300 ADMINISTRATION

301.2 ADMINISTRATOR

Nursing personnel on the day tour of duty shall not be delegated authority to operate the facility unless relief nursing personnel are employed to replace the selected nurse.

303 PERSONNEL ADMINISTRATION

303.10 Nursing or personal care shall not be delegated to cooks, housekeeping, or laundry personnel.

510 NURSING

511 PROFESSIONAL NURSE SUPERVISION

511.1 A licensed registered nurse shall be employed full-time as the Director of Nursing Services and normally work on the day shift. In skilled nursing facilities registered nurse relief shall be provided for the off days of the Director of Nursing Services. If the Director of Nursing Services has other institutional responsibilities in addition to written job description, a licensed registered nurse shall serve as assistant so that there is the equivalent of a full-time Director of Nursing Services on duty.

511.2 In Intermediate Care Facilities the registered nurse must work forty (40) hours per week, normally on the day shift. An LPN may serve as relief on the Director of Nursing Services’ days off.

511.3 The Director of Nursing Services shall be responsible for the development and maintenance of nursing service objectives, standards of nursing practice, nursing policy and procedures manuals, written job descriptions for each level of nursing personnel, scheduling of daily rounds to see all patients, methods for coordination of nursing service with other patient services, for recommending the number and levels of nursing personnel to be employed to meet the needs of the patients, nursing staff development, and supervision of nursing documentation.

511.4 The Director of Nursing Services can serve as Director of Nursing Services in only one facility.

512 CHARGE NURSE
512.1 In Skilled nursing Facilities, the Director of Nursing Services shall designate as charge nurse for each shift a registered nurse, a licensed practical nurse, or a licensed psychiatric technician nurse. Responsibilities of the charge nurse shall include supervision of the total nursing activities in the facility during his/her assigned tour of duty.

512.2 In Intermediate Care Facilities, the Director of Nursing Services shall designate as charge nurse for each shift a registered nurse, a licensed practical nurse, or a licensed psychiatric technician nurse. In facilities admitting or retaining patients requiring medications or treatments on the night shift, the charge nurse designated on the night shift must be a licensed nurse.

512.3 The charge nurse’s duties shall include as a minimum:

- Responsibility for observation of work performance of aides in delivery of direct care.
- Administration of medication if there is no assigned medication nurse.
- Ordering medications from the pharmacy.
- All direct observations of patients to observe and evaluate physical and emotional status.
- Delegate responsibility for the direct care of specific patients to the nursing staff based on the need of the patients.
- Taking phone orders from physicians or dentists.
- Giving shift report to the next shift.
- Shift count of control drugs.
- Dietary observations.

512.4 The Director of Nursing Services shall not serve as charge nurse in a Skilled Nursing Facility with an average daily total occupancy of seventy-one (71) or more patients. Waivered Licensed Practical Nurses shall not serve as charge nurse unless they have passed the State Pool Examination or Public Health Proficiency Examination.

513 NURSING STAFF

513.1 All registered nurses, licensed practical nurses, and licensed psychiatric technicians employed in the nursing home shall be currently licensed in the State of Arkansas.

513.2 The licensed nursing staff required shall be computed in accordance with Section 520.

513.3 The nursing aide requirement shall be computed in accordance with Section 520.

513.4 In nursing homes with more than one classification of license, each distinct part shall be staffed according to the requirements for each classification.

514 PERSONNEL ASSIGNMENTS
514.1 The nursing staff shall be engaged in the direct care and treatment of the patients.

514.2 No aide shall be permitted to combine the duties of housekeeping, laundry, or kitchen duties with nursing because of the danger of cross infection to the patient.

514.3 In multi-story homes, each floor should be staffed as an individual unit.

516 NURSING CARE REQUIREMENTS

516.1 Charting

a. Summary charting should address the resident's problems/needs, interventions to resolve those needs, and the progress made toward achieving the resident goals as listed on the care plan.

b. All disciplines (nursing, dietary, therapies, social, etc.) may document their progress notes on the same chart to promote continuity of care.

c. All charting notations made on the nurse’s progress notes or flow sheets shall be entered by time and date, and shall be signed or initialed. d. Minimum requirements for summary charting based on the resident’s Level of Care are as follows:

Skilled Every two (2) weeks

Intermediate I Every two (2) weeks

Intermediate II Monthly

Intermediate III Monthly

e. The following observations must be charted upon occurrence*:

[* If a flow sheet is utilized for documentation of the following, it is only necessary to document a summarization on the nurse’s progress notes based on the time frequencies in item (d) above.]

