3201 ADMINISTRATIVE MANAGEMENT

...3201.3 The Administrator shall appoint the Director of Nursing, the Medical Director, the Assistant Administrator, a licensed registered nurse and a department head or another licensed or approved Administrator to act as Administrator in his or her absence.

3206 RESIDENT CARE POLICIES

3206.1 There shall be written policies to govern nursing care and related medical and other services provided.

3208 NURSING SERVICES

3208.1 A licensed registered nurse shall be employed full-time as Director of Nursing Services, except as provided in this section.

3208.2 If the Director of Nursing is temporarily absent, the responsibility for continuity and supervision of nursing services shall be delegated to a licensed registered nurse.

3208.3 Each Director of Nursing hired after the effective date of these regulations shall have, at a minimum, a District of Columbia license as a registered nurse and:

(a) A Bachelor's degree; or

(b) Three (3) years of clinical experience in appropriate nursing specialties that may include geriatric, rehabilitation or psychiatric care and/or other related clinical areas.

3208.4 Each Director of Nursing shall participate annually in a minimum of twelve (12) hours of continuing education programs relating to geriatric, administration, or related areas of care.

3208.5 The Director of Nursing shall provide for, at a minimum, the following:

(a) Delivery of nursing care services in accordance with these rules;

(b) Developing and maintaining nursing service objectives, standards of practice, policy and procedure manuals, and written job descriptions for each level of nursing personnel;

(c) Planning for and recommending to the Administrator the number and levels of nursing personnel to be employed;
(d) Coordinating nursing personnel, which includes the following:

(1) Recruitment;

(2) Selection;

(3) Position assignment;

(4) Orientation;

(5) In-service education;

(6) Supervision; and

(7) Termination;

(e) Developing a staffing plan that considers residents’ needs for various types of nursing care;

(f) Working with the medical staff and the interdisciplinary team in developing and implementing policies for resident care;

(g) Working with other employees to ensure that the interdisciplinary care plan (ICP) is coordinated and maintained; and

(h) Working with the Administrator and the Medical staff or Medical Director in the allocation of funds for facility programs.

3209 NURSING SERVICES SUPERVISION

3209.1 A Nursing Services Supervisor shall be on duty at all times.

3209.2 Each Nursing Services Supervisor shall:

(a) Be qualified by education or experience in geriatric, rehabilitation or psychiatric nursing or other appropriate nursing discipline, with appropriate documentation; and

(b) Be currently licensed as a registered nurse in the District of Columbia.

3209.3 The Director of Nursing may serve as the Nursing Services Supervisor while on his or her regular tour of duty, if the facility has a licensed bed capacity of thirty (30) or less.

3209.4 A charge nurse may serve as the Nursing Services Supervisor when he or she is a registered nurse.

3210 LICENSED NURSING COVERAGE

3210.1 Each facility shall employ a charge nurse on each unit twenty-four (24) hours a day.

3210.2 Each charge nurse shall be a licensed registered nurse or licensed practical nurse in the District with experience in geriatric, rehabilitation, psychiatric, or other appropriate nursing discipline.
3210.3 When a licensed practical nurse serves as a charge nurse, he or she shall have ready access to consultation with a registered nurse.

3210.4 A charge nurse shall be responsible for the following:

(a) Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention;

(b) Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherence to stop-order policies;

(c) Reviewing residents’ plans of care for appropriate goals and approaches, and revising them as needed;

(d) Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;

(e) Supervising and evaluating each nursing employee on the unit; and

(f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents.

3211 NURSING PERSONNEL

3211.1 Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:

(a) Treatments, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;

(b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:

(c) Assistance in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;

(d) Protection from accident, injury, and infection;

(e) Encouragement, assistance, and training in self-care and group activities;

(f) Encouragement and assistance to:

(1) Get out of bed and dress or be dressed in his or her own clothing, and shoes or slippers, which shall be clean and in good repair;

(2) Use the dining room if he or she is able; and

(3) Participate in meaningful social and recreational activities;

(g) Prompt, unhurried assistance if he or she requires or requests help with eating;
(h) Prescribed adaptive self-help devices to assist him or her in eating independently;

(i) Assistance, if needed, with daily hygiene, including oral care; and

(j) Prompt response to an activated call bell or call for help.

