HE-P 803.08 NURSING HOME REQUIREMENTS FOR ORGANIZATIONAL CHANGES.

(a) The nursing home shall provide the department with written notice at least 30 days prior to changes in any of the following:
   (1) Ownership;
   (2) Physical location;
   (3) Address;
   (4) Name;
   (5) Capacity; or
   (6) Affiliated parties or related parties.
(b) When there is a change in the name, the nursing home shall submit to the department a copy of the certificate of amendment from the New Hampshire secretary of state, if applicable.
(c) The nursing home shall complete and submit a new application and obtain a new or revised license, license certificate or both, as applicable, prior to operating, for:
   (1) A change in ownership;
   (2) A change in the physical location; or
   (3) An increase in the number of residents beyond what is authorized under the current license.
(d) When there is a change in address without a change in location the nursing home shall provide the department with a copy of the notification from the local, state or federal agency that requires the change.
(e) The nursing home shall inform the department in writing as soon as possible prior to a change in administrator and provide the department with the following:
   (1) The information specified in He-P 803.04(a)(10) if not currently employed by the facility; and
   (2) Copies of applicable licenses for the new administrator.
(f) An inspection by the department shall be conducted prior to operation when there are changes in the following:
   (1) Ownership, unless the current licensee has no outstanding administrative actions in process and there will be no changes made by the new owner in the scope of services provided;
   (2) The physical location; or
   (3) An increase in the number of residents beyond what is authorized under the current license.
(g) A new license and license certificate shall be issued for a change in ownership or a change in physical location.
(h) A revised license and license certificate shall be issued for changes in the nursing home’s name.
(i) A revised license certificate shall be issued for any of the following:
   (1) A change of administrator;
   (2) A change in the number of residents from what is authorized under the current license; or
When a waiver has been granted.

Licenses issued under (f)(1) above shall expire on the date the license issued to the previous owner would have expired.

(k) The licensee shall return the previous license to the division within 10 days of the nursing home changing its ownership, physical location, address or name.

**HE-P 803.14 DUTIES AND RESPONSIBILITIES OF ALL LICENSEES.**

(a) The licensee shall comply with the patients’ bill of rights as set forth in RSA 151:19-21.

(b) The licensee shall define, in writing, the scope and type of services to be provided by the nursing home, which shall include, at a minimum, the core services listed in He-P 803.15(d).

(c) The licensee shall develop and implement written policies and procedures governing the operation and all services provided by the nursing home.

(d) All policies and procedures shall be reviewed per licensee policy.

(e) The licensee shall assess and monitor the quality of care and service provided to residents on an ongoing basis.

(f) The licensee or any employee shall not falsify any documentation or provide false or misleading information to the department.

(g) The licensee shall not:

1. Advertise or otherwise represent itself as operating a nursing home, unless it is licensed; and

2. Advertise that it provides services that it is not authorized to provide.

(h) The licensee shall comply with all conditions of warnings and administrative remedies issued by the department, and all court orders.

(i) Licensees shall:

1. Meet the needs of the residents during those hours that the residents are in the care of the nursing home;

2. Initiate action to maintain the nursing home in full compliance at all times with all relevant health and safety requirements contained in applicable federal, state and local laws, rules, regulations, and ordinances;

3. Establish, in writing, a chain of command that sets forth the line of authority for the operation of the nursing home;

4. Appoint an administrator;

5. Appoint a medical director who shall meet the requirements of He-P 803.17(a);

6. Verify the qualifications of all personnel;

7. Provide sufficient numbers of personnel who are present in the nursing home and are qualified to meet the needs of residents during all hours of operation;

8. Provide the nursing home with sufficient supplies, equipment and lighting to meet the needs of the residents;

9. Implement any POC that has been accepted by the department; and

10. Comply with all conditions of warnings and administrative remedies issued by the department and all court orders.

... (k) The licensee shall not exceed the number of occupants authorized by NFPA 101, as adopted by the commissioner of the department of safety under Saf-C 6000, and identified on the licensing certificate.

