

## State Regulations Pertaining to Director of Nursing

Note: This document is arranged alphabetically by State. To move easily from State to State, click the "Bookmark" tab on the Acrobat navigation column to the left of the PDF document. This will open a Table of Contents for the document. The relevant federal regulations are at the end of the PDF.

### Alabama

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420-5-10-.11 Nursing Services.

(b) The facility must designate a registered nurse to serve as the director of nursing on a full time basis.

(c) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

Author: Patricia E. Ivie

Statutory Authority: Code of Alabama, 1975, 22-21-20, et seq.

History: Original rules filed: July 19, 1996; effective August 23, 1996.

### Alaska

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7 AAC 12.670 NURSING SERVICE.

(c) Each facility must have a registered nurse as the director for nursing services. The director shall perform the following duties:

- (1) assure that all nurses comply with the requirements of (a) of this section;
- (2) provide a sufficient number of registered nurses to meet patient needs;
- (3) write an annual evaluation on the performance of each nurse;
- (4) maintain records on the number of nurses employed and the hours and weeks of employment;
- (5) delegate to a registered nurse the responsibility to plan, assign, supervise, and evaluate the nursing care for each patient;
- (6) select and promote nursing personnel based on their qualifications and terminate employees when necessary; and
- (7) establish and implement a standard procedure for the safe administration of medications.

(d) Only a registered nurse who has been appropriately trained may perform a blood transfusion. All other nursing services may be performed only under the direction of a registered nurse. A licensed practical nurse may administer medications, or perform limited infusion therapy functions, if

- (1) the licensed practical nurse is authorized under AS 08 to perform these services;
- (2) these services are authorized in the facility program standards; and
- (3) the program standards have been approved by the hospital administrator and the pharmacist.

(e) Licensed nursing personnel who meet the requirements under (d) of this section to administer medications, and who have been authorized in writing by the hospital administrator and the pharmacist, may perform the following services if a pharmacist is not available:

- (1) inventory and restocking of emergency drugs at least every 30 days; and

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(2) removal of a single dose of a prescribed drug for a patient or any drug packaged by a pharmacist from the licensed pharmacy or drug room.

(f) If licensed nursing personnel perform a service described in (e)(2) of this section, a pharmacy or drug room record must be kept and signed by the licensed nurse showing the name, strength and amount of the drug, the date and time taken, and the patient to whom the drug is administered.

(g) Except as provided in (i) of this section for a critical access hospital or 7 AAC 12.275 for a nursing facility, a facility that provides a nursing service must have a registered nurse on duty at all times.

(h) The nursing staff shall hold regular meetings to review and evaluate ways of improving nursing care. Minutes of the meetings must be made available to staff members.

(i) The department will waive the requirement of (g) of this section for a critical access hospital if the hospital establishes to the department's satisfaction that

(1) to have a registered nurse on duty at all times is not financially feasible for the hospital;

(2) the community served by the hospital was involved in the decision to discontinue having a registered nurse on duty at all times and is aware that the hospital's emergency department may close on occasion;

(3) the hospital's emergency medical service plan submitted under 7 AAC 12.612(c)(6) assures that a registered nurse will be available at the hospital's emergency room to receive patients delivered by local emergency services personnel; and

(4) the hospital will have a registered nurse on duty whenever an inpatient is present in the facility.

History - Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 8/2/2000, Register 155

Authority AS 18.05.040 AS 18.20.010 AS 18.20.060

**Arizona**

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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;

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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;

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).

**Arkansas**

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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.

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- 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.

**California**

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§ 72327. Nursing Service -Director of Nursing Service.

(a) The director of nursing service shall be a registered nurse and shall be employed eight hours a day, on the day shift five days a week.

(b) The director of nursing service shall have at least one year of experience in nursing supervision within the last five years.

(c) The director of nursing service shall have, in writing, administrative authority, responsibility and accountability for the nursing services within the facility and serve only one facility in this capacity at any one time.

Note: Authority cite: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72329. Nursing Service -Staff.

(c) Facilities licensed for 60 to 99 beds shall have at least one registered nurse or licensed vocational nurse, awake and on duty, in the facility at all times, day and night, in addition to the director of nursing services. The director of nursing service shall not have charge nurse responsibilities.

(d) Facilities licensed for 100 or more beds shall have at least one registered nurse, awake and on duty, in the facility at all times, day and night, in addition to the director of nursing service. The director of nursing service shall not have charge nurse responsibilities.

Note: Authority cited: Sections 208(a), 1275 and 1276.5, Health and Safety Code. Reference: Sections 1276 and 1276.5, Health and Safety Code; and Section 14110.7(c), Welfare and Institutions Code.

**Colorado**

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Part 7 - Nursing Services

7.2 DIRECTOR OF NURSING. Except as provided in Section 7.6, a nursing care facility shall employ a full-time (40 hours/week). Director of Nursing, who is a registered nurse, qualified by education and experience to direct facility nursing care.

7.3 24-HOUR NURSING COVERAGE. The facility shall be staffed with qualified nursing personnel, awake and on duty, who are familiar with the residents and their needs in a number sufficient to meet resident functional dependency, medical, and nursing needs.

7.3.3 Except as provided in Section 7.6, an intermediate care facility shall be staffed with at least one full-time licensed registered nurse or licensed practical nurse who is on duty on the premises on the day shift seven days per week. A facility using a licensed practical nurse as a director of nursing shall provide at least 4 hours per week of consultation by a licensed registered nurse.

7.3.4 A nursing care facility shall provide nurse staffing sufficient in number to provide at least 2.0 hours of nursing time per resident per day. In facilities of 60 residents or more, the time of the Director of Nursing, Staff development Coordinator, and other supervisory personnel who are not providing direct resident care shall not be used in computing this ratio.

6 CCR 1011-1, eff 7-30-06

**Connecticut**

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(j) Director of nurses.

(1) Qualifications.

(A) For a chronic and convalescent nursing home, the director of nurses, or any person acting in such capacity, shall be a nurse registered in Connecticut with at least one (1) year of additional education or experience in rehabilitative or geriatric nursing and one (1) year of nursing service administration.

(B) For a rest home with nursing supervision, the director of nurses, or any person acting in such capacity, shall be a nurse registered in Connecticut with at least one (1) year of additional education or experience in nursing service administration.

