12 VAC 5-371-30. LICENSE.

...C. A separate license shall be required for nursing facilities maintained on separate premises, even though they are owned or are operated under the same management.
D. Every nursing facility shall be designated by a permanent and appropriate name. The name shall not be changed without first notifying the OLC.
...F. Nursing facility units located in and operated by hospitals shall be licensed under Regulations for the Licensure of Hospitals in Virginia (12 VAC 5-410-10). Approval for such units shall be included on the annual license issued to each hospital.

12 VAC 5-371-110. MANAGEMENT AND ADMINISTRATION.

A. No person shall own, establish, conduct, maintain, manage, or operate any nursing facility, as defined in 32.1-123 of the Code of Virginia, without having obtained a license.
B. The nursing facility must comply with:
   1. These regulations (12 VAC 5-371-10);
   2. Other applicable federal, state or local laws and regulations; and
   3. Its own policies and procedures.
C. The nursing facility shall submit, or make available, reports and information necessary to establish compliance with these regulations and applicable statutes.
D. The nursing facility shall submit, in a timely manner as determined by the center, and implement a written plan of action to correct any noncompliance with these regulations identified during an inspection. The plan shall include:
   1. Description of the corrective action or actions to be taken;
   2. Date of completion for each action; and
   3. Signature of the person responsible for the operation.
E. The nursing facility shall permit representatives from the OLC to conduct inspections to:
   1. Verify application information;
   2. Determine compliance with this chapter;
   3. Review necessary records; and
   4. Investigate complaints.
F. The current license from the department shall be posted in a place clearly visible to the general public.
G. The nursing facility shall not operate more resident beds than the number for which it is licensed.
H. The nursing facility shall fully disclose its admission policies, including any preferences given, to applicants for admission.
I. The nursing facility shall identify its operating elements and programs, the internal relationship among these elements and programs, and the management or leadership structure.

12 VAC 5-371-120. GOVERNING BODY.

A. The nursing facility shall have a governing body that is legally responsible for the management of the operation.
B. The governing body shall adopt written bylaws that describe the organizational structure and establish authority and responsibility in accordance with applicable laws, including a:
1. Statement of purpose;
2. Description of the functions of the governing body members, officers and committees;
3. Description of the method of adoption, implementation, and periodic review of policies and procedures; and
4. Description of the methods to be utilized to assure compliance with this chapter.
C. The governing body shall disclose the names and addresses of any individual or entity that holds 5% or more ownership interest in the operation of the nursing facility.
D. When the governing body is not the owner of the physical plant, the governing body shall disclose the name and address of the individual or entity responsible for the alterations, modifications, maintenance and repairs to the building.
E. The governing body shall notify the OLC in writing 30 days in advance of changes affecting the accuracy of the license. Changes affecting the accuracy of the license are:
1. Any proposed change in management contract or lease agreement to operate the nursing facility;
2. Implementing any proposed addition, deletion, or change in nursing facility services whether or not licensure is required;
3. Selling the facility; or
4. A change in ownership.

12 VAC 5-371-130. ADMINISTRATOR.

A. The governing body shall appoint an individual, on a full time basis, to serve as its onsite agent, responsible for the day-to-day administration and management.
B. The governing body shall provide the center with evidence that the individual appointed as administrator is:
1. Currently licensed by the Virginia Board of Long Term Care Administrators; or
2. Holds a current administrator's license in another state and has filed an application for license with the Virginia Board of Long Term Care Administrators.
C. Within five working days of the effective date of termination of the administrator's employment, the governing body shall notify the OLC, in writing, of the name and qualifications of the replacement administrator of record or the acting administrator.
D. The governing body shall appoint a qualified administrator within 90 days of the effective date of the termination of the previously qualified administrator, and shall provide the OLC with written notification of the administrator's name, license number, and effective date of employment. An additional 30-day extension may be granted if a written request provides documentation that the individual designated as administrator is awaiting the final licensing decision of the Virginia Board of Long Term Care Administrators.
E. The governing body shall assure that administrative direction is provided at all times. The governing body, the administrator, or the chief executive officer shall designate, in writing, a qualified individual to act as the alternate nursing home administrator in the absence of the administrator of record.
12 VAC 5-371-140. POLICIES AND PROCEDURES.