3211.2 Each facility shall have at least the following employees:

(a) At least one (1) registered nurse on a twenty-four (24) hour basis, seven (7) days a week;

(b) Twenty-four (24) hour licensed nursing staff sufficient to meet nursing needs of all residents;

(c) At least one practical or registered nurse, serving as charge nurse, on each unit at all times; and

(d) A minimum of two (2) nursing employees per nursing unit, per shift.

3211.3 Beginning no later than January 1, 2005, each facility shall employ sufficient nursing staff to provide a minimum daily average of 3.5 nursing hours per resident per day. Nursing staff shall include Registered Nurses (RN), Licensed Practical Nurses (LPN), and Certified Nurse Aides (CNA).

3211.4 The staffing requirements in subsection 3211.3 shall be adjusted upward for residents with higher nursing care needs and for residents with more acute conditions.

3211.5 The Department of Health may consider a waiver of the staffing requirements in subsection 3211.3 for a facility that has had, within the previous three (3) years, no deficiencies related to resident care that have exceeded the federal C level in scope and severity (no actual harm; potential for only minimal harm). The Department may also consider a waiver for a facility that has had, within the previous three (3) years, one (1) deficiency related to resident care at the federal D level in scope and severity (an isolated incident; no actual harm; potential for more than minimal harm), if the facility has demonstrated an otherwise good level of care.

3211.6 To meet the requirements of subsections 3211.2 and 3211.3(b), facilities of thirty (30) licensed occupied beds or more shall not include the Director of Nursing Services or any other nursing supervisory employee who is not providing direct resident care.

3211.7 Weekly time schedules shall be maintained and indicate the number and classifications of nursing personnel, including relief personnel who work on each unit for each tour of duty.

3211.8 Nursing personnel, licensed practical nurses, certified nurse aids, nurse aides, orderlies, and ward clerks shall be assigned duties consistent with their education and experience and based on the characteristics of the patient load.

3212 TEMPORARY NURSING PERSONNEL
3212.1 Each facility may hire temporary nurses, including contract nurses, who shall be licensed in the District of Columbia.

3212.2 The facility shall have policies and procedures for orienting qualified temporary nursing personnel to the facility and to residents.

3212.3 Each temporary employee who serves as a charge nurse on a nursing unit shall be supervised by a licensed registered nurse who is a permanent employee.

3212.4 A written agreement shall be executed between the facility and any contract agency employed to provide nursing personnel to the facility in compliance with the requirements of this chapter.

3213 RESTORATIVE NURSING CARE PROGRAM

3213.1 The facility shall have a restorative nursing care program to assist in maintaining the highest practicable level of physical, mental and psychosocial well-being of each resident.

3213.2 Each nursing employee shall provide restorative nursing in his or her daily care of residents, which shall include the following:

(a) Maintaining good body alignment and proper positioning of bedridden residents;

(b) Encouraging and assisting bedridden residents or those residents that are confined to a chair to change position at least every two (2) hours or more often as the resident's condition warrants, day and night, to stimulate circulation; prevent bed sores, pressure ulcers and deformities; and to promote the healing of pressure ulcers;

(c) Encouraging residents to be active and out of bed for reasonable periods of time, except when contraindicated by physician's orders;

(d) Encouraging residents to be independent in activities of daily living by teaching and explaining the importance of self-care, ensuring and assisting with transfer and ambulating activities, by allowing sufficient time for task completion by the residents, and by encouraging and honoring resident's choices;

(e) Assisting residents to adjust to their condition and to their use of prosthetic devices;

(f) Achieving good body alignment and balance for residents who use mechanical supports, which are properly designed and applied under the supervision of a licensed nurse;

(g) Identifying residents who would benefit from a bowel and bladder training program and initiating such a program to decrease incontinence and unnecessary use of catheters; and

(h) Assessing the nature, causes and extent of behavioral disorientation difficulty and implementing appropriate strategies and practices to improve the same.