SECTION 3.0 GENERAL REQUIREMENTS FOR LICENSURE

Safe Resident Handling

3.6 Each licensed nursing facility shall comply with the following as a condition of licensure:

3.6.1 Each licensed nursing facility shall establish a safe patient handling committee, which shall be chaired by a professional nurse or other appropriate licensed health care professional. A nursing facility may utilize any appropriately configured committee to perform the responsibilities of this section. At least half of the members of the committee shall be hourly, non-managerial employees who provide direct resident care.

3.6.2 By July 1, 2007, each licensed nursing facility shall develop a written safe patient handling program, with input from the safe patient handling committee, to prevent musculoskeletal disorders among health care workers and injuries to residents. As part of this program, each licensed nursing facility shall:

3.6.3 By July 1, 2008, implement a safe resident handling policy for all shifts and units of the facility that will achieve the maximum reasonable reduction of manual lifting, transferring, and repositioning of all or most of a resident’s weight, except in emergency, life-threatening, or otherwise exceptional circumstances;

a) Conduct a resident handling hazard assessment. This assessment should consider such variables as patient-handling tasks, types of nursing units, resident populations, and the physical environment of resident care areas;

b) Develop a process to identify the appropriate use of the safe resident handling policy based on the resident’s physical and mental condition, the resident’s choice, and the availability of lifting equipment or lift teams. The policy shall include a means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices for particular residents;

c) Designate and train a registered nurse or other appropriate licensed health care professional to serve as an expert resource, and train all clinical staff on safe resident handling policies, equipment, and devices before implementation, and at least annually or as changes are made to the safe patient handling policies, equipment and/or devices being used;

d) Conduct an annual performance evaluation of the safe resident handling with the results of the evaluation reported to the safe resident handling committee or other appropriately designated committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorder caused by resident handling, and include recommendations to increase the program’s effectiveness; and

e) Submit an annual report to the safe resident handling committee of the facility, which shall be made available to the public upon request, on activities related to the identification, assessment, development, and evaluation of strategies to control risk of injury to patients, nurses, and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident.
3.6.4 Nothing in this section precludes lift team members from performing other duties as assigned during their shift.

3.6.5 An employee may, in accordance with established facility protocols, report to the committee, as soon as possible, after being required to perform a resident handling activity that he/she believes in good faith exposed the resident and/or employee to an unacceptable risk of injury. Such employee reporting shall not be cause for discipline or be subject to other adverse consequences by his/her employer. These reportable incidents shall be included in the facility's annual performance evaluation.

SECTION 4.0 APPLICATION FOR LICENSE OR FOR CHANGES IN OWNER, OPERATOR, OR LESSEE

4.2 A notarized listing of names and addresses of direct and indirect owners whether individual, partnership, or corporation, with percentages of ownership designated, shall be provided with the application for licensure and shall be updated annually. If a corporation, the list shall include all officers, directors and other persons or any subsidiary corporation owning stock.

ADDITIONAL INFORMATION REQUIRED OF ALL NURSING FACILITIES

5.16 Effective January 1, 2006, any nursing facility applying for initial licensure or renewal of its license that contracts with a management company to assist with the facility's operation shall file a copy of the management contract with the Department including the management fee and, if the management company is a corporation or limited liability company, shall identify every person having an ownership interest of five percent (5%) or more in such corporation or limited liability company and, if the management company is a general partnership or limited partnership, shall identify all general or limited partners of such general partnership or limited partnership.

SECTION 7.0 CHANGE OF OWNERSHIP, OPERATION AND/OR LOCATION

7.1 When a change of ownership, as defined in the rules and regulations pursuant to reference 5, or in operation or location of a facility or when discontinuation of services is contemplated the owner and/or operator shall notify the licensing agency in writing no later than six (6) weeks prior to the proposed action.

