1,000). The department may, in its sole discretion, approve reimbursement in excess of one thousand dollars ($1,000).

(B) Qualified facilities may also submit to the department proposals describing implementation of a quality improvement program, in lieu of the QIPMO Program. Such proposals shall address areas of noncompliance that have been cited in the notice of noncompliance issued in the past twelve (12) months. Upon approval of the proposal by the department, the department may use funds in the NFQC Fund that have been collected from state civil money penalties to fund the qualified facility's proposal. In the absence of extraordinary circumstances, a qualified facility shall receive no more than one thousand dollars ($1,000) per proposal. A qualified facility which wishes to receive more than one thousand dollars ($1,000) per proposal must separately justify reimbursement in excess of one thousand dollars ($1,000) by setting forth the extraordinary circumstances justifying reimbursement in excess of one thousand dollars ($1,000). The department may, in its sole discretion, approve reimbursement in excess of one thousand dollars ($1,000).

(C) The department may impose upon a qualified facility a directed plan of correction, as set forth in section 198.066, RSMo, which includes QIPMO consultation. Funding for the QIPMO consultation may be taken from the NFQC Fund, not to exceed one thousand dollars ($1,000), unless the department, in its sole discretion, determines reimbursement in excess of one thousand dollars ($1,000) is justified by extraordinary circumstances.

(3) The qualified facility will submit to the department the paid invoice(s) for the QIPMO consultation or other quality improvement program. The department will reimburse the qualified facility for the amount granted.
CHAPTER 84—TRAINING PROGRAM FOR NURSING ASSISTANTS 19 CSR 30-84

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Regulation and Licensure Chapter 84—Training Program for Nursing Assistants 19 CSR 30-84.010 Nurse Assistant Training Program

PURPOSE: The Omnibus Nursing Home Act mandates in section 198.082, RSMo that nursing assistants employed in skilled nursing and intermediate care facilities complete an approved training program. This rule gives information regarding the purpose of the training program, required objectives and curriculum content, designates what is the approved course curriculum and indicates the training locations and testing which are required for a program to be considered approved.

(1) Definitions.
(A) Basic course shall mean the seventy-five (75) hours of classroom training, the one hundred (100) hours of on-the-job supervised training and the final examination of the approved Nurse Assistant Training course.
(B) Certifying agency shall mean a long-term care (LTC) association or other entity approved by the division under subsection (11)(B) to issue certificates to nursing assistants.
(C) Challenge the final examination shall mean taking the final examination of the basic course without taking the entire basic course.
(D) Division shall mean the Missouri Division of Aging.
(E) Long-term care association shall mean the Missouri Health Care Association, the Missouri Association of Homes for the Aged, the League of Nursing Home Administrators or the Missouri Assisted Living Association.
(F) Nursing service shall mean an agency or organization, such as a Nursing Pool Agency or Hospice, which employs nurses and nursing assistants for temporary or intermittent placement in LTC facilities.
(G) Training agency shall mean the organization which sponsors the approved training program. An approved training agency is approved by the Division of Aging under section (7) of this rule.
(H) Program shall mean the Nurse Assistance Training Program as required by the Omnibus Nursing Home Act and section 198.082, RSMo 1994.

(2) The purpose of the Nurse Assistant Training Program shall be to prepare individuals for employment in a LTC facility. The program shall be designed to teach skills in resident care which will qualify students to perform uncomplicated nursing procedures and to assist licensed practical nurses or registered professional nurses in direct resident care.

(3) All aspects of the Nurse Assistant Training Program included in this rule (that is, qualified instructor, clinical supervisor, examiner, approved course curriculum, approved training agency, supervised on-the-job training, testing and student qualifications) shall be met in order for a program to be considered as approved.

(4) The program shall consist of a basic course consisting of a minimum of seventy-five (75) classroom hours of training on basic nursing skills, fire safety and disaster training, resident safety and rights, social and psychological problems of residents, and the methods of handling and caring for mentally confused residents such as those with Alzheimer’s disease and related disorders; one hundred (100) hours of supervised on-the-job training (clinical practice); a final examination; and, following the basic course, continuing in-service training as provided for in 13 CSR 15-14.042(19) through (24).
(5) Curriculum content of the program shall include procedures and instructions on basic nursing skills in the following areas: basic hygiene techniques; bedmaking; personal care of residents; food service; charting; safety measures (including fire/safety and disaster preparedness, and infection control); basic preventative and restorative care and procedures; basic observation procedures, such as weighing and measuring; communication skills; methods of handling and caring for mentally confused residents; residents’ rights; ethical and legal responsibilities; death and dying; and mental health and social needs.