(2) The director of nurses shall be responsible for the supervision, provision, and quality of nursing care in the facility. The director of nurses' powers and duties shall include, but not necessarily be limited to, the following:

(A) development and maintenance of written nursing service standards of practice, to be ratified by the governing body; including but not necessarily limited to:

- (i) definition of routine nursing care to be rendered by licensed nursing personnel, and determination of when more than routine care is needed; and
- (ii) definition of routine care to be rendered by nurse's aides, and determination of when more than routine care is needed;

(B) coordination and integration of nursing services with other patient care services through periodic meetings or written reports;

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- (C) development of written job descriptions for nurses and nurse's aides;
  - (D) development and annual review of nursing service procedures;
  - (E) coordination and direction of the total planning for nursing services, including recommending to the administrator the number and levels of nurses and nurse's aides to be employed;
  - (F) selection, with the administrator's approval, of all nurses and nurse's aides;
  - (G) appointment of nurse supervisors as required by subsection (k) of section 19-13-D8t of the Regulations of Connecticut State Agencies;
  - (H) designation of a nurse in charge of each unit for all shifts;
  - (I) development of a schedule of daily rounds and assignment of duties for all nurses and nurse's aides to assure twenty-four (24) hour coverage sufficient to meet state regulatory requirements;
  - (J) assistance in the development of and participation in a staff orientation and training program, in cooperation with the administrator and medical director, as required by subsection (f) (3) (J) of section 19-13-D8t of the Regulations of Connecticut State Agencies;
  - (K) ensuring yearly written evaluation of nurses and nurse's aides;
  - (L) reporting significant clinical developments to the patient's personal physician and to the medical director; and
  - (M) appointment, with the approval of the administrator, of a nurse employed at the facility to act in the director's behalf in temporary absences.
- (3) The director of nurses shall serve full-time and shall serve his/her entire shift between the hours of 7 a.m. and 9 p.m.
- (1) An assistant director of nurses shall be appointed in any facility of one hundred and twenty (120) beds or more.
  - (m) Nursing staff:
- (3) The facility's administrator and director of nurses shall meet at least once every 30 days in order to determine the number, experience and qualifications of staff necessary to comply with this section. The facility shall maintain written and signed summaries of actions taken and reasons therefore.
- (7) In facilities of 61 beds or more, the director of nurses shall not be included in satisfying the requirements of subdivisions (5) and (6) of this subsection.
- (8) In facilities of 121 beds or more, the assistant director of nurses shall not be included in satisfying the requirements of subdivisions (5) and (6) of this subsection.

**Delaware**

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9.4 Nursing Services:

9.4.2 There shall be a registered professional nurse designated as the Supervisory Nurse (Director of Nurses). The Supervising Nurse shall:

9.4.2.1 Be on duty a minimum of eight (8) hours daily, during the day-time hours.

9.4.2.2 Designate adequate relief personnel, including a registered professional nurse in charge of each shift, when she is not in the facility so that a responsible person is available at all times in the event of an emergency.

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9.4.2.3 Develop and/or maintain nursing service objectives, standards of nursing practice and nursing procedure manuals.

9.4.2.4 Assign and supervise all levels of nursing service personnel.

9.4.2.5 Coordinate nursing services with physicians, physical therapy, dietary, pharmaceutical, recreational activities and other specialized services.

9.4.2.6 Provide orientation programs for the new nursing service personnel and in-service education for all nursing personnel. Written records of the content of each program and the names of the personnel attending each program must be kept on file for one (1) year.

9.4.2.7 Participate in the selection of prospective patients, in terms of nursing services that they need, and nursing competencies available.

9.4.3 Should the Supervising Nurse (Director of Nurses) terminate her employment, the State Board of Health shall be notified, in writing, at once of this termination along with the name of her replacement, registration and current license number.

**District of Columbia**

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**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.

3206.2 These policies shall be developed with the advice of a committee of professional personnel, including the Medical Director, the Director of Nursing and appropriate department heads as deemed necessary by the facility.

**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;

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- (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.

**Florida**

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**59A-4.108 Nursing Services.**

(1) The Administrator of each nursing home will designate one full time registered nurse as a Director of Nursing who shall be responsible and accountable for the supervision and administration of the total nursing services program. When a director of nursing is delegated institutional responsibilities, a full time qualified registered nurse shall be designated to serve as Assistant Director of Nursing. In a facility with a census of 121 or more residents, an RN must be designated as an Assistant Director of Nursing.

(2) Persons designated as Director of Nursing or Assistant Director of Nursing shall serve only one nursing home facility in this capacity, and shall not serve as the administrator of the nursing home facility.

(3) The Director of Nursing shall designate one licensed nurse on each shift to be responsible for the delivery of nursing services during that shift.

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**Georgia**

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290-5-8-.04 Nursing Service.

(1) A registered nurse shall be employed full time as director of nursing services. She shall not also be the administrator.

(2) The director of nursing services shall normally be employed on the daytime shift and shall devote full time to the administration of the nursing service which includes a reasonable amount of time with all nursing shifts.

(3) The director of nursing services may also serve as the director of nursing services in another facility in close proximity to the home provided she has a registered nurse assistant who is assigned to each facility full time as supervisor of nursing care. The director's assistant shall devote full time to the supervision of nursing care.

Authority O.C.G.A. Sec. 31-7-1 et seq. History. Original Rule entitled "Nursing Service" adopted. F. Oct. 26, 1976; eff. Nov. 15, 1976. Repealed: New Rule of same title adopted. F. Aug. 19, 2004; eff. Sept. 8, 2004.

**Hawaii**

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Director of Nursing is not included in State Regulations.

**Idaho**

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200. NURSING SERVICES.