SECTION 10.0 GOVERNING BODY OR OTHER LEGAL AUTHORITY

10.1 Each facility shall have an organized governing body or other legal authority, responsible for:

a) the management and fiduciary control of the operation and maintenance of the facility; and

b) the conformity of the facility with all federal, state and local rules and regulations relating to fire, safety, sanitation, communicable and reportable diseases, resident quality of care and quality of life, and other relevant health and safety requirements and with all rules and regulations herein.

c) the administration of a policy of non-discrimination in the provision of services to residents and the employment of persons without regard to race, color, creed, national origin, gender, religion, sexual orientation, age, handicapping condition or degree of handicap, in accordance with Title VI of the Civil Rights Act of 1964; U.S. Executive Order #11246 entitled “Equal Employment Opportunity”, U.S. Department of Labor regulations;
Title V of the Rehabilitation Act of 1973, as amended; the Rhode Island Fair Employment Practices Act, Rhode Island General Laws Chapter 28-5-1 et seq.; the Americans with Disabilities Act; and any other federal or state laws relating to discriminatory practices.

10.2 The governing body or other legal authority shall provide facilities, personnel and other resources necessary to meet resident and program needs and also:
   a) describe the structure of the facility’s governing body, including functional and staff organizational charts; b) provide names and affiliations of members of the facility’s governing body; c) provide a copy of the organization’s charter, constitution and/or by-laws.

10.3 The governing body or other legal authority shall designate a licensed administrator in accordance with reference 8 and shall establish by-laws or policies to govern the organization of the facility, to establish authority and responsibility, to identify program goals, and to provide for an annual evaluation of administrator performance.

10.4 The governing body or other legal authority shall adopt a written policy statement relating to conflict of interest on the part of members of the governing body receiving financial gain from ownership, medical staff and employees who may influence corporate decisions.

10.5 The governing body or other legal authority, through the administrator, shall be responsible for the procurement of a sufficient number of trained, experienced and competent personnel to provide appropriate care and supervision for all residents and to ensure that their personal needs are met.

SECTION 11.0 QUALITY IMPROVEMENT PROGRAM

11.1 Pursuant to section 23-17-12.11 of the Rhode Island General Laws, as amended, each licensed nursing facility shall develop and implement a quality improvement program and establish a quality improvement committee. The governing body shall ensure that this program is effective, ongoing, facility-wide and shall have a written plan of implementation.

11.2 Each licensed nursing facility shall designate a qualified individual, who shall be determined by the facility’s administrator, to coordinate and manage the nursing facility’s quality improvement program.

11.3 The nursing facility’s quality improvement committee shall include at least the following members:
   - The nursing facility administrator;
   - The director of nursing;
   - The medical director;
   - A social worker; and
   - A representative of dietary services.

11.4 The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any on-site visit.

11.5 The quality improvement committee for a nursing facility shall annually review and approve the quality improvement plan for the nursing facility. Said plan shall be available to the public upon request.

11.6 Each nursing facility shall establish a written quality improvement plan that shall be reviewed by the Department during the facility’s annual survey and that includes:
   a) program objectives; b) oversight responsibility (e.g., reports to the governing body); c) facility-wide scope; d) involvement of all resident care disciplines/services; and e)
provides criteria to monitor nursing care, including medication administration; f) prevention and treatment of decubitus ulcers; g) dehydration, and nutritional status and weight loss or gain; h) accidents and injuries; i) unexpected deaths; j) changes in mental or psychological status; and k) any other data necessary to monitor quality of care; l) and includes methods to identify, evaluate, and correct problems.  

11.7 All resident care services, including services rendered by a contractor, shall be evaluated.  

11.8 The facility shall take and document appropriate remedial action to address problems identified through the quality improvement program. The nursing facility administrator shall take appropriate remedial actions based on the recommendations of the nursing facility’s quality improvement committee. The outcome(s) of the remedial action shall be documented and submitted to the governing body for their consideration.  

11.9 The Director may not require the quality improvement committee to disclose the records and the reports prepared by the committee except as necessary to assure compliance with the requirements of this section.  

11.10 Good faith attempts by the quality improvement committee to identify and correct quality deficiencies will not be used as a basis for sanctions.  

11.11 If the Department determines that a nursing facility is not implementing its quality improvement program effectively and that quality improvement activities are inadequate, the Department may impose sanctions on the nursing facility to improve quality of resident care including mandated hiring of, directly or by contract, an independent quality consultant acceptable to the Department.  

11.12 All nursing facilities licensed under Chapter 23-17 of the Rhode Island General Laws, as amended, shall meet all applicable requirements of the Rules and Regulations Related to the Health Care Quality Program (R23-17.17-QUAL) promulgated by the Department.  