... (n) The licensee shall implement measures to ensure the safety of residents who are assessed as an elopement risk or danger to self or others.
In addition to the posting requirements specified in RSA 151:29, the licensee shall post the following documents in a public area:

1. The current license certificate issued in accordance with RSA 151:2;
2. All inspection reports issued in accordance with He-P 803.09(b), for the previous 12 months;
3. A copy of the patients’ bill of rights;
4. A copy of the licensee’s policies and procedures relative to the implementation of patient rights and responsibilities as required by RSA 151:20;
5. A copy of the licensee’s complaint procedure, including the address and phone number of the department to which complaints may also be made, which shall also be posted on the nursing home website if available; and
6. The licensee’s floor plan for fire safety, evacuation and emergencies identifying the location of, and access to all fire exits.

All records required for licensing shall be legible, current, accurate and available to the department during an inspection or investigation conducted in accordance with RSA 151:6 and RSA 151:6-a.

Any licensee that maintains electronic records shall develop written policies and procedures designed to protect the privacy of residents and employees that, at a minimum, include:

1. Procedures for backing up files to prevent loss of data;
2. Safeguards for maintaining the confidentiality of information pertaining to residents and personnel; and
3. Systems to prevent tampering with information pertaining to residents and personnel.

Licensees shall:

1. Contact the department within one business day by telephone, fax or e-mail, and in writing within 72 hours if the initial notice was made by telephone or if additional information is available, to report an unusual incident and provide the following information:
   a. The nursing home name;
   b. A description of the incident, including identification of injuries, if applicable;
   c. The name of the licensee(s) or personnel involved in, witnessing or responding to the unusual incident;
   d. The name of resident(s) involved in or witnessing the unusual incident;
   e. The date and time of the unusual incident;
   f. The action taken in direct response to the unusual incident, including any follow-up;
   g. If medical intervention was required, by whom and the date and time;
   h. Whether the resident’s guardian or agent, if any, or personal representative was notified;
   i. The signature of the person reporting the unusual incident; and
   j. The date and time the resident’s licensed practitioner was notified;

2. For incidents where abuse, neglect, mistreatment or misappropriation of property are suspected, the licensee shall meet the requirement of (1) above by faxing the information required by (1)(a)-(j) above to the office of the long-term care ombudsman at (603) 271-5574;

3. Immediately notify the local police department, the department, guardian, agent or personal representative, if any, when a resident, who has been assessed or is known as being a danger to self or others, has an unexplained absence after the licensee has searched the building and the grounds of the nursing home; and
(4) Submit additional information if required by the department.

**HE-P 803.15 REQUIRED SERVICES.**

(a) The licensee shall provide administrative services that include the appointment of a full-time, on-site administrator who:
(1) Is responsible for the day-to-day operations of the nursing home;
(2) Meets the requirements of He-P 803.17(b)(1); and
(3) Designates, in writing, an alternate administrator who shall assume the responsibilities of the administrator in his or her absence.

...(p) The nursing home shall have written policies and procedures for implementing physical, chemical and mechanical restraints, including:
...(6) Initial personnel training and subsequent education and training required to demonstrate competence related to the use of physical, chemical and mechanical restraints...
...(8) That the training shall be conducted by individuals who are qualified by education, training, and experience.