(A) The course curriculum as outlined in the manual entitled The Nurse Assistant in a Long-Term Care Facility, produced by the Instructional Materials Laboratory, University of Missouri-Columbia, 1987, catalogue number 50-5061-S shall be considered an approved course curriculum. Other manuals and course material may be used to supplement the curriculum. Instructors shall use the companion instructor’s guide, catalogue number 50-5061-I.

(B) An orientation module consisting of certain topics identified as such in the approved course curriculum shall be the first material covered in the course unless the course is taught in its entirety before nursing assistants have resident contact. All students must complete the nurse assistant orientation module prior to providing direct care to any resident. For those students already employed by an intermediate care or skilled nursing facility, the orientation module shall be taught at the beginning of the course and before the nursing assistant is allowed to provide direct care to residents independently.

1. The orientation module shall include, as a minimum, the following topics: hand-washing, gloving and infection control; emergency procedures and Heimlich Maneuver; residents’ rights; abuse and neglect reporting; safety (fire and accident); lifting; moving and ambulation; answering signal lights; bedpan, urinal, commode and toilet; preparing residents for and serving meals; feeding the helpless; bathing; dressing and grooming; mouth care; bedmaking (occupied and unoccupied); promoting residents’ independence; communication and interpersonal skills.

2. Students shall complete the orientation module taught by a qualified instructor even though they may be employed in a facility that uses the approved course material for orientation as required by 13 CSR 1514.042(20). The instructor, in that instance, may adjust the time required to cover the material or may integrate the material into the basic course content.

(C) The suggested time schedule included for each curriculum topic in the approved course cited in subsection (5)(A) may be adjusted by the instructor to meet the particular learning abilities of the students providing that the orientation module shall be taught in at least sixteen (16) hours for Medicare-or Medicaid-certified facilities. Licensed-only facilities shall provide at least twelve (12) hours of basic orientation approved by the division.

(D) The on-the-job supervised component of one hundred (100) hours shall start after the student has enrolled and started the course curriculum and shall precede the final examination.

(E) Continuing in-service education shall be offered in the intermediate care or skilled-nursing facility (ICF/SNF) to nursing assistants on a regular basis following their successful completion of the basic course as required in 13 CSR 15-14.042(20) through (23).

(6) Student Enrollment and Qualifications.

(A) Any individual who is employable by an ICF/SNF to be involved in direct resident care shall be eligible to enroll in an approved training agency course if—
1. The individual is at least eighteen (18) years of age and employable. Employable shall mean that the individual is not listed on the Missouri Division of Aging Employee Disqualified List; who has not been found guilty of, pled guilty to, been convicted of, or nolo contendere to, a Class A or B felony under Chapters 565, 566 or 569, a Class D felony under section 568.020, RSMo 1994 or any violation of section 198.070.3, RSMo 1994, unless a good cause waiver has been granted by the division; and who meets requirements under 13 CSR 15-14.042(32); or
2. The individual is at least sixteen (16) years of age providing he or she is—
   A. Currently enrolled in a secondary school health services occupation program or a cooperative work education program of an area vocational-technical school or comprehensive high school;
   B. Placed for work experience in an ICF/SNF by that program; and
   C. Under the direct supervision of the instructor or licensed nursing staff of the facility, or both, while completing the clinical portion of the course. A certified facility may not employ a student in the facility who is not certified within four (4) months of date of hire. A licensed-only facility may only employ a student in that facility for up to one (1) year from the date of hire prior to certification.
(B) All full or part-time employees of an ICF/SNF who are involved with direct resident care, and hired in that capacity after January 1, 1980, shall have completed the approved Nurse Assistant Training Program or shall enroll in and begin study in the approved training program within ninety (90) days of employment, except that the following persons shall be permitted to challenge the final examination:
1. Persons who were enrolled in a professional (RN) or practical (LPN) nursing education program for at least four (4) months or who are enrolled in this program and who have successfully completed the Fundamentals of Nursing Course, including clinical hours within the last five (5) years, may challenge the final examination of the course, as this training is deemed equivalent to the required classroom hours and on-the-job training;
2. Professional nursing or practical nursing licensure candidates who have failed state licensure examinations may challenge the final examination, as their training is deemed equivalent to the required classroom hours and on-the-job training;
3. Persons from other states who are approved to work as a nurse assistance in the other states may challenge the final examination, as their training is deemed equivalent to the required classroom hours and on-the-job training; 4. Students who have completed a nursing program outside the United States and who are awaiting the licensure examination in this country shall be required to apply to the division to take the challenge examination. In addition to a completed application, the student must also include: a copy of the out of country license or certificate; a copy of the school transcript translated to English; a copy of the out of country criminal background check translated to English. Students shall be required to complete the orientation module of the course as given in subsection (5)(B) of this rule and then may challenge the final examination, as their training is deemed equivalent to the other required classroom hours and on-the-job training;
5. Persons trained in acute care sections of hospitals as nursing assistants or persons trained as psychiatric aides shall complete the orientation module with special emphasis on the geriatric residents’ needs, residents’ rights and orientation to the facility and shall complete the one hundred (100) hours of on-the-job training in an LTC facility or LTC unit of a hospital and then they may challenge the final examination, as their training is deemed equivalent to the other required classroom hours and on-the-job training;
6. Persons trained in an LTC unit of a hospital and who have been employed in the LTC unit of the hospital for at least twelve (12) months and who submit a letter of recommendation from the administrator or director of nursing documenting their training may challenge the final examination after completing the units on residents’ rights and care of the confused resident. Such training shall be deemed equivalent to the other required classroom hours and on-the-job training; and

