411-086-0010 Administrator

(1) Full-Time. Each licensed nursing facility shall be under the supervision of a full-time Oregon licensed nursing home administrator:

...(b) In facilities with 40 or fewer beds and which admit only residents requiring intermediate care, a person who meets the requirements for both administrator and director of nursing services (DNS) may function simultaneously in both capacities.

411-086-0020 Director of Nursing Services (DNS)

(Effective 10/01/1990)

(1) FULL-TIME. Each facility shall have a director of nursing services who shall be full-time (40-hours per week) in a single nursing facility. Time spent in professional association workshops, seminars and continuing education may be counted in considering whether or not the DNS is full-time.

(2) QUALIFICATIONS. The DNS shall be a registered nurse who has specific knowledge about nursing administration in a nursing facility.

(a) The DNS shall have at least six months experience in a nursing facility, hospital, or inpatient rehabilitation facility;

(b) Within nine months of employment the DNS shall have:

(A) Successfully completed six credit hours in management or supervision, pertinent to long term care, from an accredited college or university; or

(B) A baccalaureate or master's degree in nursing and documentation of course work which includes management or supervision.

(c) The DNS shall successfully complete every two years at least 30 continuing education hours pertinent to nursing administration in a nursing facility.

(3) RESPONSIBILITY.

(a) The DNS shall have written administrative authority, responsibility, and accountability for assuring functions and activities of the nursing services department. The DNS shall participate in the development of any facility policies that affect the nursing services department (OAR 411-085-0210). The DNS shall organize and direct the nursing service department to include as a minimum:
(A) Develop and maintain a nursing service philosophy, objectives, standards of practice, policy and procedure manuals, and job descriptions for each level of nursing service personnel;

(B) Develop and maintain personnel policies of recruitment, orientation, in-service education, supervision, evaluation and termination of nursing service staff;

(C) Develop and maintain policies and procedure for determination of nursing staff's capacity for providing nursing care for any person seeking admission to the facility;

(D) Develop and maintain a quality assurance program for nursing services;

(E) Coordinate nursing service departmental functions and activities with the functions and activities of other departments;

(F) Develop nursing service department budget recommendations and participate with the facility administrator and other department directors in the allocation of funds for the facility;

(G) Participate with the facility administrator and other department directors in development and maintenance of practices and procedures that promote infection control, fire safety, and hazard reduction;

(H) Ensure that all medications and treatments are given promptly as ordered;

(I) Ensure that only licensed nurses or physicians administer injectable medications;

(J) Ensure adequate nursing services staffing (see OAR 411-086-0100), including development of a written staffing plan; and

(K) Ensure that all nursing staff perform their respective duties in a timely, efficient and professional manner;

(b) The DNS shall designate, in writing, a specific registered nurse, licensed to practice in Oregon, to be available immediately in person or by telephone to direct the functions and activities of the nursing services department when the DNS is not available in person or by telephone. This information shall be posted at each nursing station.

(c) The DNS shall be informed regarding residents' conditions, including when a significant change in a resident's condition warrants nursing or medical intervention.

(d) Effective October 1, 1990, or in the event of delay of the actual federal requirement, effective the actual implementation date, the DNS may serve as the charge nurse only if the facility has a licensed bed capacity of 60 or less and does not provide care for residents requiring skilled nursing care.

Stat. Auth: ORS 410 & 441

Stats. Implemented: ORS 441.055 & 441.615

Hist.: SSD 19-1990, f. 8-29-90, cert. ef. 10-1-90
411-086-0030 RN Care Manager

(Effective 10/01/1990)

The RN care manager is a registered nurse who is responsible and accountable for managing the nursing care of his/her assigned residents. Each resident shall have an RN care manager responsible for his/her care.

(1) TRAINING.

(a) Within nine months of hire each RN care manager shall have successfully completed three credit hours from an accredited school, or 30 continuing education hours, pertinent to gerontology, rehabilitation, or long term care;

(b) Within nine months of hire each RN care manager shall have successfully completed three credit hours from an accredited college or university, or 15 continuing education hours, pertinent to management or supervision.

(2) RESPONSIBILITY.

(a) The RN care manager shall be responsible and accountable for managing the nursing care of his/her assigned residents. The RN care manager shall ensure maximum independence and self-direction for residents.

(b) The RN care manager shall coordinate the nursing functions and tasks for those residents with physicians and other health care providers. The responsible RN care manager shall ensure the nursing plan and resident care plan are developed and documented, and that residents' care needs are met.

(c) Delegated authority.