1. Accidents/Incidents (charting will be done every shift for at least 48 hours or until the resident returns to pre-accident status or stable condition, which ever is longer);

2. Significant changes in the residents physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications). Charting will be required on every shift until the resident’s condition becomes stable;

3. Any need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment. due to adverse consequences, or to commence a new form of treatment);
4. Use of physical restraints to include the type applied, time of application, checks, releases and exercise of resident. (Flow sheet may be used.);

5. Bedtime snacks for therapeutic diets and physician ordered supplemental feedings to include the type, amount served and amount consumed. (Flow sheet may be used.);

6. Meal consumption for residents at nutritional risk to include percentage of meal consumed. (Flow sheet may be used.);

7. PRN medications to include name, amount, route of administration, time, reason given and response. PRN "controlled" drugs must also be charted in the nurse's notes, which must also contain the condition of the patient before and after administration.

8. Foley catheters to include documentation of insertion, reinsertion, removal and catheter irrigations. The total amount of urinary output must be documented, at a minimum, every eight (8) hours. (Flow sheet may be used.);

9. Nasogastric or gastrostomy tubes to include documentation of insertion, reinsertion, removal, placement checks, care of site, type of formula, amount of formula, rate of feeding, and flushes. Total fluid intake must be documented, at a minimum, every eight (8) hours to include formula and flushes. (Flow sheet may be used.);

10. Problem skin conditions to include date of onset and weekly progress notes. Documentation must identify the skin problem, stage, size, color, odor and drainage, if any. The chart shall also document the date and time of treatments and dressings. (Flow sheet may be used.);

11. Physician visits to include date of visit;

12. Any contacts with the physician (date and time) regarding the resident’s condition and the physician’s response/instructions;

13. Resident’s condition on discharge or transfer;

14. Disposition of personal belongings and medications upon discharge;

15. Time of death of a resident, the name of person pronouncing death and disposition of the body.

f. Vital signs must be charted weekly and weights monthly unless ordered more frequently. (Flow sheet: may be used.)

520 MINIMUM DIRECT-CARE STAFFING REQUIREMENTS

520.1 Definitions

For purposes of this regulation, and unless otherwise specified herein, the following definitions shall apply. The following definitions are independent of, and in no way are intended to modify, amend or otherwise change, the definitions set forth in the Reimbursement Methodology.
520.1.1 Direct-care staff means any licensed or certified nursing staff who provides direct, hands-on care to residents in a nursing facility. Direct-care Staff shall not include therapy personnel or individuals acting as Director of Nursing for a facility.

520.1.2 Midnight census means the number of residents occupying nursing home beds in a nursing facility at midnight of each day.

520.1.3 Day shift means the period of 7:00 a.m. to 3:00 p.m., or, in the event of flex staffing, the first shift to begin after midnight.

520.1.4 Evening shift means the period of 3:00 p.m. to 11:00 p.m., or, in the event of flex staffing, the second shift to begin after midnight.

520.1.5 Night shift means the period of 11:00 p.m. to 7:00 a.m., or, in the event of flex staffing, the third shift to begin after midnight.

520.1.6 Therapy personnel shall include certified or licensed Medicare Part A Therapy personnel when they are performing, or billing for, Medicare Part A therapy services.

520.1.7 Flex staffing means the ability to vary the beginning and ending hours of a shift from the times set forth in 520.1.3 through 520.1.5.

520.1.8 Pattern of failure means a facility did not meet the minimum staffing requirements for more than twenty percent (20%) of the total number of shifts for any one month.

520.1.9 Resident census means the midnight census as defined in 520.1.2 taken prior to the shift in question.

520.2 RATIO OF DIRECT-CARE STAFF TO RESIDENTS – COMPUTATION

520.2.1 Minimum staffing computations shall be performed using the following method:

Step 1 – Determine the midnight census for the date the shift begins.

Step 2 – Divide the census by the ratio of direct-care staff required for the shift being computed. The result will be the total number of direct-care staff required for the shift.

Step 3 – Divide the census by the required ratio of licensed personnel for the shift being computed. The result will be the total number of licensed direct-care staff required for the shift.