**HE-P 803.17 ORGANIZATION AND ADMINISTRATION.**

(a) Each nursing home shall have a medical director who is a licensed physician in the state of New Hampshire.
(b) Each nursing home shall have a full time administrator who:
(1) Is licensed pursuant to RSA 151-A:2; and
(2) Shall be responsible for the daily management and operation of the nursing home including:
   a. Management and fiscal matters;
   b. The employment and termination of managers and personnel necessary for the efficient operation of the nursing home;
   c. The designation of an alternate, in writing, who shall be responsible for the daily management and operation of the nursing home in the absence of the administrator;
   d. Ensuring development and implementation of nursing home policies and procedures on:
      1. Patient’s rights as required by RSA 151:20;
      2. Advanced directives and DNR orders as required by RSA 137-J;
      3. Discharge planning as required by RSA 151:26; and
      4. Unusual incident reporting;
   e. Monitoring and evaluating the quality of resident care and resident care services in the nursing home pursuant to He-P 803.24; and
   f. Identifying and making available education programs designed to maintain the personnel’s expertise in areas related to the services provided in the nursing home.
(c) There shall be a full time director of nursing services who is currently licensed in the state of New Hampshire pursuant to RSA 326-B, or licensed pursuant to the multi-state compact, and who is an RN with at least 2 years relevant experience in resident care.
(d) The director of nursing services shall be responsible for:
   ...(6) Maintaining written personnel schedules, which shall be retained on-site for a period of at least 90 days and which include;
   ...(c) Licensed nursing assistants who have been verified in accordance with the New Hampshire board of registration in nursing.
HE-P 803.18 PERSONNEL.

(a) The licensee shall develop a job description for each position at the nursing home containing:
(1) Duties of the position;
(2) Physical requirements of the position; and
(3) Education and experience requirements of the position.
(b) All direct care personnel shall be at least 18 years of age unless they are:
(1) A student in a New Hampshire board of nursing approved licensed nursing assistant program; or
(2) A licensed nursing assistant working under the supervision of a nurse in accordance with Nur 700; or
(3) Part of an established educational program working under the supervision of a nurse.
(c) For all new hires, the licensee shall:
(1) Obtain and review a criminal records check from the New Hampshire department of safety in accordance with RSA 151:2-d;
(2) Verify the qualifications and licenses, as applicable, of all applicants prior to employment; and
(3) Verify that the applicant is not on the List of Excluded Individuals and Entities, maintained by the U.S. Department of Health and Human Services Office of Inspector General per 42 USC 1320-a7 or on the BEAS Registry maintained by the department’s bureau of elderly and adult services per RSA 161-F:49.
(d) Unless a waiver is granted in accordance with He-P 803.10 and (e) below, the licensee shall not make a final offer of employment for any position if the individual:
(1) Has been convicted of any felony in this or any other state;
(2) Has been convicted for sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation;
(3) Has had a finding by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation or any person; or
(4) Otherwise poses a threat to the health, safety or well-being of residents.
(e) The department shall grant a waiver of (d) above if, after reviewing the underlying circumstances, it determines that the person does not pose a threat to the health, safety or well-being of residents.
(f) The waiver in (e) above shall be permanent unless additional convictions or findings under (d) above occur.
(g) The department shall review the information in (d) above and notify the licensee that the individual can no longer be employed if, after investigation, it determines that the individual poses a threat to the health, safety or well-being of a resident.
(h) All employees shall:
(1) Meet the educational and physical qualifications of the position as listed in their job description;
(2) Not be permitted to maintain their employment if they have been convicted of a felony, sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation of any person in this or any other state by a court of law or had a complaint investigation for abuse, neglect, or exploitation adjudicated and founded by the department unless a waiver has been granted by the department;
(3) Be licensed, registered or certified as required by state statute and as applicable;
(4) Receive an orientation within the first 3 days of work or prior to the assumption of duties that includes:
   a. The nursing home’s policies on patient rights and responsibilities and complaint procedures as required by RSA 151:20;
   b. The duties and responsibilities, policies procedures and guidelines, of the position they were hired for;
   c. The nursing home’s infection control program;
   d. The nursing home’s fire, evacuation and emergency plans which outline the responsibilities of personnel in an emergency; and
   e. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161F and RSA 169-C:29; and
(5) Complete a mandatory annual in-service education, which includes a review of the nursing home’s:
   a. Policies and procedures on patient rights and responsibilities and abuse or neglect;
   b. Infection control; and
   c. Education program on fire and emergency procedures.
...(k) Current, separate and complete employee files shall be maintained and stored in a secure and confidential manner at the nursing home.
(l) The employee file shall include the following:
   (1) A completed application for employment or a resume, including:
      a. Identification data; and
      b. The education and work experience of the employee;
   (2) A signed statement acknowledging the receipt of the nursing home’s policy setting forth the patient’s rights and responsibilities, and acknowledging training and implementation of the policy as required by RSA 151:20;
   (3) A job description signed by the individual that identifies the:
      a. Position title;
      b. Qualifications and experience; and
      c. Duties required by the position;
   (4) A record of satisfactory completion of the orientation program required by (h)(4) above and any required annual continuing education, if any;
   (5) Verification of current New Hampshire license, registration or certification in health care field and CPR certification, if applicable;
   (6) Documentation that the required physical examination, or health screening, and TB test results or radiology reports of chest x-rays, if required, have been completed by the appropriate health professionals;
   (7) Documentation of annual in-service education as required by (h)(5) above;
   (8) A statement, which shall be signed at the time the initial offer of employment is made and then annually thereafter, stating that he or she:
      a. Does not have a felony conviction in this or any other state;
      b. Has not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation or pose a threat to the health, safety or well-being of a resident; and
      c. Has not had a finding by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation of any person;
   (9) Documentation of the criminal records check, except for persons licensed by the NH board of nursing pursuant to RSA 326-B as allowed by RSA 151:2-d, VI; and
   (10) Documentation that the individual or entity is not on the List of Excluded Individuals
and Entities, maintained by the U.S. Department of Health and Human Services Office of Inspector General per 42 USC 1320-a7 or on the BEAS registry maintained by the department’s bureau of elderly and adult services per RSA 161-F:49.