01. Director of Nursing Services. A registered nurse currently licensed by the state of Idaho and qualified by training and experience shall be designated Director of Nursing Services in each SNF and ICF and shall be responsible and accountable for: (1-1-88)

a. Participating with the administrator in planning and budgeting for nursing care; (1-1-88)

b. Participating in the development and implementation of patient/resident care policies; (1-1-88)

c. Developing and/or maintaining goals and objectives of nursing service, standards of nursing practice, and nursing policy and procedures manuals; (1-1-88)

d. Assisting in the screening and selection of prospective patients/residents in terms of their needs, and the services available in the facility; (1-1-88)

e. Observing and evaluating the condition of each patient/resident and developing a written, individualized patient care plan which shall be based upon an assessment of the needs of each patient/resident, and which shall be kept current through review and revision; (1-1-88)

f. Recommending to the administrator the numbers and categories of nursing and auxiliary personnel to be employed and participating in their recruitment, selection, training, supervision, evaluation, counseling, discipline, and termination when necessary. Developing written job descriptions for all nursing and auxiliary personnel; (1-1-88)

g. Planning and coordinating orientation programs for new nursing and auxiliary personnel, as well as a formal, coordinated in-service education program for all nursing personnel; (1-1-88)

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- h. Making daily rounds of nursing units, assessing each patient/resident, reviewing clinical records, patient/resident care plans, medications, staff assignments and, whenever possible, accompanying physicians when they visit the facility; (1-1-88)
- i. Preparing daily work schedule for nursing and auxiliary personnel which includes names of employees, professional designation, hours worked, and daily patient census; (1-1-88)
- j. Coordinating the nursing service with related patient/resident care services; (1-1-88)
- k. Establishing procedures for general nursing care for the cleanliness, comfort, and welfare of the patients/residents; (1-1-88)
- l. Instructing all personnel in the proper isolation techniques to prevent infection to themselves and the patients/residents; (1-1-88)
- m. Delegation of any or all of the Director of Nursing Services duties as appropriate. (1-1-88)

02. Minimum Staffing Requirements. (7-1-93)

- a. A Director of Nursing Services (D.N.S.) shall work full time on the day shift but the shift may be varied for management purposes. If the Director of Nursing Services is temporarily responsible for administration of the facility, there shall be a registered nurse (RN) assistant to direct patient care. The Director of Nursing Services is required for all facilities five (5) days per week. (1-1-88)
  - i. The D.N.S. in facilities with an average occupancy rate of sixty (60) patients/residents or more shall have strictly nursing administrative duties. (1-1-88)
  - ii. The D.N.S. in facilities with an average occupancy rate of fifty-nine (59) patients/residents or less may, in addition to administrative responsibilities, serve as the supervising nurse. (1-1-88)
- d. Nursing hours per patient/resident per day shall be provided to meet the total needs of the patients/ residents. The minimum staffing shall be as follows: (1-1-88)
  - i. Skilled Nursing Facilities with a census of fifty-nine (59) or less patients/residents shall provide two and four-tenths (2.4) hours per patient/resident per day. Hours shall not include the Director of Nursing Services but the supervising nurse on each shift may be counted in the calculations of the two and four-tenths (2.4) hours per patient/resident per day. (11-20-89)
  - ii. Skilled Nursing Facilities with a census of sixty (60) or more patients/residents shall provide two and four-tenths (2.4) hours per patient/resident per day. Hours shall not include the Director of Nursing Services or supervising nurse. (11-20-89)
  - iii. ICFs that admit only intermediate care patients/residents shall provide one and eight-tenths (1.8) hours per patient/resident per day. Hours may include the Director of Nursing Services, supervising nurse and charge nurses. (11-20-89)

**Illinois**

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Section 300.1210 General Requirements for Nursing and Personal Care

- a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Restorative measures shall include at a minimum the following procedures:

- 1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program that includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsections (a)(2)-(5) of this Section. This person may be the Director of Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing program.
- 2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.
- 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.
- 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.
- 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.

(Source: Amended at 23 Ill. Reg. 8106, effective July 15, 1999)

#### Section 300.1220 Supervision of Nursing Services

a) Each facility shall have a director of nursing services (DON) who shall be a registered nurse.

- 1) This person shall have knowledge and training in nursing service administration and restorative/rehabilitative nursing. This person shall also have some knowledge and training in the care of the type of residents the facility cares for (e.g., geriatric or psychiatric residents). This does not mean that the director of nursing must have completed a specific course or a specific number of hours of training in restorative/rehabilitative nursing unless this person is in charge of the restorative/rehabilitative nursing program. (See Section 300.1210(a).)

2) This person shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. At least 50 percent of this person's hours shall be regularly scheduled between 7 A.M. and 7 P.M.

A) A facility may, with written approval from the Department, have two registered nurses share the duties of this position if the facility is unable to obtain a full-time person. Such an arrangement will be approved only through written documentation that the facility was unable to obtain the full-time services of a qualified individual to fill this position. Such documentation shall include, but not be limited to: an advertisement that has appeared in a newspaper of general circulation in the area for at least three weeks; the names, addresses and phone numbers of all persons who applied for the position and the reasons why they were not acceptable or would not work full time; and information about the numbers and availability of licensed nurses in the area. The Department will grant approval only when such documentation indicates that there were no qualified applicants who were willing to accept the job on a full-time basis, and the pool of nurses available in the area cannot be expected to produce, in the near future, a qualified person who is willing to work full time.

B) In facilities with a capacity of fewer than 50 beds, this person may also provide direct patient care, and this person's time may be included in meeting the staff-to-resident ratio requirements.

3) In skilled nursing facilities of 100 or more occupied beds, there shall be an assistant director of nursing (ADON) who is a registered nurse. This person shall also meet the qualifications specified in subsection (a)(1) of this Section for the director of nursing service.

4) In intermediate care facilities of 150 or more occupied beds, a licensed nurse shall be designated as the ADON. The assistant may provide direct patient care and be included in staff-to-resident ratio calculations.

5) The assistant shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. The assistant may be assigned to work hours any time of the day or night.

6) The assistant shall assist the DON in carrying out his/her responsibilities.

7) If other duties interfere with the proper performance of the DON's or ADON's duties, another nurse shall be assigned to perform the duties of the DON or assistant for that period of time.

b) The DON shall supervise and oversee the nursing services of the facility, including:

1) Assigning and directing the activities of nursing service personnel.

2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing

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and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

4) Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their recruitment and selection and recommending termination of employment when necessary.

5) Participating in planning and budgeting for nursing services, including purchasing necessary equipment and supplies.

6) Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing personnel.

7) Coordinating the care and services provided to residents in the nursing facility.

8) Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. This person may conduct these programs personally or see that they are carried out.

9) Participating in the development and implementation of resident care policies and bringing resident care problems, requiring changes in policy, to the attention of the facility's policy development group. (See Section 300.610(a).)

10) Participating in the screening of prospective residents and their placement in terms of services they need and nursing competencies available.