Step 4 – Subtract the results of Step 3 from the results of Step 2. The result will be the total number of remaining direct-care staff required for the shift.

520.2.2 All computations shall be carried to the hundredth place. If the computations result in other than a whole number of direct-care staff for a shift, the number shall be rounded up to the next whole number when the computation, carried to the hundredth place, is fifty-one hundredths (.51) or higher.

520.2.3 Facilities shall have no less than one (1) licensed personnel per shift for direct-care staff as of July 1, 2001.
520.3 MINIMUM DIRECT-CARE STAFF RATIOS

520.3.1 Beginning October 1, 2003, facilities shall maintain the following direct-care staff to resident ratios:

520.3.1.1 Day Shift: One (1) direct-care staff to every six (6) residents; of which there shall be one (1) licensed nurse to every forty (40) residents.

520.3.1.2 Evening Shift: One (1) direct-care staff to every nine (9) residents; of which there shall be one (1) licensed nurse to every forty (40) residents.

520.3.1.3 Night Shift: One (1) direct-care staff to every fourteen (14) residents; of which there shall be one (1) licensed nurse to every eighty (80) residents.

Beginning October 1, 2003

Example: The facility has a census of eighty-two (82) residents as of midnight on December 10, 2003, and is computing the required direct-care staff for the day shift of December 11, 2003. The day shift has a direct-care-staff to resident ratio of one (1) direct-care staff to every six (6) residents, of which there shall be one (1) licensed staff member to every forty (40) residents.

Step 1: Census of 82

Step 2: 82 /6 = 13.67 [Round to 14; total number of direct-care staff required]

Step 3: 82 /40 = 2.05 [Round to 2; number of licensed direct-care staff required]

Step 4: 14 – 2 = 12 [Number of remaining direct-care staff required]

Total number of direct-care staff for the day shift: 14

Total number of licensed direct-care staff for the day shift: 2

Total number of remaining direct care staff for the day shift: 12

Example: The facility has a census of ninety-seven (97) residents as of midnight on January 3, 2004, and is computing the required direct-care staff for the evening shift. The evening shift has a direct-care-staff to resident ratio of one (1) direct-care staff to every nine (9) residents, of which there shall be one (1) licensed staff member to every forty (40) residents.

Step 1 – Census of 97

Step 2 – 97 /9 = 10.77 [Round to 11; total number of direct-care staff required]

Step 3 – 97 /40 = 2.42 [Round to 2; number of licensed direct-care staff required]

Step 4 – 11 – 2 = 9 [Number of remaining direct-care staff required]

Total number of direct-care staff for the evening shift: 11

Total number of licensed direct-care staff for the evening shift: 2
Total number of remaining direct care staff for the evening shift: 9

Example: The facility has a census of one hundred forty-two (142) residents as of midnight on December 7, 2003, and is computing the required direct-care staff for the night shift. The night shift has a direct-care-staff to resident ratio of one (1) direct-care staff to every fourteen (14) residents, of which there shall be one (1) licensed staff member to every eighty (80) residents.

Step 1 – Census of 142
Step 2 – $\frac{142}{14} = 10.14$ [Round to 10; total number of direct-care staff]
Step 3 – $\frac{142}{80} = 1.77$ [Round to 2; number of licensed direct-care staff]
Step 4 – $10 - 2 = 8$ [Number of remaining direct-care staff]

Total number of direct-care staff for the night shift: 10
Total number of licensed direct-care staff for the night shift: 2
Total number of remaining direct care staff for the night shift: 8

520.4 EXCEPTIONS TO MINIMUM STAFFING RATIOS

520.4.1 Upon an increase in a facility’s resident census, the facility shall be exempt from any corresponding increase in staffing ratios for a period of nine (9) consecutive shifts beginning with the first shift following the midnight census for the date of the expansion of the resident census.

520.4.2 When residents are relocated or transferred from facilities due to natural disaster, emergency or as a result of state or federal action, the Department of Human Services may waive, for a period of no more than three (3) months from the date of transfer, some or all of any required increase in direct-care staff for the facility or facilities to whom the residents are relocated or transferred. Waivers will only be granted for good cause shown, and upon telephone, facsimile or written request. A grant of a waiver is within the sole discretion of the Office of Long Term Care. Facilities may apply for a waiver by writing the Director of the Office of Long Term Care. The written request should state, at a minimum:

a. The date of the transfer for each resident;

b. The number of residents transferred for each date in which residents were received from another facility;

c. The anticipated date by which the facility will be able to meet the increased number of minimum staff for the total number of residents of the entire facility, including all residents received in transfer;

d. The name of the facility from which the residents were transferred; and,
e. A brief explanation as to why the facility’s staffing cannot be increased prior to the anticipated increase date set out in c, above.

