150.001: DEFINITIONS

Levels of Long-term Care Facilities or Units.
(1) Intensive Nursing and Rehabilitative Care Facility (Level I) shall mean a facility or units thereof that provide continuous skilled nursing care and an organized program of restorative services in addition to the minimum, basic care and services required in 105 CMR 150.000. Level I facilities shall comply with the Conditions of Participation for Extended Care Facilities under Title XVIII of the Social Security Act of 1965 (P.L. 89-97) and shall provide care for patients as prescribed therein.
(2) Skilled Nursing Care Facilities (Level II) shall mean a facility or units thereof that provide continuous skilled nursing care and meaningful availability of restorative services and other therapeutic services in addition to the minimum, basic care and services required in 105 CMR 150.000 for patients who show potential for improvement or restoration to a stabilized condition or who have a deteriorating condition requiring skilled care.
(3) Supportive Nursing Care Facilities (Level III) shall mean a facility or units thereof that provide routine nursing services and periodic availability of skilled nursing, restorative and other therapeutic services, as indicated, in addition to the minimum, basic care and services required in 105 CMR 150.000 for patients whose condition is stabilized to the point that they need only supportive nursing care, supervision and observation.

150.002: ADMINISTRATION

(A) Every licensee shall designate a qualified administrator and shall establish by-laws or policies which describe the organization of the facility, establish authority and responsibility, and identify programs and goals.
(1) The ownership of the facility and of any applicant or licensee shall be fully disclosed to the Department, including the name and addresses of all owners, or, in the case of corporations, the officers. Holders of all mortgages shall also be reported annually to the Department.
(2) The licensee shall be responsible for compliance with all applicable laws and regulations of legally authorized agencies
(B) Administration
(1) A full-time administrator shall be provided in
(a) facilities that provide Level I care, (b) facilities that provide Level II care and consist of more than one unit, and (c) facilities that provide Level III ...care and consist of more than two units.
(2) Facilities that provide Level II care with only a single unit, and facilities that provide Level III...care with less than two units shall provide an administrator for the number of hours as needed in accordance with the size and services provided by the facility.
(3) No more than one administrator is required even in facilities providing multiple units or multiple levels of care.
(4) A full-time administrator shall be on the premises during the work day.
In facilities that provide Level I, II, or III care, the administrator shall be a licensed nursing home administrator.

The administrator shall be a suitable and responsible person.

A responsible person shall be designated to act in the absence of the administrator.

The names and telephone numbers of the administrator and his alternate shall be posted and available to the individual in charge at all times.

The administrator of the facility shall be responsible to the licensee and shall operate the facility to ensure that services required by patients or residents at each level of care are available on a regular basis and provided in an appropriate environment in accordance with established policies.

The licensee shall be responsible for procurement of competent personnel, and the licensee and the administrator shall be jointly and severally responsible for the direction of such personnel and for establishing and maintaining current written personnel policies, and personnel practices and procedures and encourage good patient and resident care.

At all times, every facility shall provide a sufficient number of trained, experienced and competent personnel to provide appropriate care and supervision for all patients and residents and to ensure that their personal needs are met. Accurate time records shall be kept on all personnel. Personnel time records shall be posted and maintained on a weekly basis.

There shall be written job descriptions for all positions including qualifications, duties and responsibilities. Work assignments shall be consistent with job descriptions and qualifications.

There shall be an organized orientation program for all new employees to explain job responsibilities, duties and employment policies.

Personnel shall be currently licensed or registered where applicable laws require licensure and registration.

Completed and signed application forms and employee records shall be maintained. They shall be accurate, current and available on the premises. Such records shall include the following:

(a) Pertinent information regarding identification (including maiden name).
(b) Social Security number, Massachusetts license or registration number (if applicable) and year of original licensure or registration.
(c) Names and addresses of educational institutions attended, dates of graduation, degrees or certificates conferred and name at the time of graduation.
(d) All professional experience, on-the-job training and previous employment in chronological order with name and location of employer, dates of employment, and reasons for terminating employment.

No individual who is an alcoholic or drug abuser whose current use of alcohol and drugs prevents such individual from performing the duties of the job in question or whose employment, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others shall be employed or permitted to work.

The Department shall be notified promptly in writing of the resignation or dismissal of the administrator, the director of nurses or the supervisor of nurses and the name and qualifications of the new employee. In the case of dismissal, notice to the Department shall state the reasons.
(E) The administrator shall establish procedures for the notification of the patient, the next of kin or sponsor in the event of significant change in a patient’s or resident’s charges, billings, benefit status and other related administrative matters.

(F) The administrator shall establish procedures for the notification of the physician or physician-physician assistant team or physician-nurse practitioner team and the patient’s or resident’s next of kin or sponsor in the event of an emergency.

(G) The administrator shall be responsible for ensuring that all required records, reports and other materials are complete, accurate, current and available within the facility.

(3) All fires and all deaths resulting from incidents in a facility shall be reported immediately by telephone to the Department. On weekends or holidays, calls should be directed to the State House Capitol Police for relay to personnel on call. The verbal reports shall be confirmed in writing within 48 hours with specific information on injuries to patients, residents or staff, disruption of services and extent of damages. Injury to patients or residents as the result of fire shall be considered an incident under 105 CMR 150.002(G)(1) and shall be reported as indicated therein.

(H) The administrator shall develop and implement policies and procedures governing emergency transport. Such policies and procedures shall include criteria for deciding whether to call the emergency telephone access number 911 or its local equivalent, or a contracted private ambulance service provider, if any, in response to an emergency medical condition. The criteria for determining whether to call 911 versus the contracted provider shall address such factors as the nature of the emergency medical condition, and the time to scene arrival of specified in relevant agreements with the contracted provider, if any.

(I) No later than November 30, 2005, the administrator of a nursing facility shall acquire an automated external defibrillator and develop policies and procedures for the rendering of automated external defibrillation in the facility.

(2) For the purposes of 105 CMR 150.000, the facility shall contract with or employ a physician who shall be the automated external defibrillation medical director for the facility.

(a) The medical director shall oversee and coordinate the automated external defibrillation activities of the facility including:
1. maintenance and testing of equipment in accordance with manufacturer's guidelines;
2. certification and training of facility personnel;
3. periodic performance review of the facility automated external defibrillation activity.