SECTION 12.0 ADMINISTRATOR  

12.1 Every facility shall have a full-time administrator licensed in accordance with reference 8, who shall be directly responsible to the governing body or other legal authority for its management and operation, and shall provide liaison between the governing body, medical and nursing staff and other professional staff.  

a) When the administrator does not spend full-time in the facility, a substitute shall be designated only with the approval of the licensing agency.  

b) In the absence of the administrator, a person shall be designated or authorized in writing, as a substitute on an interim basis.  

c) A substitute must be licensed in Rhode Island as a nursing home administrator.  

12.2 The administrator shall be responsible to ensure that services required by residents shall be available on a regular basis and provided in an appropriate environment in accordance with established policies.  

12.3 The administrator shall be responsible for maintaining accurate time records on all personnel and for posting the work schedule of all direct resident care personnel on a weekly basis. Time records shall be retained by the facility for no less than three years.  

12.4 Health care facilities shall provide the licensing agency with prompt notice of pending and actual labor disputes/actions which would impact delivery of patient care services including, but not limited to, strikes, walk-outs, and strike notices. Health care facilities
shall provide a plan, acceptable to the Director, for continued operation of the facility, suspension of operations, or closure in the event of such actual or potential labor dispute/action.

12.5 The licensing agency shall be notified of any change of the administrator of a facility.

SECTION 13.0 MEDICAL DIRECTOR AND ATTENDING PHYSICIANS

13.1 The governing body or other legal authority shall designate a physician to serve as medical director. The medical director shall be a physician licensed to practice in Rhode Island in accordance with the provisions of reference 27 herein. Upon appointment, the name of the medical director shall be submitted to the Department. Each time a new medical director is appointed, the name of said physician shall be reported promptly to the Department. The medical director’s Rhode Island medical license number, medical office address, telephone number, emergency telephone number, hospital affiliation and other credentialing information shall be maintained on file at the facility and updated as needed.

Duties and Responsibilities of the Medical Director

13.2 Responsibilities of the medical director shall include, but not be limited to:
   a) coordination of medical care in the facility,
   b) ensuring completion of employee health screening and immunization requirements contained in sections 14.11 and 14.12 herein,
   c) the implementation of facility policies and procedures related to the medical care delivered in the facility,
   d) physician and advanced practice practitioner credentialing,
   e) practitioner performance reviews,
   f) employee health including infection control measures,
   g) evaluation of health care delivery, including oversight of medical records and participation in quality improvement,
   h) provision of staff education on medical issues,
   i) participation in state survey process, including the resolution of deficiencies, as needed.

13.3 The medical director, charged with the aforementioned duties and responsibilities for the delivery of medical care in the nursing facility, shall be immune from civil or criminal prosecution for reporting to the Board of Medical Licensure and Discipline the unprofessional conduct, incompetence or negligence of a nursing facility physician or limited registrant; provided, that the report, testimony, or other communication was made in good faith and while acting within the scope of authority conferred by this section.

13.4 The administrator shall notify the medical director immediately when any enforcement order as described in section 9.0 herein is issued by the Department or when the administrator is notified of any Medicare/Medicaid certification enforcement action. The administrator shall provide copies of all statements of deficiencies and related plans of correction to the medical director in a timely fashion.

13.5 The medical director shall attend the quarterly quality assurance/improvement meetings, as required in section 10.7 (d) herein. The administrator, or his/her designee, shall provide the medical director with adequate notice of the quarterly quality assurance/improvement meeting.

13.7 The governing body or other legal authority shall make available to each physician attending residents in the facility all of the policies governing resident care management and services.

SECTION 14.0 PERSONNEL

Criminal Records Check
Pursuant to section 23-17-34 of the General Laws, any person seeking employment in a nursing facility, hired after July 21, 1992, and having routine contact with a resident without the presence of other employees, shall be subject to a criminal background check, to be initiated prior to, or within one week of employment.

14.2 Said employee through the employer shall apply to the bureau of criminal identification of the state or local police department for a statewide criminal records check. Fingerprinting shall not be required as part of this check.

14.3 In those situations in which no disqualifying information has been found, the bureau of criminal identification (BCI) of the state or local police shall inform the applicant and the employer in writing.

14.4 Any disqualifying information, as defined below, according to the provisions of section 23-17-34 of the General Laws, will be conveyed to the applicant in writing, by the bureau of criminal identification. The employer shall also be notified that disqualifying information has been discovered, but shall not be informed by the BCI of the nature of the disqualifying information.