(Source: Amended at 26 Ill. Reg. 10523, effective July 1, 2002)

Section 300.1230 Staffing

g) The director of nursing's time shall not be included in staffing ratios.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.1240 Additional Requirements

In addition to the staffing requirements, in Section 300.1230, the following staffing requirements also apply to all Skilled Nursing Facilities and Intermediate Care Facilities:

a) There shall be a licensed nurse designated as being in charge of nursing services on all shifts when neither the director of nursing or assistant director of nursing are on duty. If registered nurses and licensed practical nurses are on duty on the same shift, this person shall be a registered nurse. This person may be a charge nurse on one of the nursing units. (A, B)

(Source: Amended at 16 Ill. Reg. 17089, effective November 3, 1992)

**Indiana**

Downloaded 04.26.07

410 IAC 16.2-3.1-17 Nursing services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 17.

(b) The facility must provide services by sufficient number of each of the following types of personnel on a twenty-four (24) hour basis to provide nursing care to all residents in accordance with resident care plans:

(1) Except when waived under subsection (f), the facility shall provide a licensed nurse hour-to-resident ratio of five-tenths (.5) licensed nurse hour per resident per day, averaged over a one (1) week period. The hours worked by the director of nursing shall not be counted in the staffing hours.

(4) Except as waived in subsection (f), the facility must designate a registered nurse who has completed a nursing management course with a clinical component or who has at least one (1) year of nursing supervision in the past five (5) years to serve as the director of nursing on a full-time basis.

(c) The director of nursing will also function in the following duties:

(1) Communication to the administrator and, where appropriate, the physician, the status of the residents, the occurrence of incidents, and accidents and unresolved administrative problems of the nursing department.

(2) Plan for and direct nursing care services in accordance with the physicians' orders and to meet the needs of the residents.

(3) Provide for the training of nursing staff.

(4) Supervise nursing personnel to assure that preventive and restorative nursing procedures for each resident are initiated and performed so as to attain and maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and care plan.

(5) Assure that the clinical records are maintained in accordance with the facility policies and procedures and in compliance with this rule.

(d) The director of nursing shall have, in writing, and shall exercise administrative authority, responsibility, and accountability for nursing services within the facility and shall serve only one (1) facility at a time in this capacity, and confer with the administrator on the evaluation of prospective residents to assure that only those residents whose physical, mental, and psychosocial needs can be met by the facility or through community resources are admitted to and retained by the facility.

(e) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of sixty (60) or fewer residents. These hours worked may be counted toward staffing requirements.

(f) A facility may request a waiver from either the requirement that a nursing facility provide a registered nurse for at least eight (8) consecutive hours a day, seven (7) days a week, or provide a registered nurse as the director of nursing, as specified in subsection (b), if the following conditions are met:

(1) The facility demonstrates to the satisfaction of the state that the facility has been unable, despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities), to recruit appropriate personnel.

(2) The state determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility.

(3) The state finds that, for any periods in which registered nursing services are not available, a registered nurse or physician is obligated to respond immediately to telephone calls from the facility.

(4) A waiver granted under the conditions listed in this subsection is subject to annual state review.

(5) Effective October 1, 1990, in granting or renewing a waiver, a facility may be required by the state to use other qualified, licensed personnel.

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(6) The state agency granting a waiver of such requirements provides notice of the waiver to the state long term care ombudsman and the protection and advocacy system in the state for the mentally ill and mentally retarded.

(7) The nursing facility that is granted such a waiver by the state notifies residents of the facility.

(g) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (c), or (d) is a deficiency; and

(2) subsection (b), (e), or (f) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-17; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1541, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

**Iowa**

Downloaded 04.26.07

58.11(2) Nursing supervision and staffing.

a. Rescinded IAB 8/7/91, effective 7/19/91.

b. Where only part-time nurses are employed, one nurse shall be designated health service supervisor. (III)

c. A qualified nurse shall be employed to relieve the supervising nurses, including charge nurses, on holidays, vacation, sick leave, days off, absences or emergencies. Pertinent information for contacting such relief person shall be posted at the nurse's station. (III)

d. When the health service supervisor serves as the administrator of a facility 50 beds and over, a qualified nurse must be employed to relieve the health service supervisor of nursing responsibilities. (III)

h. The health service supervisor's hours worked per week shall be included in computing the 20 percent requirement.

j. In facilities under 75 beds, if the health service supervisor is a licensed practical nurse, the facility shall employ a registered nurse, for at least four hours each week for consultation, who must be on duty at the same time as the health service supervisor. (II, III)

(1) This shall be an on-site consultation and documentation shall be made of the visit. (III)

(2) The registered nurse-consultant shall have responsibilities clearly outlined in a written agreement with the facility. (III)

(3) Consultation shall include but not be limited to the following: counseling the health service supervisor in the management of the health services; (III) reviewing and evaluating the health services in determining that the needs of the residents are met; (II, III) conducting a review of medications at least monthly if the facility does not employ a registered nurse part-time. (II, III)

k. Facilities with 75 or more beds must employ a health service supervisor who is a registered nurse. (II)

481—58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall:

58.20(1) Direct the implementation of the physician's orders; (I, II)

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58.20(2) Plan for and direct the nursing care, services, treatments, procedures, and other services in order that each resident's needs are met; (II, III)

58.20(3) Review the health care needs of each resident admitted to the facility and assist the attending physician in planning for the resident's care; (II, III)

58.20(4) Develop and implement a written health care plan in cooperation with other disciplines in accordance with instructions of the attending physician as follows:

a. The written health care plan, based on the assessment and reassessment of the resident health needs, is personalized for the individual resident and indicates care to be given, short- and long-term goals to be accomplished, and methods, approaches, and modifications necessary to achieve best results; (III)

b. The health service supervisor is responsible for preparing, reviewing, supervising the implementation, and revising the written health care plan; (III)

c. The health care plan is readily available for use by all personnel caring for the resident; (III)

58.20(5) Initiate preventative and restorative nursing procedures for each resident so as to achieve and maintain the highest possible degree of function, self-care, and independence; (II, III)

58.20(6) Supervise health services personnel to ensure they perform the following restorative measures in their daily care of residents:

a. Maintaining good bodily alignment and proper positioning; (II, III)

b. Making every effort to keep the resident active except when contraindicated by physician's orders, and encouraging residents to achieve independence in activities of daily living by teaching self-care, transfer, and ambulation activities; (III)

c. Assisting residents to adjust to their disabilities, to use their prosthetic devices, and to redirect their interests as necessary; (III)

d. Assisting residents to carry out prescribed therapy exercises between visits of the therapist; (III)

e. Assisting residents with routine range of motion exercises; (III)