(b) The medical director shall integrate the facility automated external defibrillation activity with the local Emergency Medical response system.

(J) No later than January 15, 2007 the administrator of a nursing facility shall develop and implement policies and procedures acceptable to the Department that govern the nursing facility's participation in the Satisfaction Survey conducted by the Department or its designee. These policies and procedures shall include, at a minimum, the provision of the following information to the Department or its designee:

1. The name of each facility resident.
2. The name or names of each resident's family member or members, legal guardian or other resident designee or designees who acts on behalf of the resident.
3. The mailing address and telephone number for each resident's family member or members, legal guardian or other resident designee or designees who acts on behalf of the resident.
4. The admission date for each facility resident.
150.003: ADMISSIONS, TRANSFERS AND DISCHARGES

(D) Admission of Mental Health Patients or Residents.
(1) Level II and III facilities admitting or otherwise caring for individuals discharged from mental institutions, including institutions under the control of or affiliated with the Department of Mental Health, shall meet the following conditions for care and supervision.
...(f) The staff of long-term care facilities accepting such individuals has had special training or experience in the field of mental health or the facility provides regular in-service training programs on subjects of mental health for the staff.
(G) Transfer and Discharge.
(1) Facilities providing Level I, II or III care shall enter into a written transfer agreement with one or more general hospitals that provides for the reasonable assurance of transfer and inpatient hospital care for patients whenever such transfer is medically necessary as determined by the attending physician or physician-physician assistant team or physician-nurse practitioner team. The agreement shall provide for the transfer of acutely ill patients to the hospital ensuring timely admission and provisions for continuity in the care and the transfer of pertinent medical and other information. Every facility providing SNCFC or both shall enter into a written transfer agreement with one or more hospitals which have an organized pediatric department.

150.004: PATIENT CARE POLICIES

(A) All facilities that provide Level I, II or III care shall have current, written policies that govern the services provided in the facility: Admission, transfer and discharge procedures; Physician, physician-physician assistant team and physician-nurse practitioner team services; Diagnostic services; Nursing services; Pharmaceutical services and medications; Dietary services; Restorative services; Carry over services (in a certified facility); Social services; Other professional services (dental, podiatric, etc.) and diagnostic services; Patient or resident activities and recreation; Emergency and disaster plans; Personal comfort, safety, and accommodations; Clinical Records Utilization Review.
(B) The administrator shall be responsible for the development of these policies with the advice of professional advisors or consultants, the director or supervisor of nurses and representatives from other disciplines as may be appropriate.
(C) Policies shall be reviewed and revised at least annually
(E) In a facility having both a SNCFC and units for adults, written policies shall be established regarding interactions between children and adults.
(F) All facilities shall have policies and procedures sufficient to deal effectively with emergencies arising from a patient’s or resident’s mental health crisis.

150.005: PHYSICIAN SERVICES

...(B) Facilities that provide Level I, II or III care shall provide medical supervision through a written agreement with
(a) an organized medical staff of a hospital,
(b) an organized medical staff within the facility,
(c) a local medical society, or
(d) two or more advisory physicians (at least one of whom does not have a proprietary interest in the facility).
(1) Supervisory and advisory functions shall include: advice on the development of medical and patient care policies concerning patient admissions and discharge, medical records, responsibilities of attending physicians or physician-physician assistant team or physician-nurse practitioner team, supportive and preventive services, emergency medical care, and the review of the facility’s overall program of patient care.
(2) Staff or advisory physicians shall spend at least four hours per month in the facility devoted to supervisory and advisory functions.

**150.006: OTHER PROFESSIONAL SERVICES AND DIAGNOSTIC SERVICES**

...(F) Diagnostic Services.
(1) Facilities shall make arrangements for the prompt and convenient performance of regular and emergency diagnostic, laboratory, x-ray and other clinical tests or procedures when ordered.
(2) All diagnostic services shall be ordered by a physician, physician assistant or nurse practitioner and he shall be promptly notified of the test results.
(3) All findings and reports shall be recorded in the patient’s or resident’s clinical record.
(4) No clinical laboratory tests shall be routinely performed in facilities providing Level I, II, III or IV care except simple urine tests customarily performed by nursing personnel for diabetic patients, and tuberculin skin tests.

**150.007: NURSING SERVICES**

...(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.
...(6) At no time shall direct patient care be provided by individuals under 16 years of age, housekeeping staff or kitchen workers.
...(I) Educational Programs. Facilities that provide Level I, II or III care shall provide a continuing inservice educational program appropriate to the level of care provided in the facility for all nursing personnel. Such a program shall be in addition to a thorough job orientation for new personnel. In addition, facilities that admit residents with MR or DD/ORC shall include, as part of the new personnel job orientation and continuing inservice education, content addressing the theory, skills and techniques required to provide care and services to such residents.

**150.010: RESTORATIVE THERAPY SERVICES: PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH, HEARING AND LANGUAGE THERAPY (AND THERAPEUTIC RECREATION IN A SNCFC)**

(B) Restorative Services Units shall ordinarily be permitted only in facilities that provide Level I care. Units may be permitted in facilities that provide Level II care with the written approval of the Department.
150.011: SOCIAL SERVICES

...(G) Social Services
...(6) Social services shall include provision of educational programs for the facility staff in order to promote the development of a therapeutic community, a congenial atmosphere and healthy interpersonal relationships in all facilities.

150.012: ACTIVITIES AND RECREATION

...(C) Functions of the Activity Director.
(1) The activity director ... participates in...inservice educational programs.