(m) An individual need not re-disclose any of the matters in (l)(8) and (l)(9) above if the documentation is available and the department has previously reviewed the material and granted a waiver so that the individual can continue employment.

HE-P 803.19 RESIDENT RECORDS.

(a) The licensee shall maintain a legible, current and accurate record for each resident based on services provided at the nursing home.

(b) At a minimum, resident records shall contain the following:

(1) A copy of the resident’s admission agreement and all documents required by He-P 803.15(c);

(2) Identification data, including:
   a. Vital information including the resident’s name, date of birth, and marital status;
   b. Resident’s religious preference, if known;
   c. Resident’s veteran status if known; and
   d. Name, address and telephone number of an emergency contact person;

(3) The name and telephone number of the resident’s licensed practitioner(s);

(4) Resident’s health insurance information;

(5) Copies of any executed legal orders and directives, such as guardianship orders issued under RSA 464-A, a durable power of attorney for healthcare, or a living will;

(6) A record of the health examination(s) in accordance with He-P 803.15(h);

(7) Written, dated and signed orders for the following:
   a. All medications, treatments and special diets; and
   b. Laboratory services and consultations;

(8) Results of any laboratory tests, or consultations;

(9) All assessments and care plans, and documentation that the resident and the guardian or agent, if any, has participated in the development of the care plan;

(10) Documentation of informed consent;

(11) All admission and progress notes;

(12) Documentation of any alteration in the resident’s daily functioning such as:
   a. Signs and symptoms of illness; and
   b. Any action that was taken including practitioner notification;

(13) Documentation of any medical or specialized care;

(14) Documentation of unusual incidents;

(15) The consent for release of information signed by the resident, guardian or agent, if any;

(16) Discharge planning and referrals as applicable;

(17) Transfer or discharge documentation, including notification to the resident, guardian or agent, if any, of transfer or discharge;

(18) Room change documentation, including notification to the resident, guardian or agent, if any, and if applicable;

(19) The medication record as required by He-P 803.16(y) and (ac); and

(20) Documentation of a resident’s refusal of any care or services.

(c) Resident records and resident information shall be kept confidential and only provided in accordance with law.
(d) The licensee shall develop and implement a written policy and procedure document that specifies the method by which release of information from a resident’s record shall occur.
(e) Resident records shall be available to health care workers and any other person authorized by law or rule to review such records.
(f) When not being used by authorized personnel, resident records shall be safeguarded against loss or unauthorized use or access.
(g) Records shall be retained for 4 years after discharge, except for records of Medicaid residents, which shall be retained for 6 years from the date of service or until the resolution of any legal action(s) commenced during the 6-year period, whichever is longer.
(h) The licensee shall arrange for storage of, and access to, resident records as required by (g) above in the event the nursing home ceases operation.