7. Any other persons whose background, education and training in gerontology and health occupations includes the components of the approved training curriculum may be allowed to challenge the final examination after taking those portions of the course as determined to be necessary based on evaluation of their credentials by the supervisor of health education of the Division of Aging.

(C) Those persons designated in paragraphs (6)(B)1.–7., who want to challenge the final examination shall submit a request in writing to the division enclosing any applicable documentation. The division will respond, in writing, either approving or denying the request to challenge the final examination and, if approved, the letter from the division may be presented to an approved training agency to challenge the examination or complete the course or portions of the course as required and then challenge the examination.

(D) Those persons permitted to challenge the final examination shall have made arrangements to do so within sixty (60) days of employment as a nursing assistant and shall have successfully challenged the final examination prior to or within one hundred twenty (120) days of employment. Permission letters not utilized within the one hundred twenty (120)-day period shall be considered invalid and reapplication for permission to challenge shall be made to the division.

(E) Nursing assistants who are employed by a nursing service, or who are working on a private duty basis providing direct resident care shall have completed the approved basic course, shall have a current certificate from an approved certifying agency and shall be listed on the Division of Aging Certified Nurse Assistant Registry prior to functioning in an ICF/SNF.

(F) Allied health care personnel, such as emergency medical technicians, medical laboratory technicians, surgical technicians, central supply technicians and dental auxiliaries, shall not be considered qualified and shall not be allowed to challenge the final examination. Individuals, if employed by an ICF/SNF to provide direct patient care shall enroll in and successfully complete an approved program.

(G) If a student drops the course due to illness or incapacity, the student may reenroll in a course within six (6) months and make up the course material missed without retaking the entire course upon presenting proof of attendance and materials covered in the original class.

(H) A student shall complete the entire basic course (including passing the final examination) within one (1) year of employment as a nursing assistant in an SNF/ICF, except that a nursing assistant employed by a facility certified under Title XVIII or Title XIX shall complete the course and be certified within four (4) months.

(I) A full or part-time employee of an ICF/SNF who is employed as a nursing assistant after January 1, 1989 who has not completed at least the classroom portion of the basic course shall not provide direct resident care until he or she has completed the sixteen (16)-hour orientation module and the twelve (12) hours of supervised practical orientation required in 13 CSR 15-14.042(20).
All nursing assistants trained prior to January 1, 1989 who were not trained using the course curriculum referenced in subsection (5)(A) of this rule with at least seventy-five (75) hours of classroom instruction shall have attended a special four (4)-hour retraining program which used the manual entitled Long-Term Care Nurse Assistant Update produced by the Instructional Materials Laboratory, University of Missouri-Columbia, 1989, catalogue number 50-5062I or 50-5062-S. Any nursing assistant who did not attend this retraining program by August 31, 1989 shall no longer be considered a trained nursing assistant and all previous credentials issued by any source shall be considered invalid. To be certified as required by the provisions of this rule, a person shall successfully complete the entire Nursing Assistant Training Program.

(7) Training Agencies.

(A) The following entities are eligible to apply to the division to be an approved training agency:

1. Area vocational technical schools and comprehensive high schools offering health service occupation programs which have a practice classroom and equipment used in delivering health care and a written agreement of cooperation with one (1) or more SNFs/ICFs or an LTC unit of a hospital in their vicinity for the one hundred (100)-hour on-the-job training component of the course;

2. Community junior colleges or private agencies approved by the Missouri Department of Elementary and Secondary Education or accredited by a nationally recognized accrediting agency or association on the list published by the secretary of the Department of Education, pursuant to the Higher Education Act (20 USC Sections 2954(2)(D), 42 USC Section 298(b)(6)) and the Veterans’ Readjustment Assistance Act (38 USC Section 1775(a)) which have a practice laboratory with one (1) or more bed units and equipment used in delivering health care and have a written agreement of cooperation with one (1) or more SNFs/ICFs, or LTC units of a hospital in their vicinity for the on-the-job training component of the course; or

3. A licensed hospital, licensed SNF/ICF which has designated space sufficient to accommodate the classroom teaching portion of the course, and if the one hundred (100) hours of on-the-job training is not provided on-site, has a written agreement of cooperation with an LTC unit of a hospital or SNF/ICF to provide that portion.