150.013: CLINICAL AND RELATED RECORDS

(A) All facilities shall provide conveniently located and suitably equipped areas for the recording and storage of records.
(B) All records shall be permanent, either typewritten or legibly written in ink (no record shall be written in pencil). No erasures or ink eradicator shall be used or pages removed.
(C) All records shall be complete, accurate, current, available on the premises of the facility for inspection and maintained in a form and manner approved by the Department. The following records shall be maintained:
   (1) Daily census.
   (2) Employee records on all employees.
   (3) Patient care policies.
   (4) Incident, fire, epidemic, emergency and other report forms.
   (5) Schedules of names, telephone numbers, dates and alternates for all emergency or "on call" personnel.
   (6) A Patient or Resident Roster approved by the Department.
   (7) A Doctor's Order Book with a stiff cover and indexed, looseleaf pages. The Doctor's Order Book shall be current and accurate and shall include all medications, treatments, diets, restorative services and medical procedures ordered for patients or residents. Orders shall be dated, recorded and signed (telephone orders countersigned) by the attending physician or nurse practitioner or physician assistant. Facilities may keep Doctors' Order sheets in the patients' or residents' clinical record provided this procedure is so stated in the facility's written policies. The Doctors' Order sheets shall contain all data listed above.
   (8) A bound Narcotic and Sedative Book with a stiff cover and numbered pages.
   (9) A Pharmacy Record Book with stiff cover and numbered pages.
   (10) A bound Day and Night Report Book with a stiff cover and numbered pages.
   (11) Individual patient or resident clinical records in stiff-covered folders.
   (12) Record forms to record medical, nursing, social and other service data.
   (13) Identification and summary sheets on all patients or residents.
   (14) Record forms for listing patients' or residents' clothing, personal effects and valuables.
(D) All facilities shall maintain a separate, complete, accurate and current clinical record in the facility for each patient or resident from the time of admission to the time of discharge. This record shall contain all medical, nursing and other related data. All entries shall be dated and signed. This record shall be kept in an individual folder at the nurses' or attendants' station. The clinical record shall include:
   (1) Identification and Summary Sheet including: patient’s or resident’s name, bed and room number, social security number, age, sex, race, marital status (married, separated, widowed
or divorced), religion, home address, and date and time of admission; names, addresses and telephone numbers of attending physician or physician-physician assistant team or physician-nurse practitioner team and alternates, of referring agency or institution, and of any other practitioner attending the patient or resident (dentist, podiatrist); name, address and telephone number of next of kin or sponsor; admitting diagnosis, final diagnosis, and associated conditions on discharge; and placement.

(2) A Health Care Referral Form, Hospital Summary Discharge Sheets and other such information transferred from the agency or institution to the receiving facility (105 CMR 150.003(C)(1)).

(3) Admission Data recorded and signed by the admitting nurse or responsible person including: how admitted (ambulance, ambulation or other); referred by whom and accompanied by whom, date and time of admission; complete description of patient’s or resident’s condition upon admission, including vital signs on all admissions and weight (if ambulatory); and date and time attending physician or physician-physician assistant team or physician-nurse practitioner team notified of the admission.

(4) Initial Medical Evaluation and medical care plan including: medical history, physical examination, evaluation of mental and physical condition, diagnoses, orders and estimation of immediate and long-term health needs dated and signed by the attending physician (105 CMR 150.005(F)(1)) or signed by a nurse practitioner or physician assistant and countersigned by the supervising physician within ten days for Level I and Level II patients and within 30 days for Level III...IV patients (105 CMR 150.005(F)(4)).

(5) Physician’s or Physician-Physician Assistant Team’s or Physician-Nurse Practitioner Team’s Progress Notes including: significant changes in the patient’s or resident’s condition, physical findings and recommendations recorded at each visit, and at the time of periodic reevaluation and revision of medical care plans (105 CMR 150.005(G)).

(6) Consultation Reports including: consultations by all medical, psychiatric, dental or other professional personnel who are involved in patient or resident care and services, recorded in each patient’s or resident’s clinical record. Such records shall include date, signature and explanation of the visit, findings, treatments and recommendations.

(7) Medication and Treatment Record including: date, time, dosage and method of administration of all medications; date and time of all treatments; special diets; restorative therapy services and special procedures for each patient or resident, dated and signed by the nurse or individual who administers the medication or treatment.

(8) A Record of all fires and all incidents involving patients or residents and personnel while on duty (105 CMR 150.002(D)(6)(c)).

(9) A Nursing Care Plan for each patient or resident (105.150.007(D)(2)).

(10) Nurses Notes containing accurate reports of all factors pertaining to the patient’s or resident’s needs or special problems and the overall nursing care provided.

(11) Initial Plans and written evidence of periodic review and revision of dietary, social service, restorative therapy services, activity, and other patient or resident care plans.

(12) Laboratory and X-ray Reports.

(13) A list of each patient’s or resident’s clothing, personal effects, valuables, funds or other property (105 CMR 150.002(E)(2), 150.002(E)(3)).

(14) Discharge or Transfer Data including: a dated, signed physician’s order or physician assistant’s order or nurse practitioner’s order for discharge; the reason for discharge and a summary of medical information, including physical and mental condition at time of discharge; a complete and accurate health care referral form; date and time of discharge;
address of home, agency or institution to which discharged; accompanied by whom; and notation as to arrangements for continued care or follow-up.

15) Utilization Review Plan, Minutes, Reports and Special Studies.
17) Certified facilities that admit residents with MR or DD/ORC shall maintain as part of the resident’s record the DMR Rolland Integrated Service Plan (RISP) and the Specialized Service Provider Plan.

(E) All clinical records of residents or patients including those receiving outpatient restorative services shall be completed within two weeks of discharge and filed and retained for at least five years. Provisions shall be made for safe keeping for at least five years of all clinical records in the event the facility discontinues operation, and the Department shall be notified as to the location of the records and the person responsible for their maintenance.

(F) All information contained in clinical records shall be treated as confidential and shall be disclosed only to authorized persons.

(G) All facilities shall employ a medical records librarian or shall designate a trained employee of the facility to be responsible for ensuring that records are properly maintained, completed and preserved.

150.014: UTILIZATION REVIEW

(A) Facilities that provide Level I or II care shall review the services, quality of care and utilization of their facilities as detailed below.

(B) The utilization review process or activity shall include a review of all or a sample of patients to determine appropriateness of admissions, duration of stays by level of care, professional services and other relevant aspects of care and services provided by the facility.

(C) Utilization review shall be conducted by one or a combination of the following:

1) By a utilization review committee, which is multidisciplinary and consists of at least two physicians or physician-physician assistant teams or physician-nurse practitioner teams, a registered nurse and, where feasible, other health professionals.