(A) The RN care manager shall delegate to other licensed personnel only those nursing functions and tasks that the licensee is competent and qualified to perform and that are permitted by ORS Chapter 678 and the rules adopted thereunder.

(B) The RN care manager, or an RN or LPN with delegated authority from the RN care manager, shall ensure that the nursing assistant is assigned and performs only those tasks for which he/she is competent and qualified to perform and that are permitted by ORS Chapter 678 and the rules adopted thereunder.

(3) DOCUMENTATION. The name of the responsible RN care manager shall be documented in each resident's clinical record.

Stat. Auth: ORS 410 & 441

Stats. Implemented: ORS 441.055 & 441.615
411-086-0100 Nursing Services: Staffing

(1) STAFFING PLAN.

(a) The facility must have and implement a written plan that:

(A) Ensures staffing sufficient to meet the minimum staffing requirements described in sections (3), (4) and (5) of this rule;

(B) Ensures staffing sufficient to meet the needs of each resident; and

(C) Identifies procedures to obtain required staff when absences occur.

(b) The facility must maintain a written, weekly staffing schedule showing the number and category of staff assigned to each shift and the person to be called in the event of any absence.

(2) DAILY STAFF PUBLIC POSTING.

(a) The facility must have the number of on-duty nursing staff publicly posted 24 hours each day using form SDS 0717.

(A) The posted report must be prominently displayed in a public area, readily accessible to residents and visitors, as described in OAR 411-085-0030(1)(b).

(B) The posted report must be at least 8.5 x 14 inches and printed in a minimum font size of 16.

(C) The staffing information must be an accurate reflection of the actual staff working each shift.

(b) The posted staffing report must include:

(A) Facility name;

(B) Current date;

(C) Current resident census per shift;

(D) The total number and actual hours worked by registered nurses (RNs), licensed practical nurses (LPNs) and nursing assistants (CNAs and NAs) directly responsible for resident services per shift; and

(E) The minimum staffing standard, nursing assistant to resident ratio, referenced at section (5)(c) of this rule.

(c) The facility must, upon oral or written request, make direct care staffing data available to the public for review at a cost not to exceed the community standard.

(d) The facility must maintain the posted nurse staffing data for a minimum of 18 months.

(3) MINIMUM STAFFING, GENERALLY. Resident service needs must be the primary consideration in determining the number and categories of nursing personnel needed.
Nursing staff must be sufficient in quantity and quality to provide nursing services for each resident as needed, including restorative services that enable each resident to achieve and maintain the highest practicable degree of function, self-care and independence, as determined by the resident’s care plan. Such staffing must be provided even though it exceeds other requirements specified by this rule or specified in any waiver.

(4) MINIMUM LICENSED NURSE STAFFING.

(a) Licensed nurse hours must include no less than one RN hour per resident per week.

(b) When a RN serves as the administrator in the temporary absence of the administrator, the RN’s hours must not be used to meet minimum nursing hours.

(c) In facilities with 41 or more beds, the hours of a licensed nurse who serves as facility administrator must not be included in any licensed nurse coverage required by this rule.

(d) The licensed nurse serving as a charge nurse must not be counted toward the minimum staffing requirement under section (5)(c) of this rule.

(e) The facility must have a licensed charge nurse on each shift, 24 hours per day.

(A) A RN must serve as the licensed charge nurse for no less than eight consecutive hours between the start of day shift and the end of evening shift, seven days a week.

(B) The Director of Nursing Services may serve as the charge nurse only when the facility has 60 or fewer residents.

(C) Section (4)(e) of this rule may be waived by the Seniors and People with Disabilities Division (SPD). The request for waiver must comply with OAR 411-085-0040 and must be reviewed annually. This waiver shall be considered by SPD if the facility certifies that:

(i) It has been unable to recruit appropriate personnel despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities);

(ii) The waiver must not endanger the health or safety of residents; and

(iii) A RN or physician is available and obligated to immediately respond to telephone calls from the facility.

(5) MINIMUM CERTIFIED NURSING ASSISTANT STAFFING.

(a) The facility must determine the specific time frame for beginning and ending each consecutive eight-hour shift using one of the following options:

(A) Option 1.

(i) Day shift from 5:30 a.m. to 1:30 p.m.

(ii) Swing shift from 1:30 p.m. to 9:30 p.m.

(iii) Night shift from 9:30 p.m. to 5:30 a.m.
(B) Option 2.
  (i) Day shift from 6 a.m. to 2 p.m.
  (ii) Swing shift from 2 p.m. to 10 p.m.
  (iii) Night shift from 10 p.m. to 6 a.m.