(B) A school, agency, hospital or nursing facility which wants to be approved by the division to teach the Nursing Assistant Training Program shall file an application with the division giving the name(s) of the instructor(s) and clinical supervisor(s); and, if clinical training is not being done on-site, a copy of an agreement with a nursing facility for the clinical portion of the course.

(C) In order to be approved, the applicant shall have an area which will be designated during training sessions as a classroom with sufficient space to allow fifteen (15) students to be seated with room for note-taking, appropriate equipment as needed for teaching the course, approved instructors and clinical supervisors, and shall assure that the instructor and each student has a manual for the state-approved course. Any ICF/SNF which has received a Notice of Noncompliance related to administration and resident care from the division in the two (2)-year period prior to application for approval shall not be eligible for approval and if this Notice is issued after approval, approval shall be withdrawn by the division within ninety (90) days and the certifying agencies shall be notified of the withdrawal of approval. Students already enrolled in a class in this facility, however, may
complete their course if a Notice is issued after a course has begun. However, a noncompliant facility where an extended or partially extended survey has been completed may apply in writing to the division requesting permission for approval to train and test nurse assistants for certification. The approval for each separate class may be granted to teach and test in the facility but not by the facility staff. If approval is granted for a waiver for a certified facility or exception for a licensed-only facility, the division shall require certain criteria to be met, depending on the issues such as time and distance to other training agencies in the area.

(D) The division shall make an on-site inspection of each approved training agency’s premises within two (2) years of approval to determine the adequacy of space; equipment and supplies; and, if clinical training is not done on-site, verify that there is a current copy of an agreement with a nursing facility for the clinical portion of the course.

(E) Upon receipt of a fully completed application form, the division shall notify the applicant in writing within ninety (90) days of approval or disapproval. If disapproved, the reasons why shall be given.

(F) Training agencies shall be approved for a two (2)-year period and shall submit a new application for approval thirty (30) days prior to the expiration of approval.

(G) Instructor/student ratio shall be a maximum of one to fifteen (1:15) and it is recommended that the ratio be one to ten (1:10) or less.

(9) Qualifications of Instructors, Clinical Supervisors and Examiners.

(A) Instructor.

1. An instructor shall be a registered professional nurse currently licensed in Missouri or shall have a temporary permit from the Missouri State Board of Nursing. The licensee shall not be subject of current disciplinary action, such as censure, probation, suspension or revocation.

2. An instructor shall have had, at a minimum, two (2) years of nursing experience and at least one (1) year of experience in the provision of LTC facility services in the last five (5) years. Other personnel from the health professions may assist the instructor; however, they must have at least one (1) year of experience in their field.

3. An applicant to be an instructor, shall submit credentials (resume) and a copy of his/her current license renewal card or temporary permit to the Division of Aging. A letter shall be provided by the division to the applicant indicating the status of the applicant’s qualifications and, if not qualified, the reasons and what additional requirements are needed.

4. An applicant to be an instructor shall attend a seminar approved by the Division of Aging to learn the methodology of teaching the course but only after his/her credentials have been reviewed and approved by the Division of Aging. The Division of Aging shall issue a final letter of approval to be a qualified instructor after the person has satisfactorily completed the seminar. The seminar shall be conducted either by an LTC association or the Missouri Department of Elementary and Secondary Education using qualified teacher educators approved by the Missouri Department of Elementary and Secondary Education and the Division of Aging.

5. Any registered nurse approved by the division or the Department of Elementary and Secondary Education as an instructor or examiner prior to January 1, 1990, except those involved in nurse assistant curriculum development with the division or who are employed by a certifying agency, shall attend a training seminar on teaching the nurse assistant course conducted by a LTC association or the Department of Elementary and Secondary
Education by July 1, 1993 in order to maintain status as an approved instructor. Instructors approved prior to January 1, 1990 who are exempt from attending the training seminar shall write the Division of Aging submitting documentation of classes and students taught. The division will issue those instructors letters of approval so they will not have to attend the new training seminar. After July 1, 1993 all credentials issued prior to January 1, 1990 shall be void. Nurses who attend the approved seminar shall be issued new certificates and the division shall maintain a list of all approved instructors, including those issued letters of approval.