2) By a committee or group outside the facility which may be established by the following on the approval of the Department:

(a) By a medical society.

(b) By some or all of the hospitals and extended care facilities in the locality.

(c) By other health care facilities in the locality in conjunction with at least one hospital.

3) When the above alternatives are not feasible, by a committee sponsored and organized in such a manner as to be approved by the Department.

4) No member of the utilization review committee shall have a proprietary interest in the facility.

(D) Medical Care Evaluation Reviews (Special Studies).

1) Reviews shall be made on a continuing basis of all or a sample of patients to determine the quality and necessity of care and services provided and to promote efficient use of health facilities and services. Such studies shall be of appropriate type and duration, and at least one study shall be in progress at all times.

2) Such studies shall emphasize identification and analysis of patterns of care and services.

3) The reviews of professional services furnished shall include such studies as types of services provided, proper use of consultation, promptness of initiation of required nursing
and related care, the study of therapeutic misadventures (adverse reactions) and other such studies.

(4) Data and information needed to perform such studies may be obtained from statistical services, fiscal intermediaries, the facility's records and other such sources.

(5) Studies and service shall be summarized and recommendations formulated and presented to the administration and other appropriate authorities.

(6) Reviews shall be made of continuous extended duration.

(a) An initial review of patient needs and length of stay by level of care shall be made at an appropriate interval after admission. This interval shall not be longer than 30 days following admission for facilities that provide Level I or II care and 90 days following admission for facilities that provide Level III care. Subsequent reviews shall be made periodically at designated intervals that are reasonable and consonant with the diagnosis and overall condition of the patient.

(b) No physician or physician-physician assistant team or physician-nurse practitioner team shall have review responsibility for any case in which he was professionally involved.

(c) If physician or physician-physician assistant team or physician-nurse practitioner team members of the committee decide, after opportunity for consultation with the attending physician, that further stay in a given level of care is not medically necessary, there shall be prompt notification (within 48 hours) in writing to the facility, the physician responsible for the patient's care and the patient or his next of kin or sponsor.

(E) To facilitate review, the utilization review committee shall use the complete medical record or a summary of the record and shall use such methods as a utilization review check list and interviews with the attending physicians or physician-physician assistant teams or physician-nurse practitioner teams as indicated.

(F) The facility shall have in effect a currently applicable written plan for utilization review which applies to all patients in the facility, and a copy of the current plan shall be filed with the Department.

(1) The plan shall be approved by the governing body and the medical staff, if any.

(2) The development of the plan shall be a responsibility of the medical profession and the administration.

(3) A written plan for utilization review activities shall include:

(a) The organization, objectives and composition of the committee(s) responsible for utilization review.

(b) Frequency of meetings

(c) The type and content of records to be kept.

(d) Description of the method to be used in selecting cases for special studies.

(e) A description of the method utilized to determine periodic reviews.

(f) Procedures to be followed for preparing committee reports and recommendations including their dissemination and implementation.

(G) Administrative Responsibilities.

(1) The administration shall provide support and assistance to the utilization review committee in: assembling information, facilitating chart reviews, conducting studies, exploring ways to improve procedures, maintaining committee records, promoting the most efficient use of available health services and facilities and in planning for the patient's continuity of care upon discharge.

(2) The administration shall act appropriately upon recommendations made by the utilization review committee.
(3) In order to encourage the most efficient use of available health services and facilities, assistance to the physician or physician-physician assistant team or physician-nurse practitioner team in timely planning for alternate or post-facility care shall be initiated as promptly as possible, either by the facility's staff, or by arrangement with other agencies. For this purpose, the facility shall make available to the attending physician or physician-physician assistant team or physician-nurse practitioner team current information on resources available for continued post-discharge care for patients and, shall arrange for prompt transfer of appropriate medical and nursing information in order to assure continuity of care upon discharge or transfer of a patient.

(H) Records, reports and minutes shall be kept of the activities of the utilization review committee, and they shall be complete, accurate, current and available within the facility.

(1) The minutes of each meeting shall include:

(a) A summary of the number and types of cases reviewed and findings.
(b) Committee actions and recommendations on extended stay cases and other types of cases.
(c) Interim reports, final conclusions and recommendations resulting from medical care evaluation reviews (special studies).

(2) Reports shall regularly be made by the committee to the medical staff (if any), the administration and the governing body. Information and reports shall be submitted to the Massachusetts Department of Public Health as may be required.

150.015: PATIENT COMFORT, SAFETY, ACCOMMODATIONS AND EQUIPMENT

...(D) Fire Protection.
(1) All fires shall be reported to the Department as specified in 105 CMR 150.002(G)(3).
(2) All facilities shall have an approved quarterly fire report in accordance with the M.G.L. c. 1, § 4.
(3) At least once a year, employees of the home shall be instructed by the head of the local fire department or his representative on their duties in case of fire and this noted in the facility's record.
...(10) No patients or residents shall be permitted to have access to lighter fluid or wooden household matches.

(E) Disaster Plan.
(1) Every facility shall have a written plan and procedures to be followed in case of fire, or other emergency, developed with the assistance of local and state fire and safety experts, and posted at all nurses’ and attendants’ stations and in conspicuous locations throughout the facility.
(2) The plan shall specify persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes, procedures for evacuating helpless patients, and assignment of specific tasks and responsibilities to the personnel of each shift.
(3) All personnel shall be trained to perform assigned task.
(4) Simulated drills testing the effectiveness of the plan shall be conducted for all shifts at least twice a year.

153.030: RESTRICTIONS
(A) No facility in which part of the premises is utilized for tenant occupancy or for business shall be approved for licensure except as provided in 105 CMR 150.012(1).
(B) Office space for physicians, dentists, podiatrists, physiotherapists or paramedical persons is not permitted in any facility.
(C) Facilities shall not provide laboratory services and shall not store or use x-ray equipment.

105 CMR 155.000: PATIENT AND RESIDENT ABUSE PREVENTION

155.010: Responsibilities of the Facility

...(E) Responsibility to Contact Registry.
(1) All facilities...shall contact the registry prior to hiring a nurse aide in order to determine whether the prospective employee has met the federal requirements for competency contained in 42 USC s.1396r and has been certified as a nurse aide for employment in a facility.
(2) All facilities shall contact the registry prior to hiring any employee to ascertain if there is any sanction, finding or adjudicated finding of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property against the prospective employee.