(C) Option 3.
  (i) Day shift from 6:30 a.m. to 2:30 p.m.
  (ii) Swing shift from 2:30 p.m. to 10:30 p.m.
  (iii) Night shift from 10:30 p.m. to 6:30 a.m.

(D) Option 4.
  (i) Day shift from 7 a.m. to 3 p.m.
  (ii) Swing shift from 3 p.m. to 11 p.m.
  (iii) Night shift from 11 p.m. to 7 a.m.

(b) Each resident must have assigned and be informed of the nursing assistant responsible for his or her care and services on each shift. The numbers listed in this rule represent the minimum staffing requirement. The numbers do not represent sufficient nursing staff. The number of staff necessary to meet the needs of each resident determines sufficient nursing staff.

(c) The number of residents per nursing assistant must not exceed the ratios:

(A) Beginning March 1, 2008:
  (i) DAY SHIFT: 1 nursing assistant per 8 residents.
  (ii) SWING SHIFT: 1 nursing assistant per 12 residents.
  (iii) NIGHT SHIFT: 1 nursing assistant per 20 residents.

(B) Beginning April 1, 2009:
  (i) DAY SHIFT: 1 nursing assistant per 7 residents.
  (ii) SWING SHIFT: 1 nursing assistant per 11 residents.
  (iii) NIGHT SHIFT: 1 nursing assistant per 18 residents.

(d) Each facility must submit a quarterly staffing report to SPD, using a SPD approved method and format. The report must provide an accurate daily account of resident census and nursing assistant staffing levels for each shift.
(A) The facility must submit the report to SPD no later than the end of the month immediately following the end of each calendar quarter. (Example: For the calendar quarter ending March 31, the report must be received no later than April 30.)

(B) The report must specify the shifts in which the minimum staffing standards, as set forth in section (5)(c) of this rule, were not met.

(C) The facility must provide documents to support the quarterly staffing report, including payroll records, upon request of SPD.

(e) This rule does not prohibit nursing assistants from providing services to a resident to whom they are not assigned.

(f) The facility must ensure that nursing assistants only perform those tasks for which they are competent and qualified to perform and that are permitted by ORS Chapter 678 and OAR 851-063-0030.

(g) Nursing assistants with a restricted duty status may be counted toward meeting the minimum staffing ratio, as set forth in section (5)(c) of this rule, if the nursing assistant is able to perform 90 percent of the authorized duties and responsibilities, with or without accommodation, required by a certified nursing assistant as determined by the Oregon State Board of Nursing (OAR 851-063-0030(1)(a) through OAR 851-063-0030(1)(g)(H)).

(h) The facility must ensure that nursing assistants are not assigned more residents than the number for which they can meet the individual service needs.

(i) The facility must have a minimum of two nursing staff on duty within the facility at all times.

(j) Nursing staff must be present at all times, in each detached building, distinct and segregated area, including those separated by closed doors, and on each level or floor where residents are housed.

(k) Nursing assistants do not include dining assistants.

(l) Effective September 1, 2008, nursing assistants serving as restorative aides must not be counted toward the minimum staffing requirement under section (5)(c) of this rule.

(m) A facility cannot employ any person as a nursing assistant for longer than four months from the date of hire, without an Oregon State Board of Nursing issued CNA 1 certification.

(n) The facility must ensure no more than 25 percent of the nursing assistants assigned to residents per shift, pursuant to section (5)(c) of this rule, are uncertified nursing assistants.

(6) CERTIFIED MEDICATION AIDES.

(a) The facility must ensure that all nursing assistants administering non-injectable medications are certified as nursing assistants and as medication aides. Documentation of these two certifications must be maintained in the facility.
(b) The certified medication aide assigned to administer medications must not be counted toward meeting the minimum staffing requirements for direct service of residents, referenced at section (5)(c) of this rule.

Stat. Auth.: ORS 410.070, 410.090, 441.055, 441.073 & 441.615 Stats. Implemented: ORS 410.070, 410.090, 441.055, 441.073 & 441.615 Hist.: SSD 19-1990, f. 8-29-90, cert. ef. 10-1-90; SSD 8-1993, f. & cert. ef. 10-1-93; SPD 23-2004, f. 7-30-04, cert, ef, 8-1-04; SPD 1-2008(Temp), f. 2-8-08, cert. ef. 3-1-08 thru 8-28-08; SPD 10-2008, f. & cert. ef. 8-28-08

... (2) COORDINATION OF SERVICES. The DNS and RN care manager shall coordinate the provision of nursing services for the resident with other disciplines and providers. The DNS and RN care manager shall ensure provision and documentation of resident care interventions prescribed by other health care professionals, including timely medications and treatments ordered by the resident’s physician.

