§ 201.11. TYPES OF OWNERSHIP.
The owner of a facility may be an individual, a partnership, an association, a corporation or combination thereof.

§ 201.12. APPLICATION FOR LICENSE.
...(b) The following shall be submitted with the application for licensure:
(1) The names and addresses of a person who has direct or indirect ownership interest of 5% or more in the facility as well as a written list of the names and addresses of the facility's officers and members of the board of directors...

§ 201.13. ISSUANCE OF LICENSE.
...(i) The current license shall be displayed in a public and conspicuous place in the facility.

(a) The licensee is responsible for meeting the minimum standards for the operation of a facility as set forth by the Department and by other State and local agencies responsible for the health and welfare of residents.
(b) If the services are purchased for the administration or management of the facility, the licensee is responsible for insuring compliance with this subpart, and other relevant Commonwealth regulations.
(c) The licensee through the administrator shall report to the appropriate Division of Nursing Care Facilities field office serious incidents involving residents. As set forth in § 51.3 (relating to notification). For purposes of this subpart, references to patients in § 51.3 include references to residents.
(d) In addition to the notification requirements in § 51.3, the facility shall report in writing to the appropriate division of nursing care facilities field office:
(1) Transfers to hospitals as a result of injuries or accidents.
(2) Admissions to hospitals as a result of injuries or accidents.
(e) The administrator shall notify the appropriate division of nursing care facilities field office as soon as possible, or, at the latest, within 24 hours of the incidents listed in § 51.3 and subsection (d).
(f) Upon receipt of a strike notice, the licensee or administrator shall promptly notify the appropriate Division of Nursing Care Facilities field office and keep the Department apprised of the strike status and the measures being taken to provide resident care during the strike.
(g) A facility owner shall pay in a timely manner bills incurred in the operation of a facility that are not in dispute and that are for services without which the resident’s health and safety are jeopardized.
(h) The facility shall report to the Department, on forms issued by the Department, census, rate and program occupancy information as the Department may request.
§ 201.17. LOCATION.

The facility shall be operated as a unit reasonably distinct from the other related services, if located in a building which offers various levels of health-related services.

§ 201.18. MANAGEMENT.

(a) The facility shall have an effective governing body or designated person functioning with full legal authority and responsibility for the operation of the facility.
(b) The governing body shall adopt and enforce rules relative to:
   (1) The health care and safety of the residents.
   (2) Protection of personal and property rights of the residents, while in the facility, and upon discharge or after death.
   (3) The general operation of the facility.
(c) The governing body shall provide the information required in § 201.12 (relating to application for license) and prompt reports of changes which would affect the current accuracy of the information required.
(d) The governing body shall adopt effective administrative and resident care policies and bylaws governing the operation of the facility in accordance with legal requirements. The administrative and resident care policies and bylaws shall be in writing; shall be dated; shall be made available to the members of the governing body, which shall ensure that they are operational; and shall be reviewed and revised, in writing, as necessary. The policies and bylaws shall be available upon request, to residents, responsible persons and for review by members of the public.
(e) The governing body shall appoint a full-time administrator who is currently licensed and registered in this Commonwealth and who is responsible for the overall management of the facility. The Department may, by exception, permit a long-term care facility of 25 beds or less to share the services of an administrator in keeping with section 3(b) of the Nursing Home Administrators License Act (63 P. S. § 1103(b)). The sharing of an administrator shall be limited to two facilities. The schedule of the currently licensed administrator shall be publicly posted in each facility. The administrator’s responsibilities shall include the following:
   (1) Enforcing the regulations relative to the level of health care and safety of residents and to the protection of their personal and property rights.
   (2) Planning, organizing and directing responsibilities obligated to the administrator by the governing body.
   (3) Maintaining an ongoing relationship with the governing body, medical and nursing staff and other professional and supervisory staff through meetings and periodic reports.
   (4) Studying and acting upon recommendations made by committees.
   (5) Appointing, in writing and in concurrence with the governing body, a responsible employee to act on the administrator’s behalf during temporary absences.
   (6) Assuring that appropriate and adequate relief personnel are utilized for those necessary positions vacated either on a temporary or permanent basis.
   (7) Developing a written plan to assure the continuity of resident care and services in the event of a strike in a unionized facility.
(f) A written record shall be maintained on a current basis for each resident with written receipts for personal possessions and funds received or deposited with the facility and for
expenditures and disbursements made on behalf of the resident. The record shall be available for review by the resident or resident’s responsible person upon request.