(F) Provision of Training. Each facility...shall provide orientation and annual inservice training programs for all staff on patient and resident abuse, neglect, mistreatment, and misappropriation of patient or resident property.
(1) All new employees shall receive orientation before they begin an assignment to care for a patient or resident. Such orientation shall include:
(a) provision of information about the requirements of M.G.L. c. 111, §§ 72F through 72L, and 105 CMR 155.000;
(b) instruction on the obligation to report suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property, and the reporting procedures as set forth in 105 CMR 155.000; and
(c) close observation of new employees.
(2) Immediately after beginning employment and at least once a year thereafter, all personnel of facilities...shall receive inservice training which shall include, but not be limited to, the following:
(a) provision of information about the requirements of M.G.L. c. 111, §§ 72F through 72L and 105 CMR 155.000;
(b) instruction on the obligation to report suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property, and the reporting procedures as set forth in 105 CMR 155.000;
(c) instruction in techniques for the management of patients or residents with difficult behavior problems;
(d) identification of factors which contribute to or escalate patient or resident behavior which is threatening or assaultive;
(e) assessment of personal responses to patient or resident behavior which is aggressive, threatening or assaultive;
(f) identification and reinforcement of positive and adaptive employee and patient or resident coping behavior;
(g) training in the use of intervention techniques, including verbal responses and safe, non-injurious physical control techniques, as therapeutic tools for threatening or assaultive patients or residents; and
(h) interdisciplinary program and treatment planning for patients and residents, as appropriate.

(G) Adoption of Preventive Policies. Each facility...shall adopt and implement preventive administrative, management and personnel policies and practices, including, but not limited to, the following:
(1) careful interviewing of employee applicants;
(2) close examination of applicant references prior to hiring;
(3) in accordance with applicable federal and state laws, obtaining all available criminal offender record information from the criminal history systems board on an applicant under final consideration for a position that involves the provision of direct personal care or treatment to patients or residents.
(4) cooperation with other facilities...in providing information to prospective employers about an employee's competence, including the ability to handle patients or residents with difficult behavioral problems;
(5) staff support programs;
(6) development of patient or resident care plans which include approaches to dealing with patients or residents who may exhibit hostile behavior; and
(7) provision of timely and relevant information to employees regarding patients or residents who are emotionally unstable or have difficult behavior problems, and approaches to be used in caring for them.

155.016: ESTABLISHMENT AND CONTENT OF THE REGISTRY FOR NURSE AIDES

(A) The Department shall establish and maintain a registry of all individuals who have met the federal requirements for competency contained in 42 USC §1396r and have been certified as nurse aides for employment in a facility.
(B) A facility...must not hire or employ on a paid, unpaid, temporary or permanent basis, any individual working as a nurse aide for more than four months, unless that individual is listed in the registry as having demonstrated competency in accordance with 105 CMR 155.016
(C) The registry shall also contain the following:
(1) specific, documented findings or adjudicated findings of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property by nurse aides...The documentation must include:
(a) the name, address, telephone number and social security number of such individual;
(b) the nature of the allegation and the record number identifying the documents on which the Department's conclusion were based; and
(c) the date of the hearing if such individual chose to have one, and its outcome.
(2) a brief statement by the accused nurse aide...disputing the findings, if such individual chooses to provide such statement;
(3) if the Department imposed any suspension or probationary period on the nurse aide...the dates for which such suspension or probation is in effect; and
(4) if known to the Department, any guilty findings made against such individual by a court of law, or any guilty pleas, nolo contendere pleas, or admission to facts sufficient to support
a guilty finding made in a court of law by such individual accused of patient or resident abuse, neglect, mistreatment, or misappropriation of patient or resident property. 

(D) Disclosure of information on the registry:
(1) the Department must disclose information regarding findings and adjudicated findings of patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property, other sanctions imposed against any nurse aide... as well as any information regarding guilty findings, guilty pleas, nolo contendere pleas or admitted to sufficient facts to support a guilty finding made by such individual in a court of law.
(2) when disclosing such information regarding any nurse aide...the Department shall also disclose any statement made by such individual disputing the findings.

105 CMR 156.000: THE TRAINING OF NURSES’ AIDES IN LONG-TERM CARE FACILITIES

105 CMR 156.000 sets forth standards for the training of nurses’ aides who assist nurses in providing nursing care in level II/III long-term care facilities...The following are available in Department of Public Health guidelines: curriculum specifications; evaluation form to be used by all instructors; course application form and blank document of completion.

156.010: Scope and Applicability
105 CMR 156.000 applies to all licensed level II and III long-term care facilities and those level IV units which employ nurses’ aides as defined below.

156.100: Responsibilities of the Facility
(A) Any facility which hires a nurses’ aide, except as described in 105 CMR 156.100(D), shall provide, or arrange to provide, training for said nurses’ aide in accordance with 105 CMR 156.000 except as provided for in 105 CMR 156.130. Such training shall be completed within 90 days of commencement of employment, as provided for in 105 CMR 156.140(C).
(B) The facility shall be responsible for documenting that all nurses' aides employed by the facility are in conformity with the training requirements as set forth in 105 CMR 156.000.
(C) The documentation shall include but is not limited to:
(1) For each nurses' aide:
(a) Document of Completion; or
(b) Evidence of enrollment in a training course, or participation in the evaluation process in accordance with timeframes set forth in 105 CMR 156.120, 105 CMR 156.130, and 105 CMR 156.140; and
(2) If the licensee/facility served as a training provider, the documentation specified in 105 CMR

156.200: Responsibilities of Training Providers.
(D) The facility shall ensure that all nurses' aides employed through temporary help agencies have successfully completed a nurses' aide training course in accordance with 105 CMR 156.120, are enrolled in a nurses' aides training course with planned completion in accordance with 105 CMR 156.120, or are currently being evaluated with planned completion in accordance with 105 CMR 156.130.
(1) The facility shall have a written agreement with the temporary help agency that the agency will provide only nurses' aides trained in conformity with 105 CMR 156.100(D).
(2) For nurses’ aides employed through temporary help agencies, the facility shall verify, prior to employment by the facility, that such nurses’ aides have been trained in conformity with 105 CMR 156.000 as specified in 105 CMR 156.100(D).