58.20(7) Plan and conduct nursing staff orientation and in-service programs and provide for training of nurse's aides; (III)

58.20(8) Plan with the physician, family and health-related agencies for the care of the resident upon discharge; (III)

58.20(9) Designate a responsible person to be in charge during absences; (III)

58.20(10) Be responsible for all assignments and work schedules for all health services personnel to ensure that the health needs of the residents are met; (III)

58.20(11) Ensure that all nurse's notes are descriptive of the care rendered including the resident's response; (III)

58.20(12) Visit each resident routinely to be knowledgeable of the resident's current condition; (III)

58.20(13) Evaluate in writing the performance of each individual on the health care staff on at least an annual basis. This evaluation shall be available for review in the facility to the department; (III)

58.20(14) Keep the administrator informed of the resident's status; (III)

58.20(15) Teach and coordinate rehabilitative health care including activities of daily living, promotion and maintenance of optimal physical and mental functioning; (III)

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58.20(16) Supervise serving of diets to ensure that individuals unable to feed themselves are promptly fed and that special eating utensils are available as needed; (II, III)

58.20(17) Make available a nursing procedure manual which shall include all procedures practiced in the facility; (III)

58.20(18) Participate with the administrator in the formulation of written policies and procedures for resident services; (III)

58.20(19) The person in charge shall immediately notify the family of any accident, injury, or adverse change in the resident's condition requiring physician's notification. (III)

**Kansas**

Downloaded 04.27.07

**NURSING SERVICES**

28-39-154. Nursing services. Each nursing facility shall have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by resident assessments and individual plans of care.

(a) Sufficient staff. The facility shall employ sufficient numbers of each of the following types of personnel to provide nursing care to all residents in accordance with each resident's comprehensive assessment and care plan.

(1) The nursing facility shall employ full-time a director of nursing who is a registered nurse. The director of nursing shall have administrative authority over and responsibility for the functions and activities of the nursing staff.

(2) A registered nurse shall be on duty at least eight consecutive hours per day, seven days per week. The facility may include the director of nursing to meet this requirement.

(7) The nursing facility shall ensure that direct care staff are available to provide resident care in accordance with the following minimum requirements.

(A) Per facility, there shall be a weekly average of 2.0 hours of direct care staff time per resident and a daily average of not fewer than 1.85 hours during any 24 hour period. The director of nursing shall not be included in this computation in facilities with more than 60 beds.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

**Kentucky**

Downloaded 04.27.07

Director of Nursing is not included in State Regulations.

**Louisiana**

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Subchapter B. Nursing Services §9809. General Provisions

The nursing home shall have sufficient nursing staff to provide nursing and related services that meet the needs of each resident. The nursing home shall assure that each

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resident receives treatments, medications, diets, and other health services as prescribed and planned, all hours of each day.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2009.1-2116.4.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:56 (January 1998).

§9811. Nursing Service Personnel

B. The nursing home shall designate a registered nurse to serve as the director of nursing services on a full-time basis during the day-tour of duty. The director of nursing services may serve as charge nurse only when the nursing home has an average daily occupancy of 60 or fewer residents.

C. If the director of nursing services has non-nursing administrative responsibility for the nursing home on a regular basis, there shall be another registered nurse assistant to provide direction of care-delivery to residents.

F. In building complexes or multistory buildings, each building or floor housing residents shall be considered a separate nursing unit and staffed separate, exclusive of the director of nursing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2009.1-2116.4.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:56 (January 1998).

**Maine**

Downloaded 05.03.07

Chapter 9 - Resident Care Staffing

9.A. Minimum Nursing Staff Requirements

The following minimum nursing staff requirements shall be met:

9.A.1. Director of Nursing

- a. In each licensed nursing facility there shall be a Registered Professional Nurse employed full-time who shall be responsible for the direction of all nursing services delivered in the facility.
- b. The Director of Nursing must be qualified by education, training and experience in both Gerontology and nursing administration.
- c. If the Director of Nursing is functioning as a Temporary Administrator, a nurse shall be appointed to act as the Director of Nursing during that period of time.
- d. Lines of responsibility shall be clearly established in writing and shall be made known to all nursing staff and other appropriate personnel.

9.A.2. Director of Nursing - Responsibilities

The Director of Nursing shall be responsible and accountable to the Administrator for:

- a. Assuring the delivery of all required services to residents;
- b. Developing and maintaining nursing service objectives, current standards of nursing practice, nursing policy and procedure and manuals, and written job descriptions for each level of personnel;
- c. Coordination of nursing services with other resident services;
- d. Establishment of the means of assessing the needs of residents and staffing to meet those needs on all shifts;
- e. Assuring the delivery of orientation programs and staff development;

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- f. Participating in the selection of prospective residents in terms of nursing service they need and nursing competencies available;
- g. Assuring that a comprehensive assessment and plan of care is established for each resident, and that his/her plan is reviewed and modified and implemented as is necessary;
- h. Assuring the evaluation of the performance for all nursing personnel at regular intervals and making recommendations to the administrator;
- i. Recommending action when needed to control noise, maintain, repair or replace equipment; ensuring cleanliness and safety measures; providing proper allocation and utilization of space and equipment;
- j. Recommending to the administrator the number and levels of nursing personnel, supplies and equipment for safe resident care;
- k. Establishing priorities for budget items that are necessary to provide services;
- l. Participating in the Quality Assurance Committee and other committees as necessary.

9.A.3. Licensed Staff Coverage

- b. Licensed nurse coverage shall be provided according to the needs of the residents as determined by their levels of care. The following minimum coverage shall be met:
  - 1. Day Shift
    - a. In each facility there shall be a licensed nurse on duty seven (7) days a week.
    - b. Each facility must designate a Registered Professional Nurse or a Licensed Practical Nurse as the charge nurse. In facilities with twenty (20) beds or less, the Director of Nursing may also be the charge nurse.
    - c. In facilities larger than twenty (20) beds, in addition to the Director of Nursing, there shall also be another licensed nurse on duty.

**Maryland**

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10.07.02.12

.12 Nursing Services.