14.4.1 Disqualifying information, as defined in Chapter 23-17-37 of the Rhode Island General Laws, as amended, means information produced by a criminal records review pertaining to conviction, for the following crimes will result in a letter to the employee and employer disqualifying the applicant from said employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, child abuse, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature), felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, larceny or felony banking law violations.

14.5 The employer shall maintain on file, subject to inspection by the Department of Health, evidence that criminal records checks have been initiated on all employees seeking employment after July 21, 1992 as well as the results of said check. Failure to maintain this evidence shall be grounds to revoke the license or registration of the employer.

14.6 If an applicant has undergone a statewide criminal records check within eighteen (18) months of an application for employment, then an employer may request from the bureau a letter indicating if any disqualifying information was discovered. The bureau will respond without disclosing the nature of the disqualifying information. This letter may be maintained on file to satisfy the requirements of Chapter 23-17-34.

14.7 An employee against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the employer who shall make a judgment regarding the continued employment of the employee.

Policies and Procedures
14.8 Each nursing facility shall maintain and implement written personnel policies and procedures supporting sound resident care and personnel practices. Such policies shall be reviewed annually and updated as necessary.

Job Descriptions
14.9 There shall be a job description for each classification of position which delineates qualifications, duties, authority and responsibilities inherent in each position.
a) For those selected non-licensed personnel authorized to administer drugs in accordance with section 25.9 herein, a job description delineating qualifications, duties and responsibilities shall be provided.

Personnel Records
14.12 Personnel records shall be maintained for each employee, shall be available at all times for inspection and shall include no less than the following: a) current and background information covering qualifications for employment; b) records of completion of required training and educational programs; c) records of all required health examinations which shall be kept confidential and in accordance with reference 17; d) evidence of current registration, certification or licensure of personnel subject to statutory regulation; e) annual work performance evaluation records; and f) evidence of authorization to administer drugs for selected non-licensed personnel in accordance with section 25.9 herein.

In-Service Education
14.13 An in-service educational program shall be conducted on an ongoing basis, which shall include an orientation program for new personnel and a program for the development and improvement of skills of all personnel. The in-service program shall be geared to the needs of the aged and shall include annual programs on prevention and control of infection, food services and sanitation, fire prevention and safety, confidentiality of resident information, rights of residents and any other area related to resident care.
14.13.1 Provision shall be made for written documentation of programs, including attendance. Flexible program schedules shall be formulated at least two (2) months in advance.

Photo Identification
14.14 A health care facility shall require all persons, including students, and as directed by the nursing facility, who examine, observe, treat or assist a patient or resident of such facility to wear a photo identification badge which states, in a reasonably legible manner, the first name, licensure/registration status, if any, and staff position of such person. This badge shall be worn in a manner that makes the badge easily seen and read by the resident or visitor.

Licensure Verification
14.15 For every person employed by the nursing facility who is licensed, certified, or registered by the Department, a mechanism shall be in place to electronically verify such licensure via the Department’s licensure database.

Section 16.0 Reporting of Resident Abuse or Neglect, Accidents & Death
16.1 Any physician, nurse or other employee of a nursing facility who has reasonable cause to believe that a resident has been abused, exploited, mistreated, or neglected shall make within 24 hours or by the end of the next business day of the receipt of said information, a report to the licensing agency (Office of Facilities Regulation). Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent. Once notified, the administrator or the director of nursing services shall be required to meet the above reporting requirements.
a) All reports, as required herein, shall be provided to the licensing agency (Office of Facilities Regulation) in writing via facsimile on the form supplied in Appendix “E” herein. A copy of each report shall be retained by the facility for review during subsequent inspections by the licensing agency.
b) The facility shall maintain evidence that all allegations of abuse, neglect, and/or mistreatment have been thoroughly investigated and that further potential abuse has been prevented while the investigation is in progress. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the licensing agency within five (5) business days.

16.2 Accidents resulting in: hospitalization; or death in the nursing facility; or death in the hospital following the accident; of any resident shall be reported in writing to the licensing agency before the end of the next working day or in a follow-up report in the event of item #3 (above). A copy of each report shall be retained by the facility for review during subsequent surveys.

16.3 The death of any resident of a nursing facility occurring within 24 hours of admission or prior to the performance of a physical examination in accordance with section 23.3 (c) herein, shall be reported to the Office of the State Medical Examiners.