520.5 STAFFING REPORTS

520.5.1 By the fifth (5th) day of each month, each nursing facility or nursing home shall submit a written report of all shifts for the preceding month to the Office of Long Term Care, utilizing form DMS-718.

520.5.2 In addition, each report shall designate the shifts in which minimum staffing standards were not met, as set forth in form DMS-718.

520.6 FLEX STAFFING

520.6.1 Flex staffing permits facilities to vary the beginning and ending hours for shifts, so that facilities may maximize staff time to the benefit of residents. Regardless whether a facility employs shifts of greater duration than specified in these regulations – such as ten (10) or twelve (12) hour shifts – for purposes of computing minimum staffing ratios the facility shall base their computations on three shifts of equal length. Facilities can, however, designate that their shifts will begin earlier or later than specified in Sections 520.1.3 through 520.1.5.

520.6.2 When facilities utilize flex staffing, the shifts must meet the staffing requirements set forth herein for the entire period of the shift. As way of example only, if a facility begins a shift at 5:30 a.m., the minimum staffing requirements for that shift, which would end at 1:30, would be minimum staffing requirements for the Day Shift as set forth in Sections 520.1.3 through 520.1.5, and those minimums must be maintained throughout the entire shift.

520.6.3 The Office of Long Term Care shall be notified in writing when a facility implements a flex-staffing schedule. The written notice shall state the beginning and ending hours of each shift under the flex staffing.

520.7 PENALTIES

Violations of these regulations shall be punishable in accordance with Ark. Code Ann. § 20-10-1407 and 20-10-1408.

520.8 RESIDENT CARE NEEDS AND INCREASES IN STAFFING

The staffing standards set forth in Section 520.3 are minimum requirements that facilities must meet at all times, except as provided herein. In the event that the Office of Long Term Care determines that sufficient personnel are not employed or available to meet resident care needs, the Office of Long Term Care may require the facility to either increase staff on a per-shift basis or reduce resident census. In such cases, the Office of Long Term Care will notify the facility in writing of its determination, including the basis for the determination. In addition, the Office of Long Term Care will state the number of additional staff that must
be employed or available and the date by which the additional staff must be employed or available; the amount by which the resident census must be reduced and the date by which that reduction must be achieved; or both.

In the event that the Director of the Office of Long Term Care determines that minimum staffing standards should be increased pursuant to Ark. Code Ann. § 20-10-1409(b)(2), the Director of the Office of Long Term Care shall certify the determination and any proposed regulatory increases to minimum staffing standards to the Director of the Division of Medical Services, who shall notify the Director of the Department of Human Services and the Legislative Council of the determination, and whether sufficient appropriated funds exist to fund the costs, as defined as direct-care costs by the Long Term Care Cost Reimbursement Methodology of the Long Term Care Provider Reimbursement Manual as in effect January 12, 2001, to be incurred by the proposed changes to the minimum staffing standards.

In no event shall minimum staffing standards be increased unless sufficient appropriated funds exist to fund the costs to be incurred by the proposed increases to minimum staffing standards.

520.9 POSTING

520.9.1 Definitions. For purposes of this regulation:

(a) Hall means a corridor or passageway in a facility containing one or more resident rooms.

(b) Wing means a section of a facility devoted to resident care and containing one or more resident rooms.

(c) Corridor means a passageway with one or more resident rooms opening onto it.

(d) Unit means one hall, one wing, or one corridor.

(e) Daily Staffing Log means form DMS-7780.

(f) Day Shift means the period of 7:00 a.m. to 3:00 p.m. The facility may allow employees to begin their work shift up to two (2) hours prior to, or up to two (2) hours following, 7:00 a.m. to meet patient care needs.

(g) Evening Shift means the period of 3:00 p.m. to 11:00 p.m. The facility may allow employees to begin their work shift up to two (2) hours prior to, or up to two (2) hours following, 3:00 p.m. to meet patient care needs.