(g) The governing body shall disclose, upon request, to be made available to the public, the licensee’s current daily reimbursement under Medical Assistance and Medicare as well as the average daily charge to other insured and noninsured private pay residents.

(h) When the facility accepts the responsibility for the resident’s financial affairs, the resident or resident’s responsible person shall designate, in writing, the transfer of the responsibility. The facility shall provide the residents with access to their money within 3 bank business days of the request and in the form—cash or check—requested by the resident.

§ 201.19. PERSONNEL POLICIES AND PROCEDURES.

Personnel records shall be kept current and available for each employee and contain sufficient information to support placement in the position to which assigned.

§ 201.20. STAFF DEVELOPMENT.

(a) There shall be an ongoing coordinated educational program which is planned and conducted for the development and improvement of skills of the facility’s personnel, including training related to problems, needs and rights of the residents.

(b) An employee shall receive appropriate orientation to the facility, its policies and to the position and duties. The orientation shall include training on the prevention of resident abuse and the reporting of the abuse.

(c) There shall be at least annual in service training which includes at least infection prevention and control, fire prevention and safety, accident prevention, disaster preparedness, resident confidential information, resident psychosocial needs, restorative nursing techniques and resident rights, including personal property rights, privacy, preservation of dignity and the prevention and reporting of resident abuse.

(d) Written records shall be maintained which indicate the content of and attendance at the staff development programs.

§ 201.21. USE OF OUTSIDE RESOURCES.

(a) The facility is responsible for insuring that personnel and services provided by outside resources meet all necessary licensure and certification requirements, including those of the Bureau of Professional and Occupational Affairs in the Department of State, as well as requirements of this subpart.

(b) If the facility does not employ a qualified professional person to render a specific service to be provided by the facility, it shall make arrangements to have the service provided by an outside resource, a person or agency that will render direct service to residents or act as a consultant to the facility.

(c) The responsibilities, functions and objectives and the terms of agreement, including financial arrangements and charges of the outside resource shall be delineated in writing and signed and dated by an authorized representative of the facility and the person or agency providing the service.

(d) Outside resources supplying temporary employees to a facility shall provide the facility with documentation of an employee’s health status as required under § 201.22 (c)—(j) and (l)—(m) (relating to prevention, control and surveillance of tuberculosis (TB)).
§ 201.27. ADVERTISEMENT OF SPECIAL SERVICES.

A facility may not advertise special services offered unless the service is under the direction and supervision of personnel trained or educated in that particular special service, such as, rehabilitation or physical therapy by a registered physical therapist; occupational therapy by a registered occupational therapist; skilled nursing care by registered nurses; special diets by a dietitian; or special foods.

§ 201.29. RESIDENT RIGHTS.

(a) The governing body of the facility shall establish written policies regarding the rights and responsibilities of residents and, through the administrator, shall be responsible for development of and adherence to procedures implementing the policies.

§ 201.31. TRANSFER AGREEMENT.

(a) The facility shall have in effect a transfer agreement with one or more hospitals, located reasonably close by, which provides the basis for effective working arrangements between the two health care facilities. Under the agreement, inpatient hospital care or other hospital services shall be promptly available to the facility’s residents when needed.

(b) A transfer agreement between a hospital and a facility shall be in writing and specifically provide for the exchange of medical and other information necessary to the appropriate care and treatment of the residents to be transferred. The agreement shall further provide for the transfer of residents’ personal effects, particularly money and valuables, as well as the transfer of information related to these items when necessary.

§ 207.2. ADMINISTRATOR’S RESPONSIBILITY.

(a) The administrator shall be responsible for satisfactory housekeeping and maintenance of the buildings and grounds.

§ 209.7. DISASTER PREPAREDNESS.