(B) Clinical Supervisor (On-the-Job Supervisor). The clinical supervisor shall be a currently licensed registered professional nurse or licensed practical nurse, whose license is not currently subject to disciplinary action such as censure, probation, suspension or revocation. The clinical supervisor shall be licensed in Missouri or shall have a temporary permit from the Missouri State Board of Nursing. The clinical supervisor shall be currently employed by the facility where the students are performing their duties or by the agency conducting the course and shall have attended a seminar approved by the Division of Aging to learn methodology of supervising the on-the-job training. Upon successful completion of the training seminar, the clinical supervisor shall be issued a certificate and the division shall maintain a list of approved clinical supervisors. The clinical supervisor shall be on the facility premises in which the students are performing their duties while the students are completing the on-the-job component of their training and shall directly assist the students in their training and observe their skills when checking their competencies. The clinical supervisor shall have at least one (1) year of experience in LTC if not currently employed by an LTC facility.

(C) Examiner.
1. The examiner shall be a registered professional nurse currently licensed in Missouri or shall have a temporary permit from the Missouri State Board of Nursing, and shall not be currently subject of disciplinary action such as censure, probation, suspension or revocation.
2. The examiner shall have taught a similar course or shall be qualified to teach a similar course; but shall not have been the instructor of the students being examined; and shall not be employed by the operator whose students are being examined. The examiner shall be specifically approved by the Division of Aging to administer final examinations of the state-approved nurse assistant training curriculum and shall have signed an agreement with the division to protect and keep secure the final examinations.
3. The examiner shall have attended an examiner’s seminar given by the Division of Aging to learn the methodology and sign an agreement.

(D) Causes for Disqualification. A person shall not be allowed to be an instructor, clinical supervisor or examiner if it is found that he or she—
1. Knowingly acted or omitted any duty in a manner which would materially or adversely affect the health, safety, welfare or property of a resident;
2. Defrauded a training agency or student by taking payment and not completing a course, not administering the final examination as required, or not being on-site while students are being trained;
3. Failed to teach, examine or clinically supervise in accordance with 13 CSR 15-13.010, or taught students from the state test, changed answers on the state test, lost test booklets, or recorded false information on test materials or test booklets of the program; or
4. Failed to send documentation of a completed course to a certifying agency within thirty (30) days.

(E) Notification of Disqualification.
1. The division shall notify the individual that he or she is no longer eligible to be an instructor, clinical supervisor or examiner.
2. The division shall notify all approved training and certifying agencies if it has been determined that an individual is no longer considered an approved instructor, clinical supervisor or examiner and that person’s name shall be removed from the lists maintained by the division of approved instructors, clinical supervisors or examiners.
3. To be reinstated as a state- approved instructor, clinical supervisor or examiner the individual shall submit a request in writing to the division director stating the reasons why reinstatement is warranted. The division director or the director’s designee shall respond in writing to the request.

(10) Testing.
(A) In order to be eligible for testing, a student shall have either completed the state-approved training curriculum offered by an approved training agency or shall have a letter from the Division of Aging granting approval to challenge the final examination.
(B) A student shall pass a minimum of three (3) written or oral tests throughout the course with an eighty (80) score or better on each test in order to be eligible to take the final examination.
(C) The final examination shall be conducted by an approved examiner who may be assisted by the instructor using the following procedures:

1. The instructor will select an LTC resident to participate in the testing process and obtain approval for this activity from the resident;
2. The examiner shall verify the eligibility of the students by reviewing records to establish that the student has completed the approved training program or possesses an approval letter from the division granting approval to challenge the final examination. In the event that a qualified instructor for the nurse assistant LTC program did not sign records of a student who successfully completed the program, without justification or due to resignation from his/her position, the administrator of the approved training agency may validate the training by signature. Evidence of successful completion of the basic course (that is, test scores, class schedules and the like) shall be documented prior to a student taking the final examination;
3. The student shall successfully complete at least nine (9) procedures under the observation of the instructor or a facility licensed nurse and examiner.
   A. The nine (9) procedures shall always include a type of bath, vital signs (temperature, pulse, respirations and blood pressure), transfer techniques, feeding techniques, dressing and grooming, skin care, active or passive, range of motion to upper and lower extremities (unless contraindicated by a physician’s order) and handwashing and gloving from the standardized curriculum.
   B. The remainder shall be selected according to the resident’s care needs at the time of day that testing occurs.
   C. The evaluation of the student shall include communication and interaction with the resident, provision of privacy, work habits, appearance, conduct and reporting and recording skills;
1. The student shall successfully answer forty (40) out of fifty (50) oral or written questions presented by the examiner based on the standardized curriculum and selected from a specific test pool of questions which are safeguarded by the Division of Aging;
2. Any person who fails the final examination, except those who have been permitted to challenge the examination, shall have the opportunity to retake the examination twice within ninety (90) days. The examiner shall notify the division and obtain different examinations to be administered each time. If it is failed a third time, the entire course or selected sections, as determined by the examiner, must be retaken before another examination can be given; and
3. Any person who is required by section 198.082, RSMo to enroll in the Nurse Assistant Program, but who has been permitted to challenge the final examination and who fails the examination, must immediately reenroll in and begin study in the next available course and shall complete the basic course within one (1) year of employment.