16.4 In addition, all resident deaths occurring within a nursing facility which are sudden or unexpected, suspicious or unnatural, the result of trauma, remote or otherwise or when unattended by a physician shall be reported to the facility medical director and to the Office of the State Medical Examiners in accordance with Title 23, Chapter 4 of the General Laws of Rhode Island, as amended.

16.5 Reporting requirements, pursuant to Chapter 23-17.8 of the General Laws must be posted.

SECTION 17.0 MEDICAL RECORDS

17.1 A medical record shall be established and maintained for every person admitted to a facility in accordance with accepted professional standards and practices. The administrator shall have ultimate responsibility for the maintenance of medical records; such responsibility may be delegated in writing to a staff member.

17.2 Entries in the medical record relating to treatment, medication, diagnostic tests and other similar services rendered shall be made by the responsible persons at the time of administration. Only physicians shall enter or authenticate medical opinions or judgment.
a) All accidents, including falls, whether resulting in an injury or not, shall be immediately recorded in the resident’s record.
b) Detailed descriptions of all pressure ulcers, or other skin lesions, shall be recorded in the resident’s record.

17.3 Each medical record shall contain sufficient information to identify the resident and to justify diagnosis, treatment, care and documented results and shall include as deemed appropriate: a) identification data; b) pre-admission screening including mental status {or PASARR (Pre-Admission Screening and Annual Resident Review), where appropriate}; c) medical history; d) plan of care and services provided; e) physical examination reports; f) admitting diagnosis; g) diagnostic and therapeutic orders; h) consent forms; i) physicians’ progress notes and observations; j) nursing notes; k) medication and treatment records, including any immunizations; l) laboratory reports, X-ray reports, or other clinical findings; m) consultation reports; n) documentation of all care and services rendered (e.g., dental
reports, physical and occupational therapy reports, social service summaries, podiatry reports, inhalation therapy reports, etc.); o) resident referral forms; p) diagnosis at time of discharge; and q) disposition and final summary notes.

17.4 At time of discharge, a discharge summary, summarizing the resident's stay, shall be completed promptly and signed by the attending physician.

17.5 Medical records of discharged residents shall be completed within a reasonable period of time (not to exceed sixty (60) days) with all clinical information pertaining to the resident's stay made part of the resident's medical record.

17.6 Confidentiality of medical records shall be governed by the provisions of reference 17 and the following:
   a) Only authorized personnel shall have access to the records.
   b) The facility shall release resident's medical information only with the written consent of the resident, parent, guardian or legal representative in accordance with reference 17.

17.7 Provisions shall be made for the safe storage of medical records to safeguard them against loss, destruction or unauthorized use.

17.8 All medical records, either original or accurately reproduced, shall be preserved for a minimum of five (5) years following discharge or death of the resident in accordance with reference 9.
   a) Medical records of minors, however, shall be kept for at least five (5) years after such minor would have reached the age of eighteen (18) years.

17.9 The medical records of all residents shall be opened for inspection to duly authorized representatives of the licensing agency whose duty it is to enforce the regulations herein consistent with section 19.15 (a) herein.
   a) Information contained in medical records gathered and collected for the purpose of enforcing these regulations is confidential in nature and shall not be publicly disclosed by any person obtaining such information by virtue of his office, unless by court order or as otherwise required by law.

SECTION 18.0 TRANSFER AGREEMENTS, CONTRACTS, OR AGREEMENTS

18.1 The facility shall have in effect transfer agreements with one or more hospitals for the provision of hospital care or other hospital services to be made available promptly to the residents of the facility, as needed. The written transfer agreement shall ensure:
   a) timely transfer or admission of residents between the hospital and the facility, whenever deemed medically appropriate in writing by a physician;
   b) interchange of medical and other information necessary or useful in the care and treatment of residents transferred or to determine the kind of care the resident requires that includes, but is not limited to the following:
      i. clear statement of the reason(s) resident is being transferred to the hospital or for consultation;
      ii. name of resident, address, insurance status;
      iii. name of attending physician and his/her telephone number;
      iv. resident's next-of-kin and his/her telephone number;
      v. name of contact staff person at the facility;
      vi. list of all diagnoses and complaints;
      vii. list of all current medications;
      viii. recent x-ray reports and laboratory reports, as applicable;
      ix. existence of any advance directives;
x. any additional information as cited in the “Continuity of Care” form ("Long Form") available from the Department; and

c) security and accountability for the resident's personal effects during transfer.