(a) The facility shall have a comprehensive written disaster plan which shall be developed and maintained with the assistance of qualified fire, safety and other appropriate experts. It shall include procedures for prompt transfer of casualties and records, instructions regarding the location and use of alarm systems and signals and fire fighting equipment, information regarding methods of containing fire, procedures for notification of appropriate persons and specifications of evacuation routes and procedures. The written plan shall be made available to and reviewed with personnel, and it shall be available at each nursing station and in each department. The plan shall be reviewed periodically to determine its effectiveness.

(b) A diagram of each floor showing corridors, line of travel, exit doors and location of the fire extinguishers and pull signals shall be posted on each floor in view of residents and personnel.

(c) All personnel shall be instructed in the operation of the various types of fire extinguishers used in the facility.
§ 209.8. FIRE DRILLS.

(a) Fire drills shall be held monthly. Fire drills shall be held at least four times per year per shift at unspecified hours of the day and night.
(b) A written report shall be maintained of each fire drill which includes date, time required for evacuation or relocation, number of residents evacuated or moved to another location and number of personnel participating in a fire drill.

§ 211.2. PHYSICIAN SERVICES.

...(c) A facility shall have a medical director who is licensed as a physician in this Commonwealth and who is responsible for the overall coordination of the medical care in the facility to ensure the adequacy and appropriateness of the medical services provided to the residents. The medical director may serve on a full- or part-time basis depending on the needs of the residents and the facility and may be designated for single or multiple facilities. There shall be a written agreement between the physician and the facility.
(d) The medical director’s responsibilities shall include at least the following:
(1) Review of incidents and accidents that occur on the premises and addressing the health and safety hazards of the facility. The administrator shall be given appropriate information from the medical director to help insure a safe and sanitary environment for residents and personnel.
(2) Development of written policies which are approved by the governing body that delineate the responsibilities of attending physicians.

§ 211.5. CLINICAL RECORDS.

(a) Clinical records shall be available to, but not be limited to, representatives of the Department of Aging Ombudsman Program.
(b) Information contained in the resident’s record shall be privileged and confidential. Written consent of the resident, or of a designated responsible agent acting on the resident’s behalf, is required for release of information. Written consent is not necessary for authorized representatives of the State and Federal government during the conduct of their official duties.
(c) Records shall be retained for a minimum of 7 years following a resident’s discharge or death.
(d) Records of discharged residents shall be completed within 30 days of discharge. Clinical information pertaining to a resident’s stay shall be centralized in the resident’s record.
(e) When a facility closes, resident clinical records may be transferred with the resident if the resident is transferred to another health care facility. Otherwise, the owners of the facility shall make provisions for the safekeeping and confidentiality of clinical records and shall notify the Department of how the records may be obtained.
(f) At a minimum, the resident’s clinical record shall include physicians’ orders, observation and progress notes, nurses’ notes, medical and nursing history and physical examination reports; identification information, admission data, documented evidence of assessment of a resident’s needs, establishment of an appropriate treatment plan and plans of care and services provided; hospital diagnoses authentication—discharge summary, report from attending physician or transfer form—diagnostic and therapeutic orders, reports of treatments, clinical findings, medication records and discharge summary including final diagnosis and prognosis or cause of death. The information contained in the
record shall be sufficient to justify the diagnosis and treatment, identify the resident and show accurately documented information.

(g) Symptoms and other indications of illness or injury, including the date, time and action taken shall be recorded.

(h) Each professional discipline shall enter the appropriate historical and progress notes in a timely fashion in accordance with the individual needs of a resident.

(i) The facility shall assign overall supervisory responsibility for the clinical record service to a medical records practitioner. Consultative services may be utilized, however, the facility shall employ sufficient personnel competent to carry out the functions of the medical record service.

Notes of Decisions
Alteration of medical records during the course of a licensure survey in order to produce the appearance of compliance with regulations constitutes fraud and deceit justifying the Department of Health to refuse to renew a nursing home license. Colonial Gardens Nursing Home, Inc. v. Department of Health, 382 A.2d 1273 (Pa. Cmwlth. 1978).

§ 211.6. DIETARY SERVICES.