A. The nursing facility shall implement written policies and procedures approved by the governing body.
B. All policies and procedures shall be reviewed at least annually, with recommended changes submitted to the governing body for approval.
C. A written record of the annual policy review, including at least the review dates, participants, recommendations and action dates of the governing body, shall be maintained.
D. Administrative and operational policies and procedures shall include, but are not limited to:
   1. Administrative records;
   2. Admission, transfer and discharge;
   3. Medical direction and physician services;
   4. Nursing direction and nursing services;
   5. Pharmaceutical services, including drugs purchased outside the nursing facility;
   6. Dietary services;
   7. Social services;
   8. Activities services;
   9. Restorative and rehabilitative resident services;
   10. Contractual services;
   11. Clinical records;
   12. Resident rights and grievances;
   13. Quality assurance and infection control;
   14. Safety and emergency preparedness procedures; and
   15. Professional and clinical ethics, including:
      a. Confidentiality of resident information;
      b. Truthful communication with residents;
      c. Observance of appropriate standards of informed consent and refusal of treatment; and
      d. Preservation of resident dignity, with special attention to the needs of the aged, the cognitively impaired, and the dying.
E. Personnel policies and procedures shall include, but are not limited to:
   1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification;
   2. An on-going plan for employee orientation, staff development, in-service training and continuing education;
   3. An accurate and complete personnel record for each employee including:
      a. Verification of current professional license, registration, or certificate or completion of a required approved training course;
      b. Criminal record check;
      c. Verification that the employee has reviewed or received a copy of the job description;
      d. Orientation to the nursing facility, its policies and to the position and duties assigned;
      e. Completed continuing education program approved for the employee as determined by the outcome of the annual performance evaluation;
      f. Annual employee performance evaluations; and
      g. Disciplinary action taken.
   4. Employee health-related information retained in a file separate from personnel files.
F. Financial policies and procedures shall include, but not be limited to:
1. Admission agreements;
2. Methods of billing:
   a. Services not included in the basic daily or monthly rate;
   b. Services delivered by contractors of the nursing facility; and
   c. Third party payers;
3. Resident or designated representative notification of changes in fees and charges;
4. Correction of billing errors and refund policy;
5. Collection of delinquent resident accounts; and
6. Handling of resident funds.
G. Policies shall be made available for review, upon request, to residents and their designated representatives.
H. Policies and procedures shall be readily available for staff use at all times.

12 VAC 5-371-150. RESIDENT RIGHTS.
A. The nursing facility shall develop and implement policies and procedures that ensure resident’s rights as defined in '32.1-138 and 32.1-138.1 of the Code of Virginia.
B. The procedures shall:
   ...2. Provide staff training to implement resident’s rights...

12 VAC 5-371-170. QUALITY ASSESSMENT AND ASSURANCE.
A. The nursing facility shall maintain a quality assessment and assurance committee consisting of at least the following individuals:
   1. The director of nursing services;
   2. A physician designated by the facility; and
   3. At least three other members of the facility staff one of whom demonstrates an ability to represent the rights and concerns of residents.
B. The quality assessment and assurance committee shall:
   1. Meet at least quarterly to identify issues which would improve quality of care and services provided to residents; and
   2. Develop and implement appropriate plans of action to correct identified deficiencies.
C. The nursing facility shall document compliance with these requirements.

C. The infection control program addressing the surveillance, prevention and control of facility wide infections shall include:
   ...3. Training of staff in proper handwashing techniques, according to accepted professional standards, to prevent cross contamination...
   ...10. Staff education regarding infection risk-reduction behavior.