B. Director of Nursing. The facility shall provide for an organized nursing service, under the direction of a full-time registered nurse except that a licensed practical nurse serving as director of nursing as of the effective date of these regulations may continue to serve as director of nursing in the comprehensive care facility in which employed. Upon departure of the licensed practical nurse, the successor shall be a registered nurse. If the director of nursing is a licensed practical nurse, there shall be sufficient hours of consultation with the licensed practical nurse from a registered nurse to assess and plan the patient care, to evaluate the outcomes of the services provided, and to initiate reassessment and replanning.

C. Signed Agreement.

(1) A signed copy of the agreement between the administrator and the director of nursing, showing the license number, shall be filed with the Department upon:

- (a) Application for an initial license; and
- (b) A change of director of nursing.

(2) The agreement shall specify the duties of the director of nursing.

D. Termination of Services of Director of Nursing. If the director of nursing terminates his services, the administrator immediately shall notify the Department of the

termination. The name of the replacement and registration number shall be supplied to the Department as soon as the employment is effected. A copy of the agreement between the administrator and the replacement shall be sent to the Department.

E. Director of Nursing's Vacancy Exceeding 30 Days. If the position of director of nursing remains vacant for a period of 30 days, the license may be revoked unless the administrator and the governing body are able to demonstrate that they have made every effort to obtain a replacement.

F. Relief for Director of Nursing. When the director of nursing is absent, he shall designate an experienced, qualified registered nurse to direct the nursing service. In facilities in which the director of nursing serves as relief for the administrator, the director of nursing shall designate a specific registered nurse who shall be in charge of the nursing service. See Regulation .07C, above.

G. Responsibilities of the Director of Nursing. The responsibilities of the director of nursing shall include:

- (1) Assisting in the development and updating of statements of nursing philosophy and objectives, defining the type of nursing care the facility shall provide;
- (2) Preparation of written job descriptions for nursing personnel;
- (3) Planning for the total nursing needs of patients to be met and recommending the assignment of a sufficient number of supervisory and supportive personnel for each tour of duty;
- (4) Development and maintenance of nursing service policies and procedures to implement the program of care;
- (5) Participation in the coordination of patient services through appropriate staff committee meetings (pharmacy, infection control, patient care policies, and utilization review) and departmental meetings;
- (6) Cooperation with administration in planning the orientation program and the staff development program to upgrade the competency of the personnel;
- (7) Ensurance that the philosophy and objectives are understood and practiced by nursing personnel;
- (8) Participation in planning and budgeting for nursing services;
- (9) Establishment of a procedure to ensure that nursing personnel, including private duty nurses, have valid and current Maryland licenses;
- (10) Execution of patient care policies (unless delegated to principal physician, medical director);
- (11) Participation in the selection of prospective admissions to ensure that facility's staff is capable of meeting the needs of all patients admitted;
- (12) Coordination of the interdisciplinary patient care management efforts;
- (13) Supervision of medicine aides to ensure that there is no deviation from the limitations and restrictions placed upon them.

H. Delegation of Responsibilities. If any of the above responsibilities are delegated to others, there shall be a clear delegation of authority.

I. Supervisory Personnel--Comprehensive Care Facilities.

- (1) Comprehensive care facilities shall provide at least the following supervisory personnel:

Patients	Registered Nurses
(a) 2—99	One—full-time
(b) 100—199	Two—full-time
(c) 200—299	Three—full-time
(d) 300—399	Four—full-time

(2) The director of nursing is included in the above requirements.

J. Hours of Bedside Care--Comprehensive Care Facility. Comprehensive care facilities shall employ supervisory personnel and a sufficient number of supportive personnel, trained and experienced, or both, to provide a minimum of 2 hours of bedside care per licensed bed per day, 7 days per week. Bedside hours include the care provided by registered nurses, licensed practical nurses, and supportive personnel except that ward clerks' time shall be computed at 50 percent of the time provided in the nursing unit. Only those hours which the director of nursing spends in bedside care may be counted in the 2-hour minimal requirement. The director of nursing's time counted in bedside care shall be documented.

M. Staffing in Distinct Part Extended Care Facility. In multi-level facilities the director of nursing shall be in charge of the entire facility. A registered nurse at all times shall be in charge of a distinct part extended care facility. Additional registered nurses, licensed practical nurses, and supportive personnel shall be employed to meet the needs of all the patients admitted. The distinct part shall be staffed in accordance with guidelines established by the Department.

P. Daily Rounds--Director of Nursing. Although daily rounds are primarily the responsibility of the charge nurse or nurses, the director or assistant director of nursing should make clinical rounds to nursing units, randomly reviewing clinical records, medication orders, patient care plans, staff assignments, and visiting patients. If indicated, the director or assistant director of nursing should accompany physicians visiting patients.

Q. Charge Nurse. At least one licensed nurse shall be on duty at all times and shall be designated by the director of nursing to be in charge of the nursing activities during each tour of duty. The charge nurse or nurses shall have the ability to recognize significant changes in the condition of patients and to take necessary action.

U. Inservice Educational Program. There shall be a continuing inservice educational program in effect for all nursing personnel in addition to a thorough job orientation for new personnel. There shall be documentation of content of programs and names and titles of participants. The program which shall be the responsibility of the director of nursing shall be approved by the Department.

V. Director of Nursing's Continuing Education. The director of nursing shall assume responsibility for maintaining his own professional competence through participation in programs of continuing education.

W. Responsibility to Report Care Which is Considered Questionable. If a nurse has any reason to doubt or question the care provided to any patient or believes that appropriate consultation is needed and has not been obtained, the nurse shall call this to the attention of the supervisor who, in turn, shall, if indicated, refer the matter to the director of

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nursing services. If warranted, the director of nursing shall bring the matter to the attention of the principal physician or medical director, as applicable.

**Massachusetts**

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150.007 Nursing Services

(B) Minimum Nursing Personnel Requirements.

(1) General.

(b) One director of nurses may cover multiple units of the same or different levels of care within a single facility. One supervisor of nurses may cover up to two units of the same or different levels of care within a single facility.

(f) The supervisor of nurses and the charge nurse, but not the director of nurses, may be counted in the calculation of licensed nursing personnel.

(2) Facilities that provide Level I care shall provide:

(a) A full-time director of nurses during the day shift.

(b) A full-time supervisor of nurses during the day shift, five days a week for facilities with more than one unit. In facilities with a single unit, the director of nurses may function as supervisor.

(3) Facilities that provide Level II care shall provide:

(a) A full-time director of nurses.

