R9-10-906. Nursing Services

A. An administrator shall ensure that:

1. Nursing services are provided 24 hours a day in a nursing care institution;

2. A director of nursing is appointed who:
   a. Is a registered nurse;
   b. Works full-time at the nursing care institution; and
   c. Is responsible for the direction of nursing services;

3. The director of nursing or an individual designated by the administrator participates in the quality management program;

4. If the daily census of the nursing care institution is not more than 60, the director of nursing may provide direct care to residents on a regular basis.

B. A director of nursing shall ensure that:

1. Sufficient nursing personnel are on the nursing care institution premises at all times to meet the needs of a resident for nursing services;

2. At least one nurse is present and responsible for providing direct care to not more than 64 residents;

3. Documentation of nursing personnel on duty each day is maintained at the nursing care institution and includes:
   a. The date;
   b. The number of residents;
   c. The name and license or certification title of each nursing personnel who worked that day; and
   d. The actual number of hours each nursing personnel worked that day;

4. The documentation of nursing personnel required in subsection (B)(3) is maintained for 12 months from the date of the documentation and available to the Department for review within two hours from the Department's request;

5. At the time of a resident's admission, an initial assessment is performed on the resident to ensure the resident's immediate needs are met such as medication and food services;
6. A comprehensive assessment is performed by a registered nurse and coordinated by the registered nurse in collaboration with an interdisciplinary team and includes the information listed in subsection (B)(8);

7. The comprehensive assessment required in subsection (B)(6) is performed on a resident:
   a. Within 14 days of admission to a nursing care institution; and
   b. No later than 12 months from the date of the last comprehensive assessment;

8. A comprehensive assessment includes the resident's:
   a. Vital signs,
   b. Diagnosis,
   c. Medical history,
   d. Treatment,
   e. Dental condition,
   f. Nutritional condition and nutritional needs,
   g. Medications,
   h. Clinical laboratory reports,
   i. Diagnostic reports,
   j. Capability to perform activities of daily living,
   k. Psychosocial condition,
   l. Cognitive condition,
   m. Impairments in physical and sensory functioning,
   n. Potential for recreational activities,
   o. Potential for rehabilitation,
   p. Potential for discharge.
9. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, a physician's designee, or a registered nurse determines the resident has a significant change in condition;

10. A care plan is developed, documented, and implemented for a resident within seven days of completing the comprehensive assessment required in subsection (B)(6);

11. The care plan required in subsection (B)(10):

   a. Is reviewed and revised as necessary if a resident has had a significant change in condition; and

   b. Ensures that a resident is provided nursing services to maintain the resident's highest practicable well-being according to the resident's comprehensive assessment;

12. A resident's comprehensive assessment is reviewed by a registered nurse at least every three months from the date of the current comprehensive assessment and revised if there is a significant change in the resident's condition and;

13. A nurse shall, as soon as possible but not more than 24 hours after the event occurs, notify the resident's attending physician and, if applicable, the resident's representative, if the resident:

   a. Is injured,

   b. Is involved in an incident that may require medical services, or

   c. Has a significant change in condition.

14. A resident is free from significant medication errors; and

15. An unnecessary drug is not administered to a resident.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).