10.07.02.07 ADMINISTRATION AND RESIDENT CARE.

...H. Educational Program. An ongoing educational program shall be planned and conducted for the development and improvement of skills of all the facility's personnel, including training related to problems and needs of the aged, ill, and disabled. Records shall be maintained reflecting attendance, by name and title, and training content. Inservice training shall include at least:

1. Prevention and control of infections;
2. Fire prevention programs and patient related safety procedures in emergency situations or conditions;
3. Accident prevention;
4. Confidentiality of patient information;
5. Preservation of patient dignity, including protection of the patient’s privacy and personal and property rights;
6. Psychophysical and psychosocial needs of the aged ill;
7. Receipt by each employee of appropriate orientation to the facility and its policies, and to the employee’s position and duties;
8. Approval by the Department of the orientation and training programs.

10.07.02.07-1 EMPLOYEE TRAINING ON COGNITIVE IMPAIRMENT AND MENTAL ILLNESS.

A. The following employees shall receive a minimum of 8 hours of training on cognitive impairment and mental illness within the first 90 days of employment:

1. Any employee who is licensed, certified, or registered under the Health Occupations Article, Annotated Code of Maryland; and
2. Any employee whose job duties include assisting residents with activities of daily living.

B. The training on cognitive impairment and mental illness shall be designed to meet the specific needs of the facility’s population as determined by the staff trainer, including the following as appropriate:

1. An overview of the following:
(a) A description of normal aging and conditions causing cognitive impairment;
(b) A description of normal aging and conditions causing mental illness;
(c) Risk factors for cognitive impairment;
(d) Risk factors for mental illness;
(e) Health conditions that affect cognitive impairment;
(f) Health conditions that affect mental illness;
(g) Early identification and intervention for cognitive impairment;
(h) Early identification and intervention for mental illness; and
(i) Procedures for reporting cognitive, behavioral, and mood changes;

(2) Effective communication including:
(a) The effect of cognitive impairment on expressive and receptive communication;
(b) The effect of mental illness on expressive and receptive communication;
(c) Effective verbal, non-verbal, tone and volume of voice, and word choice techniques; and
(d) Environmental stimuli and influences on communication;

(3) Behavioral intervention including:
(a) Identifying and interpreting behavioral symptoms;
(b) Problem solving for appropriate intervention;
(c) Risk factors and safety precautions to protect the individual and other residents; and
(d) De-escalation techniques;

(4) Making activities meaningful including:
(a) Understanding the therapeutic role of activities;
(b) Creating opportunities for productive, leisure, and self-care activities; and
(c) Structuring the day;

(5) Staff and family interaction including:
(a) Building a partnership for goal-directed care;
(b) Understanding families needs; and
(c) Effective communication between family and staff;
(6) End-of-life care including:
(a) Pain management;
(b) Providing comfort and dignity; and
(c) Supporting the family; and
(7) Managing staff stress including:
(a) Understanding the impact of stress on job performance, staff relations, and overall facility environment;
(b) Identification of stress triggers;
(c) Self-care skills;
(d) De-escalation techniques; and
(e) Devising support systems and action plans.

C. Employees who are not licensed, certified, or registered or who do not assist residents with activities of daily living shall receive a minimum of 2 hours of training on cognitive impairment and mental illness within the first 90 days of employment. The training shall include:

(1) An overview of the following:
(a) A description of normal aging and conditions causing cognitive impairment;
(b) A description of normal aging and conditions causing mental illness;
(c) Risk factors for cognitive impairment;
(d) Risk factors for mental illness;
(e) Health conditions that affect cognitive impairment;
(f) Health conditions that affect mental illness;
(g) Early identification and intervention for cognitive impairment;
(h) Early identification and intervention for mental illness; and
(i) Procedures for reporting cognitive, behavioral, and mood changes;

(2) Effective communication including:
(a) The effect of cognitive impairment on expressive and receptive communication;
(b) The effect of mental illness on expressive and receptive communication;
(c) Effective verbal, non-verbal, tone and volume of voice, and word choice techniques; and
(d) Environmental stimuli and influences on communication; and
(3) Behavioral intervention including risk factors and safety precautions to protect the individual and other residents.

D. Ongoing training in cognitive impairment and mental illness shall be provided annually and consist of, at a minimum:

(1) 2 hours for employees who are licensed, certified, or registered under the Health Occupations Article, Annotated Code of Maryland, or who assist residents with activities of daily living; and

(2) 1 hour for all other employees.

E. The training that is described in this chapter may be provided through various means including:

(1) Classroom instruction;

(2) In-service training;

(3) Internet courses;

(4) Correspondence courses;

(5) Pre-recorded training; or

(6) Other training methods.

F. When the training method does not involve direct interaction between faculty and the participant, the facility shall make available to the participant during the training a trained individual to answer questions and respond to issues raised by the training.

10.07.02.12 NURSING SERVICES.

...U. Inservice Educational Program. There shall be a continuing inservice educational program in effect for all nursing personnel in addition to a thorough job orientation for new personnel. There shall be documentation of content of programs and names and titles of participants. The program which shall be the responsibility of the director of nursing shall be approved by the Department.

V. Director of Nursing’s Continuing Education. The director of nursing shall assume responsibility for maintaining his own professional competence through participation in programs of continuing education.

10.07.02.15 PHARMACEUTICAL SERVICES.

...E. Pharmacist Supervises Services...The pharmaceutical services shall be under the general supervision of a qualified pharmacist who shall:

(1) Be responsible, with the advice of the pharmaceutical services committee, to develop, coordinate, and supervise the pharmaceutical services and provide in-service at least twice yearly.
**10.07.02.17 DENTAL SERVICES.**

A. Provision for Dental Care. Patients shall be assisted to obtain routine and emergency dental care.

B. Advisory Dentist. There shall be an advisory dentist, licensed to practice in the State, who shall:

...(3) Provide direction for in-service training to give the nursing staff an understanding of patients' dental problems.

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**10.07.02.21 INFECTION CONTROL PROGRAM.**

...C. Effective January 1, 2005, the facility's infection control coordinator shall attend a basic infection control training course that is approved by the Office of Health Care Quality and the Office of Epidemiology and Disease Control Program for the Department.