12 VAC 5-371-190. SAFETY AND EMERGENCY PROCEDURES.
A. A written emergency preparedness plan shall be developed, reviewed, and implemented when needed. The plan shall address responses to natural disasters, as well as fire or other emergency which disrupts the normal course of operations. The plan shall address provisions for relocating residents and also address staff responsibilities for:
   1. Alerting emergency personnel and sounding alarms;
2. Implementing evacuation procedures including the evacuation of residents with special needs;
3. Using, maintaining and operating emergency equipment;
4. Accessing resident emergency medical information; and
5. Utilizing community support services.
B. All staff shall participate in periodic emergency preparedness training.
C. Staff shall have documented knowledge of, and be prepared to implement, the emergency preparedness plan in the event of an emergency.
D. At least one telephone shall be available in each area to which residents are admitted and additional telephones or extensions as are necessary to ensure availability in case of need.
E. In the event of a disaster, fire, emergency or any other condition that may jeopardize the health, safety and well-being of residents, the organization shall notify the OLC of the conditions and status of the residents and the licensed facility as soon as possible.
F. The nursing facility shall have a policy on smoking.

12 VAC 5-371-200. DIRECTOR OF NURSING.
A. Each nursing facility shall employ a full-time director of nursing to supervise the delivery of nursing services. The individual hired shall be a registered nurse licensed by the Virginia Board of Nursing.
B. The duties and responsibilities of the director of nursing shall include, but are not limited to:
...3. Participating in the employment of nursing personnel, including: ...(iv) orientation, (v) in-service education...
... 9. Recommending and coordinating the training needs of nursing staff with the individual responsible for in-service training.

...F. Before allowing a nurse aide to perform resident care duties, the nursing facility shall verify that the individual is:
1. A certified nurse aide in good standing;
2. Enrolled full-time in a nurse aide education program approved by the Virginia Board of Nursing; or
3. Has completed a nurse aide education program or competency testing, but has not yet been placed on the nurse aide registry.
G. Any person employed to perform the duties of a nurse aide on a permanent full-time, part-time, hourly, or contractual basis must be registered as a certified nurse aide within 120 days of employment.
H. Nurse aides employed or provided by a temporary personnel agency shall be certified to deliver nurse aide services.

12 VAC 5-371-230. MEDICAL DIRECTION.
A. Each nursing facility shall have a written agreement with one or more physicians licensed by the Virginia Board of Medicine to serve as medical director.
B. The duties of the medical director shall include, but are not limited to:
1. Advising the administrator and the director of nursing on medical issues, including the criteria for residents to be admitted, transferred or discharged from the nursing facility;
2. Advising on the development and execution of policies and procedures that have a direct effect upon the quality of medical and nursing care delivered to residents;
3. Acting as liaison and consulting with the administrator and the attending physician on matters regarding medical and nursing care policies and procedures of the nursing facility;
4. Advising and providing consultation to the nursing facility staff regarding communicable diseases, infection control and isolation procedures, and serving as liaison with local health officials;
5. Providing temporary physician services when the admitting physician is not the attending physician, in order to assure that the resident has temporary medical orders;
6. Providing physician services in case of emergency in the event that the resident's attending physician cannot be reached; and
7. Advising on the development and execution of an employee health program, which shall include provisions for determining that employees are free of communicable diseases according to current acceptable standards of practice.

12 VAC 5-371-260. STAFF DEVELOPMENT AND INSERVICE TRAINING.
A. All full time, part-time and temporary personnel shall receive orientation to the facility commensurate with their function or job-specific responsibilities.
B. All resident care staff shall receive annual inservice training commensurate with their function or job-specific responsibilities in at least the following:
   1. Special needs of residents as determined by the facility staff;
   2. Prevention and control of infections;
   3. Fire prevention or control and emergency preparedness;
   4. Safety and accident prevention;
   5. Restraint use, including, alternatives to physical and chemical restraints;
   6. Confidentiality of resident information;
   7. Understanding the needs of the aged and disabled;
   8. Resident rights, including personal rights, property rights and the protection of privacy, and procedures for handling complaints;
   9. Care of the cognitively impaired;
   10. Basic principles of cardiopulmonary resuscitation for licensed nursing staff and the Heimlich maneuver for nurse aides; and
C. The nursing facility shall have an ongoing training program that is planned and conducted for the development and improvement of skills of all personnel.
D. The nursing facility shall maintain written records indicating the content of and attendance at each orientation and in service training program.
E. The nursing facility shall provide inservice programs, based on the outcome of annual performance evaluations, for nurse aides.
F. Nurse aide inservice training shall consist of at least 12 hours per anniversary year.
G. The nursing facility shall provide training on the requirements for reporting adult abuse, neglect, or exploitation and the consequences for failing to make such a required report to all its employees who are licensed to practice medicine or any of the healing arts, serving as a hospital resident or intern, engaged in the nursing profession, working as a social worker,
mental health professional or law-enforcement officer and any other individual working with residents of the nursing facility.