(E) The facility shall not continue to employ any nurses’ aides who has not:
(1) Successfully completed both of the following:
(a) Training in accordance with these regulations, 105 CMR 156.120 within 90 days of commencement of employment as provided for in 105 CMR 156.140(C); and
(b) Evaluation as specified in 105 CMR 156.400 and a Document of Completion received within 180 days of commencement of employment as provided for in 105 CMR 156.140(C); or
(2) Successfully completed the equivalency evaluation in accordance with the timeframes set forth in 105 CMR 156.130 and 156.140(C).

(F) The facility shall ensure that nurses’ aides perform only those tasks for which they have been trained and for which they have successfully demonstrated their ability to correctly perform these tasks. Such demonstrations shall be documented on the evaluation form as specified in 105 CMR 156.400.

156.120: Nurses’ Aides Required to Take Training Course
(A) All nurses’ aides employed by a long-term care facility must be trained in accordance with 105 CMR 156.000 except as provided for in 105 CMR 156.130.
(B) A nurses’ aide who has completed training and received a Document of Completion in accordance with 105 CMR 156.000: The Nurses’ Aides Training, but who has not been employed as a nurses’ aide by a long-term care facility or temporary help agency for long-term care facilities for two or more consecutive years subsequent to such completion, shall be considered a new employee and is required to repeat training as specified in 105 CMR 156.120.
(C) Each nurses’ aide must complete training within 90 days of the commencement of employment, as provided for in 105 CMR 156.140(C).
(D) Each nurses’ aide must successfully complete evaluation as specified in 105 CMR 156.400 within 180 days of the commencement of employment, as provided for in 105 CMR 156.140(C).

156.130: Nurses’ Aides Who May Substitute Equivalency Evaluation for Training Course
The following individuals are eligible for equivalency evaluation in lieu of completion of a training course to satisfy the requirements of 105 CMR 156.000. If such individuals choose not to take the equivalency evaluation in lieu of the training course, they shall be considered new employees subject to the requirements set forth in 105 CMR 156.120.
(A) Individuals who have completed training equivalent to the minimum standard curriculum.
(1) Such individuals shall have completed one of the following within the two years preceding the commencement of employment to be eligible for the equivalency evaluation:
(a) Documented successful completion of long-term care nurses’ aides training programs regulated by other states;
(b) Documented successful completion of a clinical course in an approved school of nursing, in accordance with 244 CMR 6.00, which included hands-on care skills as specified in the minimum standard curriculum.
Such nurses’ aides shall successfully complete an equivalency evaluation in accordance with 105 CMR 156.400 as follows:

(a) Nurses’ aides, described in 105 CMR 156.130(A)(1), whose employment in a Massachusetts long-term care facility commenced prior to the date of promulgation of these regulations shall successfully complete an equivalency evaluation on or before June 30, 1989;
(b) Nurses’ aides, described in 105 CMR 156.130(A)(1), who are hired on or after the date of promulgation and prior to January 1, 1989 shall successfully complete equivalency evaluation on or before March 31, 1989;
(c) Nurses’ aides, described in 105 CMR 156.130(A)(1), hired on or after January 1, 1989 shall successfully complete evaluation within 90 days subsequent to the commencement of employment.

(B) Nurses’ aides whose employment by a licensed long-term care facility or temporary help agency commenced prior to the promulgation of 105 CMR 156.000.

(1) Such nurses’ aides shall meet the following eligibility requirements:
(a) Have completed a nurses’ aide training course within the preceding two years; or
(b) Have been employed as a nurses’ aide by a long-term care facility or by a temporary help agency and assigned to long-term care facilities one year out of the past three years on a full-time basis or at least 100 days in the year prior to promulgation with no interruption in employment greater than ten weeks.

(2) Such nurses’ aides shall successfully complete an equivalency evaluation in accordance with 105 CMR 156.400 on or before June 30, 1989.

(C) The Commissioner or his or her designee may waive the qualifications for individuals permitted to take the equivalency evaluation in lieu of the training course imposed by 105 CMR 156.130(A) and (B) upon finding that:
(1) The individual has had the following experience:
(a) Employment as a nurses’ aide for one year out of the past three years on a full-time basis or at least 100 in the year prior to proposed evaluation with no interruption in employment greater than ten weeks; and
(b) Provision of direct care services to the elderly including but not limited to bathing, grooming, and feeding during the employment period specified above in 105 CMR 156.130(C)(1)(a); and
(c) Provision of such direct care services in an institutional setting including a chronic or acute care hospital.
(2) The proposed waiver does not jeopardize the health or safety of the facility’s residents and does not limit the facility’s capacity to give adequate care.
(3) The facility provides to the Commissioner or his or her designee written documentation supporting its request for a waiver.
(4) Such nurses’ aides shall successfully complete an equivalency evaluation in accordance with 105 CMR 156.400 as follows:
(a) Nurses’ aides, for whom a waiver has been obtained pursuant to 105 CMR 156.130(C), whose employment in a long-term care facility commenced prior to January 1, 1989 shall successfully complete equivalency evaluation on or before March 31, 1989;
(b) Nurses’ aides, for whom a waiver has been obtained pursuant to 105 CMR 156.130(C) and who are hired on or after January 1, 1989 shall successfully complete evaluation within 90 days subsequent to the commencement of employment.
A facility shall not continue to employ an individual as a nurses’ aide who does not successfully complete an evaluation as pursuant to the provisions of 105 CMR 156.130.