(11) Records and Certification.
(A) Records.
1. The examiner shall complete and sign the competency record sheet and the final examination score sheet which shall include scores and comments. The examiner shall advise the individual that successful completion of the evaluation will result in the addition of his/her name to the State Nursing Assistant Register.
2. After scoring, the examiner shall return all test materials, test booklets, answer sheets, and any appendices to the division. The examiner shall also provide the training agency with documentation of the student’s test scores.
3. A copy of the student’s final record sheets shall be provided to the student (except for the answer sheets). If the course is not completed, records and documentation regarding the portions completed shall be provided to the student, if requested, and to the training agency.
4. The training agency shall maintain the records of students trained. Records shall be maintained for at least two (2) years.
(B) Certification and Entry of Names on State Register.
1. The training agency shall submit within thirty (30) days, the student’s final record sheets to any one of the long-term care associations or any other agency which is specifically approved by the division to issue nursing assistant certificates and provide names to the division for entry on the nurse assistant register.
2. Each student shall obtain a certificate from a state-approved association or agency validating successful completion of the training program.
3. The Division of Aging shall maintain a list of long-term care associations or other agencies approved to handle the issuance of certificates for the Nurse Assistant Training Program. In order for a long-term care association or agency to be approved by the Division of Aging, it shall enter into an agreement of cooperation with the Missouri Division of Aging which shall be renewable annually and shall effectively carry out the following responsibilities:
   A. Issue certificates to individuals who have successfully completed the course;
   B. Provide the Division of Aging with the names and other identifying data of those receiving certificates on at least a monthly basis; and
   C. Maintain accurate and complete records for a period of at least two (2) years.
4. The certificate of any nurse assistant who has not performed nursing services for monetary compensation for at least one (1) day in a twenty-four (24)-consecutive month
period shall be invalid and the person’s name shall be removed from the Missouri nursing assistant register. This individual, however, may submit his/her credentials to the Division of Aging at any time and if unemployed for less than five (5) years, s/he may be authorized to challenge the final examination. If s/he passes the examination, the examiner shall submit the individual’s records to a training agency so that s/he can be issued a new certificate and his/her name can be placed on the nurse assistant register again. If unemployed longer than five (5) years, the individual must successfully complete the entire course before s/he can be recertified and s/he is not eligible to challenge the final examination.

19 CSR 30-85.022 FIRE SAFETY STANDARDS FOR NEW AND EXISTING INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

...(2) General Requirements.
...(F) All facilities shall notify the department immediately after the emergency is addressed if there is a fire in the facility or premises and shall submit a complete written fire report to the department within seven (7) days of the fire, regardless of the size of the fire or the loss involved.

(G) Following the discovery of any fire, the facility shall monitor the area and/or the source of the fire for a twenty-four (24)-hour period. This monitoring shall include, at a minimum, hourly visual checks of the area. These hourly visual checks shall be documented.

...(B) All facilities shall test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition.
...(E) Facilities shall test by activating the complete fire alarm system at least once a month.
...(F) Facilities shall maintain a record of the complete fire alarm system tests, inspections and certifications required by subsections (10)(B), (10)(C), and (10)(E) of this rule.

(G) Upon discovery of a fault with the complete fire alarm system, the facility shall promptly correct the fault.

(33) Fire Drills and Evacuation Plans.
...(A) All facilities shall develop a written plan for fire drills and other emergencies and evacuation and shall request consultation and assistance annually from a local fire unit. If the consultation cannot be obtained, the facility shall inform the state fire marshal immediately in writing and request assistance in review of the plan.
...(B) The plan shall include, but is not limited to—
1. A phased response ranging from relocation of residents within the facility to relocation to an area of refuge, if applicable, to total evacuation. This phased response part of the plan shall be consistent with the direction of the local fire unit or state fire marshal and shall be appropriate for the fire or emergency;
2. Written instructions for evacuation of each floor including evacuation to areas of refuge, if applicable, and floor plan showing the location of exits, fire alarm pull stations, fire extinguishers, and any areas of refuge;
3. Evacuating residents, if necessary, from an area of refuge to a point of safety outside the building;
4. The location of any additional water sources on the property such as cisterns, wells, lagoons, ponds, or creeks;
5. Procedures for the safety and comfort of residents evacuated;
6. Staffing assignments;
7. Instructions for staff to call the fire department or other outside emergency services;
8. Instructions for staff to call alternative resource(s) for housing residents, if necessary;
9. Administrative staff responsibilities; and
10. Designation of a staff member to be responsible for accounting for all residents’ whereabouts.