(b) A full-time supervisor of nurses during the day shift, five days a week for facilities with more than one unit. In facilities with only a single unit, the director of nurses may function as supervisor.

(5) Facilities that provide Level IV care shall provide:

(d) If none of the responsible persons on duty are licensed nurses, then the facility shall provide a licensed consultant nurse, four hours per month per unit. (In multiple level facilities the director or supervisor of nurses may function in this capacity.)

(C) Qualifications and Duties.

(1) Director of Nurses: The Director of Nurses shall be a registered nurse with at least two years of nursing experience, at least one of which has been in an administrative or supervisory capacity. The director of nurses shall be responsible for: development of the objectives and standards of nursing practice and procedures, overall management of nursing personnel, coordination of nursing services, development of staff training programs, and the evaluation and review of patient care and nursing care practices. In addition to the requirements above, the Director of Nursing of a free-standing SNCFC must have at least one year of nursing experience in pediatrics, preferably with the developmentally disabled population.

(D) Nursing Care.

(2) Nursing Care Plan: In facilities that provide Level I, II or III care, the nursing care shall include a comprehensive, nursing care plan for each patient developed by the nursing staff in relation to the patient's total health needs.

(c) The plan shall be the responsibility of the director or supervisor of nurses and shall be developed in conjunction with the nursing staff and representatives of other health disciplines where appropriate.

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**Michigan**

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333.21720a Director of nursing; nursing personnel; effective date of subsection (1); natural disaster or other emergency.

Sec. 21720a. (1) A nursing home shall not be licensed under this part unless that nursing home has on its staff at least 1 registered nurse with specialized training or relevant experience in the area of gerontology, who shall serve as the director of nursing and who shall be responsible for planning and directing nursing care. The nursing home shall have at least 1 licensed nurse on duty at all times and shall employ additional registered and licensed practical nurses in accordance with subsection (2). This subsection shall not take effect until January 1, 1980.

(2) A nursing home shall employ nursing personnel sufficient to provide continuous 24-hour nursing care and services sufficient to meet the needs of each patient in the nursing home. Nursing personnel employed in the nursing home shall be under the supervision of the director of nursing. A licensee shall maintain a nursing home staff sufficient to provide not less than 2.25 hours of nursing care by employed nursing care personnel per patient per day. The ratio of patients to nursing care personnel during a morning shift shall not exceed 8 patients to 1 nursing care personnel; the ratio of patients to nursing care personnel during an afternoon shift shall not exceed 12 patients to 1 nursing care personnel; and the ratio of patients to nursing care personnel during a nighttime shift shall not exceed 15 patients to 1 nursing care personnel and there shall be sufficient nursing care personnel available on duty to assure coverage for patients at all times during the shift. An employee designated as a member of the nursing staff shall not be engaged in providing basic services such as food preparation, housekeeping, laundry, or maintenance services, except in an instance of natural disaster or other emergency reported to and concurred in by the department. In a nursing home having 30 or more beds, the director of nursing shall not be included in counting the minimum ratios of nursing personnel required by this subsection.

(3) In administering this section, the department shall take into consideration a natural disaster or other emergency.

History: Add. 1978, Act 493, Eff. Mar. 30, 1979.

Popular name: Act 368

**Minnesota**

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4658.0500 DIRECTOR OF NURSING SERVICES.

Subpart 1. Qualifications and duties. A nursing home must have a director of nursing services who is a registered nurse.

Subp. 2. Requirement of full-time employment. A director of nursing services must be employed full time, no less than 35 hours per week, and be assigned full time to the nursing services of the nursing home.

Subp. 3. Assistant to director. A nursing home must designate a nurse to be responsible for the duties of the director of nursing services related to the provision of resident services in the director's absence.

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Subp. 4. Education. A person newly appointed to the position of the director of nursing services must have training in rehabilitation nursing, gerontology, nursing service administration, management, supervision, and psychiatric or geriatric nursing before or within the first 12 months after appointment as director of nursing services.

STAT AUTH: MS s [144A.04](#); [144A.08](#); [256B.431](#)

HIST: 20 SR 303

Current as of 01/19/05

4658.0505 RESPONSIBILITIES; DIRECTOR OF NURSING SERVICES.

The written job description for the director of nursing services must include responsibility for:

- A. the total nursing care of residents and the accuracy of the nursing care records;
- B. establishing and implementing procedures for the provision of nursing care and delegated medical care, developing nursing policy and procedure manuals that must be available at each nurse's station, and developing written job descriptions for each category of nursing personnel;
- C. planning and conducting orientation programs for new nursing personnel, volunteers, and temporary staff, and continuing in-service education for all nursing home staff in nursing homes under 90 beds, if no one is designated as responsible for all in-service education;
- D. determining with the administrator the numbers and levels of nursing personnel to be employed;
- E. participating in recruitment, selection, and termination of nursing personnel;
- F. assigning, supervising, and evaluating the performance of all nursing personnel;
- G. delegating and monitoring nonnursing responsibilities to other staff consistent with their training, experience, competence, and legal authorization, and with nursing home policy;
- H. participating in the selection of prospective residents based on nursing care needed and nursing personnel competencies available;
- I. assuring that a comprehensive plan of care is established and implemented for each resident and that the plan is reviewed at least quarterly and within seven days of the revision of the comprehensive resident assessment required by part [4658.0400](#), subpart 3, item B;
- J. coordinating nursing services for the residents in the nursing home with other resident care services provided both within and outside the nursing home;
- K. participating in planning, decision making, and budgeting for nursing care;
- L. interacting with physicians to plan care for residents; and
- M. assuring that discharge and transfer planning for residents is conducted.

STAT AUTH: MS s [144A.04](#); [144A.08](#); [256B.431](#)

HIST: 20 SR 303

Current as of 01/19/05

**Mississippi**

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SECTION A -- Nursing Facility

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Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements:

- a. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio.
- b. Each facility shall have the following licensed personnel as a minimum:
  1. Seven (7) day coverage on the day shift by a registered nurse.
  2. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility.
  3. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse.
  4. A registered nurse or licensed practical nurse, shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse.
  5. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse.
  6. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse.

**Missouri**

Downloaded 05.18.07

Director of Nursing is not included in State Regulations.