156.140: Implementation Schedule
(A) Upon promulgation of these regulations, 105 CMR 156.000, training providers may:
(1) submit training courses for approval according to procedures set forth in 105 CMR 156.330;
(2) begin training courses upon notification of course approval by the Department.
(B) For courses which began prior to date of promulgation, but which will be completed subsequent to promulgation of 105 CMR 156.000, training providers shall:
(1) modify courses as necessary to include the minimum standard curriculum as specified in 105 CMR 156.330;
(2) submit such courses for approval according to procedures set forth in 105 CMR 156.330;
(3) include evaluation as specified in 105 CMR 156.400 in such training courses.
(C) While training may begin upon promulgation of 105 CMR 156.000 as specified in 105 CMR 156.140(A), all nurses’ aides, who do not qualify for equivalency evaluation under 105 CMR 156.130, and who are hired on or after January 1, 1989 shall complete training within 90 days subsequent to the commencement of employment and shall successfully complete evaluation within 180 days subsequent to the commencement of employment, as specified in 105 CMR 156.310. Nurses’ aides hired on or after the date of promulgation and prior to January 1, 1989 shall complete training on or before March 31, 1989 and shall successfully complete evaluation on or before June 30, 1989.

156.200: Responsibilities of Training Providers
(A) Nurses’ aides training providers shall:
(1) employ, or have written arrangements with, an instructor who meets the qualifications as specified in 105 CMR 156.210: Qualifications of the Instructor;
(2) provide, or have written arrangements to provide, facilities for classroom and clinical instruction in a level II or III long-term care facility; and
(3) offer a curriculum that has been approved by the Department.
(B) Level IV facilities shall not serve as training providers.
(C) Examples of training providers include but are not limited to: vocational high schools, community colleges, long-term care facilities, and temporary help agencies.
(D) The training provider shall submit a curriculum proposal for approval by the Department as specified in 105 CMR 156.330: Curriculum Approval Mechanism.
(E) The following documentation for each course offered shall be maintained by the training provider and available for inspection by the Department:
(1) curriculum outline and record of dates on which courses were taught;
(2) notification of approval by the Department;
(3) daily attendance roster;
(4) name and resume of instructors showing that each one meets the requirements as specified in 105 CMR 156.210: Qualifications of Instructor;
(5) copies of all Documents of Completion issued by that training provider and
(6) copies of all evaluation forms completed by that training provider.
156.210: Qualifications of the Instructor

(A) Instructors for nurses' aides training courses shall meet these qualifications:
(1) Be a registered nurse with current licensure; and
(2) (a) 1. Have at least one year's experience in lesson planning, lesson delivery, student evaluation and remediation in a health care setting with this experience gained in such positions as inservice coordinator, staff educator, or other health personnel instructor; or
2. Have attended the equivalent of twenty-four contact hours in programs which meet continuing education standards currently set forth in regulations governing the Board of Registration in Nursing 244 CMR 5.00 and which provide instruction in curriculum development, use of teaching strategies for adult learners and student evaluation; or
(b) Meet all of the following qualifications:
- Have a written agreement for consultation with a registered nurse who has the qualifications set forth in 105 CMR 156.210(A)(1) and (2)(a);
- Obtain such consultation prior to each course, midway through the course and at the end of the course prior to final evaluation. This consultation shall include lesson plans, teaching strategies, resource materials, evaluation procedures, and remediation methods;
- Document the dates and recommendation of the consultations; and
- Attend program(s) which meets continuing education standards set forth in the regulations governing the Board of Registration in Nursing 244 CMR 5.00 consisting of not less than 24 contact hours of adult education within the first year as instructor.
(3) The Commissioner or his or her designee may waive the qualifications of the instructor imposed by 105 CMR 156.210(A)(1) and (2) upon finding that:
(a) The proposed instructor has obtained sufficient experience in the care of long-term care residents and teaching adults how to provide such health care to ensure that he or she may train nurses' aides to perform the objectives outlined in the minimum standard curriculum described in 105 CMR 156.320, and
(b) The training provider provides to the Commissioner or his or her designee written documentation supporting its request for a waiver.

(B) Other health care professionals such as dieticians, social workers, physical therapists, occupational therapists, and others may teach lessons or modules of a nurses' aides training course.

156.220: Responsibilities of the Instructor

(A) The instructor shall prepare the curriculum that he or she will teach as specified in 105 CMR 156.320: Minimum Curriculum Standards and as prescribed in curriculum specifications as prescribed by and available in guidelines from the Department and shall participate in the planning of each lesson, even if he or she does not teach that specific lesson.

(B) The instructor shall evaluate each student to determine whether he or she has satisfactorily completed each module of nurses' aides training and shall offer remediation for each student as needed.

(C) The instructor shall sign and issue a Document of Completion for each student upon satisfactory completion of the evaluation which is a part of a nurses' aides training course as specified in 105 CMR 156.410: Completed Training/Experience.

(D) The instructor who serves as an evaluator for equivalency evaluation in accordance with the provisions of 105 CMR 156.400: Administration of Evaluation shall sign and issue
(E) The instructor shall assure that there is a minimum of one instructor for every 25 students in a classroom and a minimum of one instructor for every ten students in practice/clinical sessions.

156.300: Orientation Program
(A) An orientation program shall be given to all nurses’ aides within the first 40 hours of employment. The orientation program shall include the following:
(1) tour of the facility;
(2) description of organizational structure of the facility;
(3) explanation of nurses’ aides job description;
(4) statement of philosophy of care of the facility;
(5) description of resident rights and responsibilities;
(6) description of resident population at the facility;
(7) description of daily routine of residents at the facility;
(8) discussion of the legal and ethical considerations in the care of residents;
(9) explanation and practice regarding the communications system including telephone and resident call-light systems;
(10) explanation and practice regarding emergencies including:
(a) response to resident emergencies;
(b) fire;
(c) other disasters.
(B) Such orientation shall occur at each new facility in which the nurses’ aide is employed.
(C) Nurses’ aides employed through temporary agencies shall undergo an orientation which includes a minimum of the topics named in 156.300(A)(1), (6), (7), (9) and (10).