(h) Night Shift means the period of 11:00 p.m. to 7:00 a.m. The facility may allow employees to begin their work shift up to two (2) hours prior to, or up to two (2) hours following, 11:00 p.m. to meet patient care needs.
(i) **Accessible** means that the Daily Staffing Log shall not be obscured or blocked, partially or in whole, by any object; shall be located between four feet (4’) to five feet (5’) as measured from the floor; and shall be posted on a wall of each hall, wing or corridor that is not obstructed, blocked or is in any manner behind any fixture, nurses’ station or other object. Encasing the Daily Staffing Log in a clear or transparent cover, binder or other similar object is permissible.

520.9.2 The facility shall complete, post and maintain Daily Staffing Logs utilizing form DMS-7780, and in conformity with the instructions contained in that form and these regulations.

520.9.3 The Daily Staffing Log shall be conspicuously posted on each hall, wing and corridor in a manner that makes it accessible at all times.

520.9.4 The DMS-7780 shall be retained and filed by the facility until the next standard survey by the Office of Long Term Care or one year from the month the specific form is completed, whichever is greater. All DMS-7780s filed by the facility shall be available for review by any interested person within seventy-two (72) hours of receipt of a written request.

520.9.5 A violation of any provision of this regulation shall be a Class C violation in accordance with Ark. Code Ann. § 20-10-205 and 20-10-206.

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**Instructions for Completing Form DMS-7780**

As required by Ark. Code Ann. § 20-10-1401 et seq., a copy of the Form DMS-7780 is to be completed and posted daily as specified in these instructions and LTC Section 520.9.

Start a new Log with each Day Shift.

1. **Date** – Enter the current date.

2. **Facility** – Enter facility name.

3. **Hall, Wing or Corridor** – Specify the hall, corridor, or wing that the Log covers. See Section 520.9.1.

4. **Shift Sign-In Sheet** – Staff will sign in at the beginning of each shift and sign out at the end of each shift on the Shift Sign-In Sheet in the section designated for their licensure or certification status. On the log, each person will:
   
   • specify his/her time in
   • sign name
   • specify time out

RNs, LPNs and RNAs working as CNAs will sign in under the section for their licensure,
but the facility shall denote on the form that they are working as CNAs for that shift by placing "(CNA)" after their name. Likewise, RNs working as LPNs will sign in under the RN section, but the facility shall denote on the form that they are working as LPNs by placing "(LPN)" after their name.

5. Today's Residents on Unit – At the beginning of each shift, the Charge Nurse or designee will enter the number of residents on that unit as of 12:01 a.m. of the date of the report. See Section 520.9.1 for the definition of shifts.

6. Comments – The Administrator or designee may enter comments explaining any discrepancies between required and actual staffing.

7. Post the log - See Sections 520.9.1(a), (b), (c), (e), and (i), and 520.9.3.

8. Review – The Administrator, DON or Designee will sign and date each staffing log prior to filing.

9. Save and file the logs for audit by OLTC - See Section 520.9.4.

804 STAFFING [HomeStyle facilities]

Facilities designated by the Office of Long Term Care as HomeStyle facilities shall employ the same staffing ratios and otherwise comply with Section 520 of these regulations; provided, however, that Certified Nurse Assistants (CNAs) utilized in HomeStyle facilities may act as universal workers. For purposes of this regulation, universal or flexible worker means a CNA who, in addition to performing CNA duties, performs dietary, laundry, housekeeping, activities and other services to meet the needs of residents.

Staffing ratios for HomeStyle homes shall be computed based on the midnight census. Except for licensed staff, staffing ratios shall be computed for each home individually and not the facility or all HomeStyle homes as a whole. Each home shall have at least two (2) CNA present at all times during the day and evening shifts and at least one (1) CNA present at all times during the night shift.

901 GENERAL ADMINISTRATION [ALZHEIMER'S SPECIAL CARE UNITS]

a. General Program Requirements

...3. Provide for relief of direct care personnel to ensure minimum staffing requirements are maintained at all times.
...5. Nursing, direct-care, or personal care staff shall not perform the duties of cooks, housekeepers, or laundry personnel during the same shift they perform nursing, direct-care or personal care duties.

b. Disclosure Statement and Notice to the Office of Long Term Care

...5...The disclosure statement shall include, but not be limited to, the following information about the facility's ASCU:

...E. The minimum number of direct care staff assigned to the ASCU each shift.

...L. Staffing ratios and staff training requirements shall be documented in the facility's disclosure statement.