... (d) If consultant dietary services are used, the consultant's visits shall be at appropriate times and of sufficient duration and frequency to provide... participation in development or revision of dietary policies and procedures and in planning and conducting inservice education and programs.

§ 211.9. PHARMACY SERVICES.

...(k) The oversight of pharmaceutical services shall be the responsibility of the quality assurance committee. Arrangements shall be made for the pharmacist responsible for the adequacy and accuracy of the services to have committee input. The quality assurance committee, with input from the pharmacist, shall develop written policies and procedures for drug therapy, distribution, administration, control, accountability and use.

§ 51.3. NOTIFICATION.

(a) A health care facility shall notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility.

(b) A health care facility shall notify the Department in writing at least 60 days prior to the intended date of providing services in new beds it intends to add to its approved complement of beds.

(c) A health care facility shall provide similar notice at least 60 days prior to the effective date it intends to cease providing an existing health care service or reduce its licensed bed complement.

(d) A health care facility shall submit to the Department architectural plans and blueprints of proposed new construction, alteration or renovation to the facility. This material shall be submitted at least 60 days before the initiation of construction, alteration or renovation. The Department will review these documents to assure compliance with relevant life safety code and other regulatory requirements. The Department will respond to the facility by either issuing an approval or disapproval or requesting further information within 45 days.
of receipt of the facility’s submission. The facility may not initiate construction, alteration
or renovation until it has received an approval from the Department.
(e) If a health care facility is aware of information which shows that the facility is not in
compliance with any of the Department’s regulations which are applicable to that health
care facility, and that the noncompliance seriously compromises quality assurance or
patient safety, it shall immediately notify the Department in writing of its noncompliance.
The notification shall include sufficient detail and information to alert the Department as to
the reason for the failure to comply and the steps which the health care facility shall take to
bring it into compliance with the regulation. (Editor’s Note: Under section 314 of the act of
March 20, 2002 (P. L. 154, No. 13) (act), subsections (f) and (g) are abrogated with respect
to a medical facility upon the reporting of a serious event, incident or infrastructure failure
pursuant to section 313 of the act.)
(f) If a health care facility is aware of a situation or the occurrence of an event at the facility
which could seriously compromise quality assurance or patient safety, the facility shall
immediately notify the Department in writing. The notification shall include sufficient
detail and information to alert the Department as to the reason for its occurrence and the
steps which the health care facility shall take to rectify the situation.
(g) For purposes of subsections (e) and (f), events which seriously compromise quality
assurance or patient safety include, but are not limited to, the following:
(1) Deaths due to injuries, suicide or unusual circumstances.
(2) Deaths due to malnutrition, dehydration or sepsis.
(3) Deaths or serious injuries due to a medication error.
(4) Eloptions.
(5) Transfers to a hospital as a result of injuries or accidents.
(6) Complaints of patient abuse, whether or not confirmed by the facility.
(7) Rape.
...(9) Hemolytic transfusion reaction.
...(11) Significant disruption of services due to disaster such as fire, storm, flood or other
occurrence.
(12) Notification of termination of any services vital to the continued safe operation of the
facility or the health and safety of its patients and personnel, including, but not limited to,
the anticipated or actual termination of electric, gas, steam heat, water, sewer and local
exchange telephone service.
(13) Unlicensed practice of a regulated profession.
(14) Receipt of a strike notice.
(h) A health care facility shall send the written notification required under subsections
(a)—(f) to the director of the division in the Department responsible for the licensure of
the health care facility.
(i) Information contained in the notification submitted to the Department by a facility
under subsection (e) or (f) may not, unless otherwise ordered by a court for good cause
shown, be produced for inspection or copying by, nor may the contents thereof be
disclosed to, a person other than the Secretary, the Secretary’s representative or another
government agency, without the consent of the facility which filed the report.
(j) The Secretary and the Secretary’s representative shall use the information contained in
the notification from the facility only in connection with the enforcement of the
Department’s responsibilities under the act, or other applicable statutes within the
Department’s jurisdiction.
(k) The notification requirements of this section do not require a facility, in providing a notification under subsection (e) or (f), to include information which is deemed confidential and not reportable to the Department under other provisions of Federal or State law or regulations.