HE-P 803.20 FOOD SERVICES.

(v) Regularly scheduled training programs including sanitation and safety shall be made available to personnel. Information as to the content and length of this training shall be documented and kept in employee records.

HE-P 803.23 INFECTION CONTROL.

...(c) The infection control education program shall:
(1) Be completed by all new and current employees of the facility on an annual basis; and
(2) Address the:
   a. Cause of infections;
   b. Effect of infections;
   c. Transmission of infections; and
   d. Prevention and containment of infections.

HE-P 803.24 QUALITY IMPROVEMENT.

(a) The nursing home shall establish an interdisciplinary quality improvement committee which:
(1) Shall have a minimum of 3 members, including the medical director, an individual representing nursing and an individual representing administration;
(2) Shall meet at least quarterly to evaluate quality improvement activities; and
(3) Shall make recommendations to the administrator to improve the quality of care.
(b) The quality improvement committee shall be responsible for:
(1) Identifying whether actual or potential quality deficiencies are present that require action;
(2) Developing plans of action to correct the deficiencies identified in (1) above; and
(3) Monitoring the effect of the corrections to assure that they remediate the deficiencies identified in (1) above.

HE-P 803.27 EMERGENCY AND FIRE SAFETY.

(a) An emergency and fire safety program shall be developed and implemented to provide for the safety of residents and personnel covering all matters of safety and fire protection and an emergency response plan, including:
(1) The emergency procedures required by the emergency response plan shall include, but
are not limited to, evacuation routes, emergency notification numbers, and emergency instructions and shall be posted in locations accessible to personnel and visitors;

(2) The nursing home fire safety plan shall provide for the following:
   a. Use of alarms;
   b. Transmission of alarm to fire department;
   c. Emergency phone call to fire department;
   d. Response to alarms;
   e. Isolation of fire;
   f. Evacuation of immediate area;
   g. Evacuation of smoke compartment;
   h. Preparation of floors and building for evacuation; and
   i. Extinguishment of the fire;

(3) Ensuring that the fire safety and evacuation plans are available to all supervisory personnel;

(4) Ensuring that all employees receive in-service annual training to clarify their responsibilities in carrying out the emergency plan;

(5) The required plan shall be readily available at all times;

(6) Conducting fire drills, including the transmission of a fire alarm signal and simulation of emergency fire situation, as follows:
   a. Infirm, bedridden, or cognitively impaired residents shall not be required to be moved during drills to safety areas or to the exterior of the building;
   b. Drills shall be conducted quarterly on each shift to familiarize nursing home personnel with the signals and emergency action required under varied conditions; and
   c. When drills are conducted between 9:00 p.m./2100 hours and 6:00 A.M./0600 hours, a coded announcement may be used instead of audible alarms; and

(7) Documenting emergency and fire drills shall include:
   a. The names of the personnel involved;
   b. The time, date, month, and year the drill was conducted;
   c. The exits utilized;
   d. The total time required to evacuate the building or the time needed to complete the emergency or fire drill or both; and
   e. Any problems encountered and corrective actions taken to rectify problems.

(h) Each licensee shall:
   (1) Annually review, and revise, as needed, its emergency plan;
   (2) Submit its emergency plan to the local emergency management director for review and approval:
      a. When initially written; and
      b. Whenever the plan is revised;
   (3) Maintain documentation on-site which establishes that the emergency plan has been approved as required under (2) above; and
   (4) Document in each employee’s personnel record, that the employee attended an annual in-service education program on the licensee’s emergency plan.

(i) Non-ambulatory persons shall not be housed above the first floor unless the building has an automatic sprinkler system or is of type I or type II (222) construction as referenced in NFPA 101 as adopted by the commissioner of the department of safety in Saf-C 6008.03(a).