12 VAC 5-371-310. DIAGNOSTIC SERVICES.
A. The nursing facility shall provide, or arrange for under written agreement, laboratory, x-ray and other diagnostic services, as ordered by a physician.
B. The nursing facility shall notify the attending physician of the results of diagnostic services.

D. The dietitian's duties shall include the following:
   3. Assisting in planning and conducting regularly scheduled inservice training that includes, but is not limited to:
      a. Therapeutic diets;
      b. Food preparation requirements; and
      c. Principles of sanitation.

12 VAC 5-371-360. CLINICAL RECORDS. (REVISED 1/11/2006)
A. The nursing facility shall maintain an organized clinical record system in accordance with recognized professional practices. Written policies and procedures shall be established specifying content and completion of clinical records.
B. Clinical records shall be confidential. Only authorized personnel shall have access as specified in §8.01-413 and § 32.1-127.1:03 of the Code of Virginia.
C. Records shall be safeguarded against destruction, fire, loss or unauthorized use.
D. Overall supervisory responsibility for assuring that clinical records are maintained, completed and preserved shall be assigned to an employee of the nursing facility. The individual shall have work experience or training which is consistent with the nature and complexity of the record system and be capable of effectively carrying out the functions of the job.
E. An accurate and complete clinical record shall be maintained for each resident and shall include, but not be limited to:
   1. Resident identification;
   2. Designation of attending physician;
   3. Admitting information, including resident medical history, physical examination and diagnosis;
   4. Physician orders, including all medications, treatments, diets, restorative and special medical procedures required;
   5. Progress notes written at the time of each visit;
   6. Documented evidence of assessment of resident's needs, establishment of an appropriate treatment plan, and interdisciplinary plan of care;
   7. Nurse's notes written in chronological order and signed by the individual making the entry;
   8. All symptoms and other indications of illness or injury, including date, time, and action taken on each shift;
   9. Medication and treatment record, including all medications, treatments and special
procedures performed;
10. Copies of radiology, laboratory and other consultant reports; and
11. Discharge summary.
F. Verbal orders shall be immediately documented in the clinical record by the individual
authorized to accept the orders, and shall be countersigned.
G. Clinical records of discharged residents shall be completed within 30 days of discharge.
H. Clinical records shall be kept for a minimum of five years after discharge or death, unless
otherwise specified by state or federal law.
I. Permanent information kept on each resident shall include:
   1. Name;
   2. Social security number;
   3. Date of birth;
   4. Date of admission and discharge; and
   5. Name and address of guardian, if any.
J. Clinical records shall be available to residents and legal representatives, if they wish to
   see them.
K. When a nursing facility closes, the owners shall make provisions for the safekeeping and
   confidentiality of all clinical records.

12 VAC 5-371-400. UNIQUE DESIGN SOLUTIONS.
A. All unique design solutions shall be described with outcome measures. This shall be
   reviewed in cooperation with the OLC.
B. The description and outcome measures shall be a part of the material used to review the
design solution at the time of the facility survey.
C. All unique design solutions, unless specifically excluded by contract, shall comply with
   Parts II (12 VAC 5-371-110 et seq.) and III (12 VAC 5-371-200 et seq.) of this chapter.