18.2 Designated nursing facility personnel shall complete the “Continuity of Care” form ("Short Form") approved by the Department for each resident who is discharged to another health care facility, such as a hospital, or who is discharged home with follow-up home care required. Said form shall be provided to the receiving facility or agency prior to or upon transfer of the resident.

18.3 If the facility does not employ full-time qualified professional personnel to render required services, or obtains services from an outside source, arrangements for such services shall be made through written agreements or contracts.

a) The responsibilities, functions, objectives, terms of agreement, financial arrangements, charges and other pertinent requirements shall be clearly delineated in the terms of any contract negotiated by a facility.
b) All contracts or agreements negotiated by a facility shall be consistent with the policies established in accordance with section 10.4 concerning conflict of interest.
c) Each consultant or outside source providing services to a facility shall submit monthly reports as services are provided. Said reports and contracts shall be kept on file for inspection for a period of no less than three (3) years.

SECTION 20.0 UNIFORM REPORTING SYSTEM

20.1 Uniform Reporting System: Each nursing facility shall establish and maintain records and data in such a manner as to make uniform the system of periodic reporting. The manner in which the requirements of this regulation may be met shall be prescribed from time to time in directives promulgated by the Director with the advice of the Health Services Council.

20.2 Each nursing facility shall report to the licensing agency detailed financial and statistical data pertaining to its operations, services, and facilities. Such reports shall be made at such intervals and by such dates as determined by the Director and shall include but not be limited to the following:

a) utilization of nursing services;
b) unit cost of nursing services;
c) charges for rooms and services;
d) financial condition of the facility; and
e) quality of care.

20.3 The licensing agency is authorized to make the reported data available to any state agency concerned with or exercising jurisdiction over the reimbursement or utilization of nursing facilities.

20.4 The directives promulgated by the Director pursuant to these regulations shall be sent to each facility to which they apply. Such directives shall prescribe the form and manner in which the financial and statistical data required shall be furnished to the licensing agency.

SECTION 22.0 INFECTION CONTROL

22.3 A continuing education program on infection control shall be conducted periodically for all staff.
SECTION 24.0 NURSING SERVICE

24.2 The nursing service shall be under the direction of a Director of Nurses who shall be a registered nurse employed full-time.  
a) The Director of Nurses employed full-time in accordance with section 24.2 above shall not be the administrator nor the assistant administrator...

SECTION 26.0 SPECIAL CARE UNITS

Alzheimer and Other Dementia Special Care Units or Programs:
26.1 Any facility that provides or offers to provide care or services for residents in a manner as defined in section 1.2 herein shall disclose to the licensing agency and any person seeking placement in such Alzheimer and Other Dementia Special Care Unit/Program the form of specialized care and treatment provided that is in addition to the care and treatment required in the regulations herein.
26.1.1 The information disclosed shall be on a form prescribed by the Department of Health.
26.1.2 The facility shall provide care and services as described in the disclosure form, and consistent with the rules and regulations herein. The information disclosed shall explain the additional care provided in each of the following areas:
a) Philosophy - The special care unit/program’s written statement of its overall philosophy and mission which reflects the needs of residents afflicted with dementia.
b) Pre-Admission, Admission and Discharge - The process and criteria for placement (which shall include a diagnosis of dementia), transfer or discharge from the unit.
c) Assessment, Care Planning and Implementation - The process used for assessment and establishing 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) Staffing Patterns and Training - Staff patterns and training and continuing education programs, which shall emphasize the effective management of the physical and behavioral problems of those with dementia.
e) Physical Environment - The physical environment and design features shall be appropriate to support the functioning and safety of cognitively impaired adult residents.
f) Therapeutic Activities - The frequency and types of resident activities. Therapeutic activities shall be designed specifically for those with dementia.
g) Family Role in Care – The facility shall provide for the involvement of families and family support program.
h) Program Costs - The cost of care and any additional fees.
26.1.3 Any significant changes in the information provided by the nursing facility will be reported to the licensing agency at the time the changes are made.