(C) The written plan shall be accessible at all times and an evacuation diagram shall be posted on each floor in a conspicuous place so that employees and residents can become familiar with the plan and routes to safety.

(D) A minimum of twelve (12) fire drills shall be conducted annually with at least one (1) every three (3) months on each shift. At least four (4) of the required fire drills must be unannounced to residents and staff, excluding staff who are assigned to evaluate staff and resident response to the fire drill. The fire drills shall include a simulated resident evacuation that involves the local fire department or emergency service at least once a year.

(E) The fire alarm shall be activated during all fire drills unless the drill is conducted between 9 p.m. and 6 a.m., when a facility-generated predetermined message is acceptable in lieu of the audible and visual components of the fire alarm.

(F) The facility shall keep a record of all fire drills including the simulated resident evacuation. The record shall include the time, date, personnel participating, length of time to complete the fire drill, and a narrative notation of any special problems.

(34) Fire Safety Training Requirements.

(A) The facility shall ensure that fire safety training is provided to all employees:
1. During employee orientation;
2. At least every six (6) months; and
3. When training needs are identified as a result of fire drill evaluations.

(B) The training shall include, but is not limited to, the following:
1. Prevention of fire ignition, detection of fire, and control of fire development;
2. Confinement of the effects of fire;
3. Procedures for moving residents to an area of refuge, if applicable;
4. Use of alarms;
5. Transmission of alarms to the fire department;
6. Response to alarms;
7. Isolation of fire;
8. Evacuation of the immediate area and building;
9. Preparation of floors and facility for evacuation; and
10. Use of the evacuation plan required by section (33) of this rule.

CSR 30-85.042 ADMINISTRATION AND RESIDENT CARE REQUIREMENTS FOR NEW AND EXISTING INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

(1) The operator shall designate a person as administrator who holds a current license as a nursing home administrator in Missouri.
(2) The facility shall post the administrator’s license.
(3) The operator shall be responsible to assure compliance with all applicable laws and rules. The administrator shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator’s responsibilities shall include the oversight of residents to assure that they receive appropriate nursing and medical care.
(4) The administrator shall be employed in the facility and serve in that capacity on a full-time basis. An administrator cannot be listed or function as an administrator in more than one (1) licensed facility at the same time, except that one (1) administrator may serve as the administrator of more than one (1) licensed facility if all facilities are on the same premises.

(5) The licensed administrator shall not leave the premises without delegating the necessary authority in writing to a responsible individual. If the administrator is absent from the facility for more than thirty (30) consecutive days, the person designated to be in administrative charge shall be a currently licensed nursing home administrator. Such thirty (30) consecutive-day absences may only occur once within any consecutive twelve (12) month period.

(7) When outside resources are used to provide services to the resident, the facility shall enter into a written agreement with each resource.

(8) Persons under seventeen (17) years of age shall not be admitted as residents to the facility unless the facility cares primarily for residents under seventeen (17) years of age.

(9) The facility shall not care for more residents than the number for which the facility is licensed.

(10) The facility’s current license shall be readily visible in a public area within the facility. Notices provided to the facility by the Division of Aging granting exceptions to regulatory requirements shall be posted with the facility’s license.

(12) A supervising physician shall be available to assist the facility in coordinating the overall program of medical care offered in the facility.

(13) The facility shall develop policies and procedures applicable to its operation to insure the residents’ health and safety and to meet the residents’ needs. At a minimum, there shall be policies covering personnel practices, admission, discharge, payment, medical emergency treatment procedures, nursing practices, pharmaceutical services, social services, activities, dietary, housekeeping, infection control, disaster and accident prevention, residents’ rights and handling residents’ property.

(15) All personnel shall be fully informed of the policies of the facility and of their duties.

(16) All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner which would materially and adversely affect the health, safety, welfare or property of a resident.

(17) Effective August 28, 1997, each facility shall, not later than two (2) working days of the date an applicant for a position to have contact with residents is hired, request a criminal background check, as provided in sections 43.530, 43.540 and 610.120, RSMo. Each facility must maintain in its record documents verifying that the background checks were requested and the nature of the response received for each such request. The facility must ensure that any applicant who discloses prior to the check of his/her criminal records that he/she has been convicted of, plead guilty or nolo contendere to, or has been found guilty of any A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo, will not be allowed to work in contact with patients or residents until and unless a check of the applicant’s criminal record shows that no such conviction occurred.