**Montana**

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37.106.1120 MEDICAL ASSISTANCE FACILITIES: NURSING SERVICES (1) A medical assistance facility must have a nursing service that provides 24-hour nursing services whenever a patient is in the facility and that meets the following standards:

- (a) The director of nursing services must be a licensed registered nurse and must:
  - (i) Determine the types and numbers of nursing personnel and staff necessary to provide nursing care; and
  - (ii) Schedule adequate numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide nursing care as needed.
- (b) A registered nurse must be on duty at least eight hours per day, and the director of nursing or another registered nurse designated as the director's alternate must be on call and available within 20 minutes at all times.

(History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-101, 50-5-103 and 50-5-204, MCA; NEW, 1989 MAR p. 663, Eff. 4/28/89; TRANS, from DHES, 2002 MAR p. 185.)

State Regulations pertaining to category\_nursing\_services\_director\_of\_nursing  
MT through NE

37.107.1843 SPECIALTY MENTAL HEALTH FACILITY: NURSING SERVICES (1)

A specialty mental health facility must provide 24-hour nursing services and meet the following standards:

- (a) The director of nursing services must be a licensed registered nurse and must:
- (i) determine the types and numbers of nursing personnel and staff necessary to provide nursing care; and
  - (ii) schedule adequate numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide nursing care as needed.
- (b) A registered nurse must be on duty at least eight hours per day, and the director of nursing or another registered nurse designated as the director's alternate must be on call and available within 20 minutes at all times.

(History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, MCA; NEW, 1991 MAR Sec. 50-5-103, MCA; IMP, p. 2454, Eff. 12/13/91; TRANS, from DHES, 2002 MAR p. 185.)

FACILITY FOR EACH 24 HOUR PERIOD: STAFFING

(1) The following table indicates an absolute minimum staffing pattern below which an acceptable level of care and safety cannot be maintained. Even with this staffing it would be difficult. Therefore, it is recommended that the quantity and quality of staffing should be determined by the administrator in consultation with his director of nursing. This decision should be based on the nursing needs of the patients and should reflect the current concepts of restorative and geriatric care.

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5-404, MCA; Eff. 12/31/72; TRANS, from DHES, 2002 MAR p. 185.)

TABLE FROM 37.106.605, FROM PAGE 115, STAFFING GRID

**Nebraska**

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SECTION A -- Nursing Facility

Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements:

- b. Each facility shall have the following licensed personnel as a minimum:
1. Seven (7) day coverage on the day shift by a registered nurse.
  2. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility.
  3. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse.
  4. A registered nurse or licensed practical nurse, shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse.
  5. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse.

State Regulations pertaining to category\_nursing\_services\_director\_of\_nursing  
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6. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse.

**Nevada**

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NAC 449.74517 Nursing staff. (NRS 449.037)

2. A facility for skilled nursing shall employ a full-time registered nurse to act as the chief administrative nurse. The chief administrative nurse must have:

(a) At least 3 years of experience providing nursing care in a hospital or facility for long-term care; and

(b) Experience supervising other employees.

3. A licensed practical nurse must be designated on each shift as the nurse in charge. The chief administrative nurse may be designated as the nurse in charge only if the facility has an average daily occupancy of not more than 60 patients.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

**New Hampshire**

Sent to the University of Minnesota on 06.11.07

New Hampshire does not have regulation pertaining to Director of Nursing.

**New Jersey**

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SUBCHAPTER 25. MANDATORY NURSE STAFFING

8:39-25.1 Mandatory policies and procedures for nurse staffing

(a) There shall be a full-time director of nursing or nursing administrator who is a registered professional nurse licensed in the State of New Jersey, who has at least two years of supervisory experience in providing care to long-term care residents, and who supervises all nursing personnel.

(b) During a temporary absence of the director of nursing, there shall be a registered professional nurse on duty who shall be designated in writing as an alternate to the director of nursing. The alternate shall be temporarily responsible for supervising all nursing personnel.

8:39-25.2 Mandatory nurse staffing amounts and availability

(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of:

1. Total number of residents multiplied by 2.5 hours/day; plus

2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:

Wound care

0.75 hour/day

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NJ through NM

Nasogastric tube feedings and/or gastrostomy	1.00 hour/day
Oxygen therapy	0.75 hour/day
Tracheostomy	1.25 hours/day
Intravenous therapy	1.50 hours/day
Use of respirator	1.25 hours/day
Head trauma stimulation/advanced neuromuscular/ orthopedic care	1.50 hours/day

(d) In facilities with 150 licensed beds or more, there shall be an assistant director of nursing who is a registered professional nurse.

**SUBCHAPTER 26. ADVISORY NURSE STAFFING**

**8:39-26.4 Advisory qualifications for nurse staffing**

(a) The director of nursing has a baccalaureate or master's degree in nursing or a health-related field.

**New Mexico**

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**7.9.2.50 NURSING SERVICES:**

**B. DIRECTOR OF NURSING SERVICES IN SKILLED CARE AND INTERMEDIATE CARE FACILITIES:**

(1) Staffing requirement: Every skilled care facility and every intermediate care facility shall employ a full-time director of nursing services who may also serve as a charge nurse. The director of nursing services shall work only on the day shift except as in an emergency or required for the proper supervision of nursing personnel.

(2) Qualifications: The director of nursing services shall:

- (a) Be a registered or licensed practical nurse; and
- (b) Be trained or experienced in areas such as nursing service administration, restorative nursing, psychiatric nursing, or geriatric nursing.

(3) Duties: The director of nursing services shall be responsible for:

- (a) Supervising the functions, activities and training of the nursing personnel;
- (b) Developing and maintaining standard nursing practice, nursing policy and procedure manuals, and written job descriptions for each level of nursing personnel;
- (c) Coordinating nursing services with other resident services;
- (d) Designating the charge nurses provided for by this section;
- (e) Ensuring that the duties of nursing personnel shall be clearly defined and assigned to staff members consistent with the level of education, preparation, experience, and licensing of each.

**7.9.2.51 NURSING STAFF:** In addition to the requirements of Section 7.9.2.50 NMAC, the following conditions shall be met:

**A. ASSIGNMENTS:** There shall be sufficient nursing service personnel assigned to care for the specific needs of each resident on each tour of duty. Those personnel shall be briefed on the condition and appropriate care of each resident prior to beginning hands-on care of residents.

**B. RELIEF PERSONNEL:** Facilities shall obtain qualified relief personnel.

**C. RECORDS, WEEKLY SCHEDULES:** Weekly time schedules shall be planned at least one week in advance, shall be posted and dated, shall indicate the names and







