Rehabilitation Special Care Unit and Subacute Special Care Unit:
26.2 Any facility that provides or offers to provide care for patients or residents by means of a Rehabilitation Special Care Unit or a Subacute Special Care Unit shall be required to disclose to the licensing agency and to any person seeking placement in a Rehabilitation Special Care Unit or a Subacute Special Care Unit of a nursing facility the form of specialized care and treatment provided that is in addition to the care and treatment required in the regulations herein.
26.2.1 The information disclosed shall be on a form prescribed by the Department.
26.2.2 The facility shall provide care and services as described in the disclosure form, and consistent with the rules and regulations herein.
26.2.3 Any significant changes in the information provided by the nursing facility shall be reported to the licensing agency at the time the changes are made.

SECTION 27.0 DIETETIC SERVICES

27.3 The responsibilities of the qualified dietitian shall include but not be limited to:
   ...f) planning and conducting regularly scheduled in-service education programs which shall include training in food service sanitation...

SECTION 28.0 PHARMACEUTICAL SERVICES

28.7 In Nursing Facilities
   a) The pharmaceutical service committee or its equivalent, consisting of not less than a registered pharmacist, a registered nurse, a physician and the administrator, shall:
      i. serve as an advisory body on all matters pertaining to pharmaceutical services;
      ii. establish a program of accountability for all drugs and biologicals;
      iii. develop and review periodically all policies and procedures for safe and effective drug therapy in accordance with section 28.2 herein; and
      iv. monitor the service.

SECTION 30.0 LABORATORY AND RADIOLOGIC SERVICES

30.1 All nursing facilities shall make provisions for laboratory, x-ray and other services to be provided either directly by the facility or per contractual arrangements with an outside provider.
30.2 If the facility provides its own laboratory and x-ray services, these shall meet all applicable statutory and regulatory requirements.
30.3 All services shall be provided only per order of the attending physician who shall be promptly notified of the findings in accordance with a protocol established by the facility. Such a protocol shall describe which laboratory values mandate a call to the resident’s attending physician.
30.4 Signed and dated reports of all findings shall become part of the resident’s medical record.

SECTION 35.0 HOUSEKEEPING

35.9 Facilities contracting with outside resources for housekeeping services shall require conformity with existing regulations.

SECTION 37.0 DISASTER PREPAREDNESS

37.1 Each facility shall develop and maintain a written disaster preparedness plan that shall include plans and procedures to be followed in case of fire or other emergencies. The plan shall include provisions for evacuation of the facility in the event of a natural disaster. The plan and procedures shall be developed with the assistance of qualified safety, emergency management, and/or other appropriate experts and shall be coordinated with the local emergency management agency.
37.2 The plan shall include procedures to be followed pertaining to no less than the following: a) fire, explosion, severe weather, loss of power and/or water, flooding, failure of internal systems and/or equipment, and other calamities; b) transfer of casualties; c) transfer of records; d) location and use of alarm systems, signals and fire fighting equipment; e) containment of fire; f) notification of appropriate persons; g) relocations of residents and evacuation routes; h) feeding of residents; i) handling of drugs and biologicals; j) missing residents; k) back-up or contingency plans to address possible internal systems (e.g., food, power, water, sewage disposal) and/or equipment failures; and l) any other essentials as required by the local emergency management agency.

37.3 A copy of the plan shall be available at every nursing unit.

37.4 Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the facility.

37.5 Simulated drills testing the effectiveness of the plan shall be conducted for all shifts at least quarterly. Written reports and evaluation of all drills shall be maintained by the facility.

37.6 All personnel shall receive training in disaster preparedness as part of their employment orientation.

37.7 The administrator of the facility shall notify the licensing agency (Office of Facilities Regulation) immediately by telephone of any unscheduled implementation of any part of the facility’s disaster preparedness plan and shall provide a follow-up report in writing within three (3) business days using the form supplied in Appendix “E” herein.

37.8 Each nursing facility shall agree to enter into a memorandum of agreement with the licensing agency and the local municipality in which the nursing facility is geographically located to participate in a statewide distribution plan for medications and/or vaccines in the event of a public health emergency or disease outbreak.

SECTION 56.0 EXCEPTION

56.1 Modification of any individual standard herein, for experimental or demonstration purposes, or as deemed appropriate by the licensing agency, provided that such modification will not be contrary to the public interest and the public health, or to the health and safety of residents, shall require advance written approval by the licensing agency.