156.310: Timing of Nurses’ Aides Training
(A) Training conducted on site of employment at long-term care facility. Each nurses’ aide shall begin training after orientation and shall complete such training within 90 days of the start of employment and shall also successfully complete evaluation within 180 days of the start of employment as provided for in 105 CMR 156.140(C). During the training period, nurses’ aides may perform tasks for which they have been trained and for which they have successfully demonstrated their ability to correctly perform these tasks. Such demonstrations shall be documented on the evaluation form as specified in 105 CMR 156.400.
(B) Training conducted at temporary help agencies. Each nurses’ aide shall complete training within 90 days of the start of employment with a temporary help agency as provided for in 105 CMR 156.140(C). Each such nurses’ aide shall also successfully complete evaluation within one hundred eighty days of the start of employment with a temporary help agency as provided for in 105 CMR 156.140(C). The facility shall provide orientation to each nurses’ aide employed through a temporary help agency.
(C) Training conducted at educational facilities. Each nurses’ aide who has been trained at an educational institution outside of the facility shall complete such training prior to employment or within 90 days of the start of employment by a long-term care facility as provided for in 105 CMR 156.140(C). Each such nurses’ aide shall also successfully
complete evaluation within 180 days of the start of employment as provided for in 105 CMR 156.140(C).

156.320: Minimum Curriculum Standards
(A) Each nurses’ aides training course shall be a minimum of 60 hours and shall include all modules of the minimum standard curriculum as prescribed in the curriculum specifications prescribed by and available in guidelines from the Department.
(B) Nurses’ aides training courses which begin on or after October 1, 1989 shall be a minimum of 75 hours and shall include all modules of the minimum standard curriculum for 75 hours prescribed by and available in guidelines from the Department. Nurses’ aides who have successfully completed an evaluation as specified in 105 CMR 156.400 prior to October 1, 1989 shall be deemed to have met the federal requirements for nurses' aides training specified above.
(C) Curriculum organization and teaching strategies are at the discretion of the instructor.
(D) Facilities that require nurses’ aides to perform tasks not included in the minimum standard curriculum shall ensure that nurses’ aides are trained to perform these tasks and have successfully demonstrated their ability to perform these tasks. Training for these tasks, including training for tasks related to special resident populations, shall be in addition to the minimum standard curriculum.
(E) Facilities with special resident populations shall use the minimum standard curriculum for nurses’ aide training but may adapt content and clinical applications to the facility's specific resident population. However, such adaptions shall continue to require that nurses' aides master all objectives in the minimum standard curriculum. For example, all nurses’ aides must learn how to give bed baths and transfer residents from beds to wheelchairs. However, these skills may be taught with attention to geriatric or pediatric considerations as the resident population dictates.

156.330: Curriculum Approval Mechanism
(A) The training provider shall submit a proposed curriculum to the Department of Public Health, Division of Health Care Quality.
(1) The curriculum shall be submitted eight weeks prior to the start of the first course and every two years thereafter.
(2) If the curriculum is modified, it must be resubmitted to the Department for approval prior to start of the course.
(B) The training provider shall submit the curriculum proposal on the curriculum application form prescribed by and available from the Department.
(C) The Department will review the curriculum proposal to determine whether or not it is in compliance with 105 CMR 156.000 and the curriculum specifications prescribed by and available in guidelines from the Department.
(1) If the curriculum proposal is approved, the Department will issue an approval number and notify the training provider. A copy of the approval will be kept on file at the Department.
(2) If the curriculum proposal is not approved, the Department will return the curriculum to the training provider noting the reason that the course was not approved. The training provider may not begin a nurses' aides training course until the associated curriculum has been approved by the Department.
156.400: Administration of Evaluation
(A) All nurses’ aides shall undergo evaluation either in conjunction with the training specified in 105 CMR 156.320 or as an evaluation of equivalent training pursuant to 105 CMR 156.130.
(B) All nurses’ aides shall successfully demonstrate all skills on the evaluation form specified in guidelines prescribed by and available from the Department. Such evaluation shall be conducted in conformance with the timeframes set forth in 105 CMR 156.120, 105 CMR 156.130, and 105 CMR 156.140.
(C) Any individual who meets the qualifications specified in Qualifications of the Instructor 105 CMR 156.210 may administer an evaluation as prescribed by and available in guidelines from the Department.
(1) Remedial instruction shall be available from the instructor through a course approved by the Department or shall be available through an approved course specified by the instructor. The course number shall be entered on all Documents of Completion issued as documentation of successful evaluation.
(2) Additional registered nurses may assist the instructor in evaluating nurses’ aides provided that an individual who meets instructor qualifications is available on site.
(D) Instructors shall use the evaluation form as prescribed by and available in guidelines from the Department.
(1) Instructors shall give nurses’ aides the opportunity to read the evaluation, ask questions, and receive remedial instruction prior to administration of the evaluation.
(2) The instructor who observes and evaluates each skill demonstration must sign his or her name in the spaces indicated.
(3) Instructors shall give nurses’ aides the option of responding to the verbal section of the evaluation either orally or in writing.
(a) When the verbal section of the evaluation is administered orally, the instructor shall simplify the language, if necessary, to assist comprehension by the nurses’ aide.
(b) The instructor who evaluates the responses to the verbal section must sign his or her name in the spaces indicated.
(4) Successful completion of the evaluation shall mean that the nurses’ aide is able to correctly demonstrate all clinical skills and answer all questions listed in the evaluation form prescribed by and available in guidelines from the Department. The demonstrations and answers shall be judged complete and correct by the instructor. Remediation and reevaluation shall be provided by the instructor within the timeframes set forth in 105 CMR 156.120, 105 CMR 156.130, and 105 CMR 156.140.
(5) Upon successful completion of the evaluation, the instructor shall sign and issue to the nurses’ aide:
(a) A signed copy of the evaluation form as prescribed by and available in guidelines from the Department, and;
(b) A signed Document of Completion prescribed by and available from the Department.

156.410: Documentation of Completed Training/Experience
(A) Upon successful completion of evaluation in accordance with 105 CMR 156.400: Evaluation of Training/Experience, each nurses’ aide shall receive a Documentation of Completion, (prescribed by and available from the Department) which has been completed, signed and issued by the instructor.
(B) As proof of meeting the training requirements set forth in 105 CMR 156.000: The Nurses' Aides Training, a nurses' aide shall show the Document of Completion to any facility administrator upon request.

(C) A nurses' aide who has successfully completed evaluation as specified in 105 CMR 156.400 and received a Document of Completion in accordance with 105 CMR 156.410(A) shall not be required to repeat nurses' aide training unless employment has been interrupted for two or more years as described in 105 CMR 156.120(D).