(18) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have been informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility—
(A) Shall also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August 28, 1997, any person who has or may have contact with a patient or resident, who has been convicted of, plead guilty or nolo contendere to, in this state or any other state, or has been found guilty of any A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo, unless the person has been granted a good cause waiver by the division;

(B) May consider for employment, in positions which have contact with resident or patients, any person who has been granted a good cause waiver by the division in accordance with the provisions of section 660.317, RSMo Supp. 1999 and 13 CSR 15-10.060; and;

(C) Shall contact the division to confirm the validity of an applicant’s good cause waiver prior to hiring the applicant.

(19) No person who is listed on the employee disqualification list maintained by the division as required by section 198.070, RSMo shall work or volunteer in the facility in any capacity whether or not employed by the operator. II

(20) The facility shall develop and offer an in-service orientation and continuing educational program for the development and improvement of skills of all the facility’s personnel, appropriate for their job function. Facilities shall begin providing orientation on the first day of employment for all personnel including licensed nurses and other professionals. At a minimum, this shall cover prevention and control of infection, facility policies and procedures including emergency protocol, job responsibilities and lines of authority, confidentiality of resident information and preservation of resident dignity including protection of the resident’s privacy and instruction regarding the property rights of residents. Nursing assistants who have not successfully completed the classroom portion of the state-approved training program prior to employment shall not provide direct resident care until they have completed the sixteen (16)-hour, orientation module and at least twelve (12) hours of supervised practical orientation. This shall include, in addition to the topics covered in the general orientation for all personnel, special focus on facility protocols as well as practical instruction on the care of the elderly and disabled. This orientation shall be supervised by a licensed nurse who is on duty in the facility at the time orientation is provided.

(21) Nursing assistants who have not successfully completed the state-approved training program shall complete a comprehensive orientation program within sixty (60) days of employment. This may be part of a nursing assistant training program taught by an approved instructor in the facility. It shall include, at a minimum, information on communicable disease, handwashing and infection control procedures, resident rights, emergency protocols, job responsibilities and lines of authority.

(22) The facility must ensure there is a system of in-service training for nursing personnel which identifies training needs related to problems, needs, care of residents and infection control and is sufficient to ensure staff’s continuing competency.

(23) Facilities shall conduct at least annual in-service education for nursing personnel including training in restorative nursing. This training by a registered nurse or qualified therapist shall include: turning and positioning for the bedridden resident, range of motion (ROM) exercises, ambulation assistance, transfer procedures, bowel and bladder retraining and self-care activities of daily living.
(24) A registered nurse shall be responsible for the planning and then assuring the implementa-

(25) Facilities shall maintain records which indicate the subject of, and attendance at, all in-

(28) The administrator shall maintain on the premises an individual personnel record on

(29) Facilities shall maintain written documentation on the premises showing actual hours

(30) All persons who have or may have contact with residents shall at all times when on

(31) Employees other than nursing personnel shall be at least sixteen (16) years of age.

(32) Nursing personnel shall be at least eighteen (18) years of age except that a person

(33) All nurses employed by the facility shall be currently licensed in Missouri.

(34) All facilities shall employ a director of nursing on a full-time basis who shall be

(35) Licensed Nursing Requirements; Skilled Nursing Facility.

(A) The director of nursing shall be a registered nurse.

(36) Licensed Nursing Requirements; Intermediate Care Facilities.

(A) The director of nursing shall be either an RN or an LPN. II

(39) Nursing assistants employed after January 1, 1980, shall have completed mandatory

(90) Facilities shall ensure that rehabilitation services are provided by or under the on-site
Facility staff shall include physician entries in the medical record with the following information: admission diagnosis, admission physical and findings of subsequent examinations; progress notes; orders for all medications and treatment; orders for extent of activity; orders for restraints including type and reason for restraint; orders for diet; and discharge diagnosis or cause of death.

Facilities shall ensure that the clinical record contains sufficient information to—
(A) Identify the resident;
(B) Reflect the initial and ongoing assessments and interventions by each discipline involved in the care and treatment of the resident; and
(C) Identify the discharge or transfer destination.

Facilities shall ensure that the resident’s clinical record must contain progress notes that include, but are not limited to:
(A) Response to care and treatment;
(B) Change(s) in physical, mental and psychosocial condition;
(C) Reasons for changes in treatment; and
(D) Reasons for transfer or discharge.

The facility must safeguard clinical record information against loss, destruction or unauthorized use.

The facility must keep all information confidential that is contained in the resident’s records regardless of the form or storage method of the records, including video-, audio- or computer-stored information.

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices. These records shall be complete, accurately documented, readily accessible on each nursing unit and systematically organized.

Facilities must retain clinical records for the period of time required by state law or five (5) years from the date of discharge when there is no requirement in state law.

Facilities shall retain all financial records related to the facility operation for seven (7) years from the end of the facility’s fiscal year.