(3) QUESTIONABLE CARE. When any RN questions the efficacy, need or safety of medications or treatments, the RN shall report that question to the attending physician or nurse practitioner. The RN shall seek and document instructions received and all actions taken to ensure problem resolution.

(4) STANDARDS OF PRACTICE. Nursing care staff shall provide nursing services in accordance with the Oregon Nurse Practice Act (ORS Chapter 678) and the rules adopted pursuant thereto.

(5) DOCUMENTATION. Licensed nursing staff shall evaluate and accurately document in the clinical record the effectiveness of services provided to the resident, including required preventive care, at least quarterly.

Stat. Auth: ORS 410 & 441

Stats. Implemented: ORS 441.055 & 441.615

... (1) CHANGE OF CONDITION (Generally). Nursing staff shall observe, assess, document, and report to the DNS and the resident’s physician any significant change in resident condition that warrants medical or nursing intervention, including any significant change in:

(a) Vital signs;
(b) Skin integrity (i.e., decubitus ulcer); 
(c) Hydration; 
(d) Ability to take or retain food or fluids; 
(e) Weight gain/loss; 
(f) Bowel or bladder function; 
(g) Behavior; 
(h) Level of comfort (i.e., pain, injury); or 
(i) Level of consciousness.

(2) ACUTE CONDITION CHANGE. The nursing staff shall ensure that any significant and acute condition change is promptly assessed and documented by a registered nurse and that appropriate measures are immediately instituted.

(3) DOCUMENTATION. Documentation shall include assessment, appropriate interventions, monitoring and outcome until point of resolution.

Stat. Auth: ORS 410 & 441
Stats. Implemented: ORS 441.055 & 441.615

411-086-0130 Nursing Services: Notification

(Effective 10/01/1990)

(1) NOTIFICATION OF SIGNIFICANT OTHER(S). The nursing care staff or other designated staff shall notify the resident’s significant others as soon as possible whenever:

(a) The resident has had a change of physical, mental or psychosocial status, including death or accident resulting in injury, or change in type of care needed; 

(b) The resident has wandered from the facility.

(2) NOTIFICATION OF DIVISION. The nursing care staff shall notify the Division of any situation in which the health or safety of the resident(s) was/is endangered such as:

(a) Suspected abuse; 

(b) Fire; 

(c) Lost resident; 

(d) Accidental or unusual death.
(3) NOTIFICATION OF PHYSICIAN. The nursing care staff shall notify the resident's physician of possible changes in the type of care the resident needs and document such notification in the resident's clinical record. Such notification shall be timely. The physician's determination shall be documented in the resident's clinical record. NOTE: See requirements for physician visits under OAR 411-086-0200.

(4) DOCUMENTATION. The nursing care staff, except as provided by section (3) of this rule, shall document all notification/consultation required by this rule in the resident's clinical record.

Stat. Auth: ORS 410 & 441
Stats. Implemented: ORS 441.055 & 441.615

411-086-0150 Nursing Services: Restorative Care

(Effective 10/01/1990)

(1) RESTORATIVE PROGRAM. Nursing services staff shall provide a restorative program which reestablishes and maintains to the greatest extent practical the functional abilities of residents. Such functional abilities shall include but not be limited by the abilities identified in OAR 411-086-0110(1). The facility shall have written policies governing the provision and documentation of restorative services pursuant to OAR 411-085-0210.

(2) DIRECTOR. The Director of Nursing Services or his/her designee shall ensure the development and implementation of an effective restorative services program.

(3) STAFFING. Restorative services shall be provided by facility nursing staff in accordance with the resident’s care plan.

(4) RESTORATIVE PLAN. Each resident shall have a restorative plan based on an assessment of resident’s needs and delivered in accordance with the resident care plan.

(a) Restorative services shall be provided to the resident in accordance with the preliminary resident care plan not later than 24 hours after admission.

(b) The restorative services plan shall be reviewed and updated as frequently as the resident’s condition changes, but no less often than quarterly.

(5) DOCUMENTATION. All restorative services provided and results of those services shall be clearly documented in the resident’s clinical record. Progress notes relevant to the plan shall be documented in the resident’s clinical record as frequently as the resident’s condition or ability changes, but no less often than quarterly.

Stat. Auth: ORS 410 & 441
Stats. Implemented: ORS 441.055 & 441.615