.07 Administration and Resident Care.

J. New Supportive Personnel. New supportive personnel shall be credited for 50 percent of their working time until the employee's orientation program, as approved by the Department, is completed. The person in charge of the service to which the employee is assigned shall have input into the contents of the orientation program. Policies for the orientation program shall include the number of hours of orientation required for the various levels of supportive personnel. Following the period of orientation the person responsible for the orientation program and the person in charge of the service shall indicate satisfactory completion of the orientation program of the employee. The responsible department's approval shall be in writing, signed by the appropriate department head whose license number, if applicable shall be recorded in the record. In new facilities the director of nursing and supervisors of the various services, dietary, housekeeping, rehabilitation, and social services, shall be responsible for orienting the new supportive personnel to the facility's policies and procedures and to the physical plant. There shall be a complete orientation for all the employees in life safety and disaster preparedness. The number of daily admissions of patients shall be controlled to allow sufficient time for on-the-job training. Before the opening of the facility all supportive personnel shall have a minimum of 2 days of orientation training.

.18 Social Work Services.

A. Services Provided. The facility shall provide or make arrangements for services to identify and meet the patient's medically related social and emotional needs.

B. Designated Staff Responsibility. A member of the facility's staff shall be assigned responsibility for social services. If the designee is not a certified social worker, the facility shall effect an agreement with a qualified social work consultant. The agreement shall provide for sufficient hours of consultation to assure that the staff's services meet the medically related social and emotional needs of the patients.

C. Social History. The written social history shall be initiated within 7 days after admission. The history shall be as complete as possible and shall include:

(1) Social data about personal and family background to provide understanding of the patient and how he functions; and
(2) Information regarding current personal and family circumstances and attitudes as they relate to patient's illness and care.

D. Records. Records shall include:
(1) Social history; and
(2) Recommendations made by the social work consultant, if applicable.

E. Space. Facilities shall provide:
(1) Space for social work personnel, accessible to patients, medical, and other staff;
(2) Privacy for interviews.

.39 Geriatric Nursing Assistant Program.

B. Course Structure.
(4) Supplementary instructors shall be drawn from qualified resource personnel such as registered nurses, licensed practical/vocational nurses, pharmacists, dieticians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physicians, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and residents' rights experts, as well as persons with relevant experience, such as residents or experienced aides.

.45 Quality Assurance Program.

C. The nursing facility shall establish a quality assurance committee that includes at least:
(1) A director of nursing;
(2) An administrator;
(3) A social worker;
(4) A medical director;
(5) A dietitian; and
(6) A geriatric nursing assistant of the facility.