(l) A health care facility may not commence the provision of new health care services or provide services in new beds until it has been informed by the Department that it is in compliance with all licensure requirements.

§ 51.4. CHANGE IN OWNERSHIP; CHANGE IN MANAGEMENT.

(a) A health care facility shall notify the Department in writing at least 30 days prior to transfer involving 5% or more of the stock or equity of the health care facility.
(b) A health care facility shall notify the Department in writing at least 30 days prior to a change in ownership or a change in the form of ownership or name of the facility. A change in ownership shall mean any transfer of the controlling interest in a health care facility.
(c) A health care facility shall notify the Department in writing within 30 days after a change of management of a health care facility. A change in management occurs when the person responsible for the day to day operation of the health care facility changes.

§ 51.6. IDENTIFICATION OF PERSONNEL.

(a) When working in a health care facility and when clinically feasible, the following individuals shall wear an identification tag which displays that person’s name and professional designation:
(1) Health care practitioners licensed or certified by Commonwealth agencies.
(2) Health care providers employed by health care facilities.
(b) The identification tag shall include the individual’s full name. Abbreviated professional designations may be used only when the designation indicates licensure or certification by a Commonwealth agency, otherwise the full title shall be printed on the tag.
(c) The last name of the individual may be omitted or concealed when treating patients who exhibit symptoms of irrationality or violence.

§ 51.11. CIVIL RIGHTS COMPLIANCE.

A health care facility shall comply with all civil rights laws. The Department may make onsite visits at its discretion to verify the civil rights compliance status of the health care facility.

§ 51.12. NONDISCRIMINATORY POLICY.

(a) A health care facility shall have a nondiscriminatory policy which applies to all patients or residents and staff. The policy shall include a prohibition on the segregation of buildings, wings, floors and rooms for reasons of race, color, national origin, ancestry, age, sex, religion, handicap or disability. The nondiscriminatory policy shall also address the following:
1. Inpatient or outpatient admission or care.
2. Assigning patients or residents to rooms, floors and sections.
3. Asking patients or residents about roommate preferences.
4. Assignments of staff to patient or resident services.
5. Staff privileges of professionally qualified personnel.
6. Utilization of the health care facility.
7. Transfers of patients or residents from their rooms.
(b) A health care facility is required to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§ 2000e—2000e-17) and the Pennsylvania Human Relations Act (43 P. S. §§ 951—962.2) and to sign the following statement prior to receiving an initial license:

“This facility has agreed to comply with the provisions of the Federal Civil Rights Act of 1964 and the Pennsylvania Human Relations Act and all requirements imposed pursuant thereto to the end that no person shall, on the grounds of race, color, national origin, ancestry, age, sex, religious creed, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care or service.”

§ 51.13. CIVIL RIGHTS COMPLIANCE RECORDS.

(a) A health care facility shall maintain the following records to show compliance with § 51.12 (relating to nondiscriminatory policy):
(1) A copy of the health care facility’s admission policy which includes the date of its adoption, which sets forth in clear terms nondiscriminatory practices with regard to race, color, national origin, creed, ancestry, age, sex, religion, handicap or disability.
(2) A copy of a signed and dated notification to employees of the health care facility’s nondiscrimination policy.
(3) Evidence that the nondiscriminatory practices of the health care facility have been publicized in the community at least every 3 years by one of the following methods: newspapers, television, radio, brochure or yellow pages.
(b) Copies of the health care facility’s nondiscriminatory policy shall be posted in locations accessible to the facility’s staff and the general public.
(c) The health care facility shall provide the Department with a signed and dated copy of the nondiscriminatory policy within 30 days of the effective date of any change in the policy.

§ 51.32. EXCEPTIONS FOR INNOVATIVE PROGRAMS.

This part is not intended to restrict the efforts of a health care facility to develop innovative and improved programs of management, clinical practice, physical renovation or structural design. Whenever this part appears to preclude a program which may improve the capacity of the health care facility to deliver higher quality care and services or to operate more efficiently without compromising patient or resident care, the Department encourages the health care facility to request appropriate exceptions under this chapter.