

# State Regulations Pertaining to Nursing Services

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.

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## ALABAMA

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420-5-10-.11 Nursing Services.

(1) The facility must 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.

(2) Sufficient staff. The facility must provide services by sufficient numbers of licensed nurses and other nursing personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans.

(a) The facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

(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.

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## ALASKA

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07 AAC 012.270. Staff Duties.

(a) The nursing facility staff shall encourage and assist residents to achieve and maintain their highest level of self-care and independence. A registered nurse, in conjunction with an interdisciplinary team, shall, within 14 days of admission of a resident, ensure completion of the comprehensive resident assessment instrument approved by the department. The assessment shall be reviewed by the nurse and interdisciplinary team no less frequently than quarterly and the plan of care revised as necessary. A reassessment shall be completed, by the nurse and interdisciplinary team, after any major permanent change in condition of the resident, but no less frequently than annually.

(b) The nursing facility staff shall give residents the necessary care to prevent pressure ulcers, contractures, and deformities.

(c) The nursing facility staff shall implement procedures to prevent and reduce incontinence of residents. These procedures must include

(1) a written assessment by a registered nurse within two weeks after admission of an incontinent resident's ability to participate in a bowel or bladder training program;

(2) an individualized bowel or bladder training plan for each resident, as appropriate; and

(3) a monthly written summary of a resident's performance in the training program.

(d) The nursing facility staff shall observe the hydration status of residents, and shall record deviations from the normal status and report the deviations to the charge nurse.

History -Eff. 11/19/83, Register 88; am 5/28/92, Register 122.

Authority: AS 18.20.010 AS 18.20.060

07 AAC 012.275. Nursing and Medical Services.

(a) Except as otherwise specified in this section, a nursing facility must have a registered nurse on duty seven days a week on the day shift and five days a week on the evening shift. A licensed practical nurse must be on duty during all shifts when a registered nurse is not present. A nursing facility must have telephone access to at least one registered nurse at all times and must post the names and phone numbers of those registered nurses at each nurse's station.

(b) A nursing facility with more than 60 occupied beds must have two registered nurses on duty during the day shift and one registered nurse on duty during other shifts.

(c) A nursing facility that shares the same building as a hospital must have a registered nurse on duty in the nursing facility seven days a week on the day shift. On the evening and night shift, a licensed practical nurse may serve as charge nurse. However, an on-duty registered nurse from the hospital must be available to make rounds at the nursing facility

and to be otherwise available as needed during the evening and night shifts when a licensed practical nurse is serving as charge nurse. A nursing facility with 14 or fewer occupied beds may use an on-duty registered nurse from the hospital to meet the night shift nursing requirement set out in this subsection.

(d) A nursing facility must have a contract for diagnostic services with a laboratory and x-ray provider approved by the department.

(e) A nursing facility must have a contract with a licensed dentist to provide consultation and necessary dental services to residents.

(f) In addition to the requirements of this section, a governing body of a facility must provide resources and personnel as necessary to meet resident needs under 7 AAC 12.630(b)(6).

History -Eff. 11/19/83, Register 88; am 5/28/92, Register 122.

Authority: AS 18.20.010 AS 18.20.060

#### 7 AAC 12.670. Nursing service

(a) A licensed nurse shall write a patient care plan for each patient in consultation with other patient care personnel and the patient.

(b) The patient care plan must reflect analysis of patient problems and needs, treatment goals, medication prescribed and, upon discharge, instructions given to the patient and the patient's family regarding medication management, including any risks, side effects, and benefits expected, and including any recommended activities and diet.

(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

(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.

(j) A frontier extended stay clinic is exempt from the requirements of this section.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 12/3/2006, Register 180 Authority: AS 18.05.040 AS 47.32.010 AS 47.32.030

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

- d. The actual number of hours each nursing personnel worked that day;
4. The documentation of nursing personnel required in subsection (B)(3) is maintained for 12 months from the date of the documentation and available to the Department for review within two hours from the Department's request;
5. At the time of a resident's admission, an initial assessment is performed on the resident to ensure the resident's immediate needs are met such as medication and food services;
6. A comprehensive assessment is performed by a registered nurse and coordinated by the registered nurse in collaboration with an interdisciplinary team and includes the information listed in subsection (B)(8);
7. The comprehensive assessment required in subsection (B)(6) is performed on a resident:
  - a. Within 14 days of admission to a nursing care institution; and
  - b. No later than 12 months from the date of the last comprehensive assessment;
8. A comprehensive assessment includes the resident's:
  - a. Vital signs,
  - b. Diagnosis,
  - c. Medical history,
  - d. Treatment,
  - e. Dental condition,
  - f. Nutritional condition and nutritional needs,
  - g. Medications,
  - h. Clinical laboratory reports,
  - i. Diagnostic reports,
  - j. Capability to perform activities of daily living,
  - k. Psychosocial condition,
  - l. Cognitive condition,
  - m. Impairments in physical and sensory functioning,
  - n. Potential for recreational activities,
  - o. Potential for rehabilitation, and
  - p. Potential for discharge.

9. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, a physician's designee, or a registered nurse determines the resident has a significant change in condition;
10. A care plan is developed, documented, and implemented for a resident within seven days of completing the comprehensive assessment required in subsection (B)(6);
11. The care plan required in subsection (B)(10):
  - a. Is reviewed and revised as necessary if a resident has had a significant change in condition; and
  - b. Ensures that a resident is provided nursing services to maintain the resident's highest practicable wellbeing according to the resident's comprehensive assessment;
12. A resident's comprehensive assessment is reviewed by a registered nurse at least every three months from the date of the current comprehensive assessment and revised if there is a significant change in the resident's condition and;
13. A nurse shall, as soon as possible but not more than 24 hours after the event occurs, notify the resident's attending physician and, if applicable, the resident's representative, if the resident:
  - a. Is injured,
  - b. Is involved in an incident that may require medical services, or
  - c. Has a significant change in condition.
14. A resident is free from significant medication errors; and
15. An unnecessary drug is not administered to a resident.

#### Historical Note

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

## 300 ADMINISTRATION

### 301.2 ADMINISTRATOR

Nursing personnel on the day tour of duty shall not be delegated authority to operate the facility unless relief nursing personnel are employed to replace the selected nurse.

### 303 PERSONNEL ADMINISTRATION

303.10 Nursing or personal care shall not be delegated to cooks, housekeeping, or laundry personnel.

## 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.
- 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.

### 513 NURSING STAFF

513.1 All registered nurses, licensed practical nurses, and licensed psychiatric technicians employed in the nursing home shall be currently licensed in the State of Arkansas.

513.2 The licensed nursing staff required shall be computed in accordance with Section 520.

513.3 The nursing aide requirement shall be computed in accordance with Section 520.

513.4 In nursing homes with more than one classification of license, each distinct part shall be staffed according to the requirements for each classification.

### 514 PERSONNEL ASSIGNMENTS

514.1 The nursing staff shall be engaged in the direct care and treatment of the patients.

514.2 No aide shall be permitted to combine the duties of housekeeping, laundry, or kitchen duties with nursing because of the danger of cross infection to the patient.

514.3 In multi-story homes, each floor should be staffed as an individual unit.

## 516 NURSING CARE REQUIREMENTS

### 516.1 Charting

a. Summary charting should address the resident's problems/needs, interventions to resolve those needs, and the progress made toward achieving the resident goals as listed on the care plan.

b. All disciplines (nursing, dietary, therapies, social, etc.) may document their progress notes on the same chart to promote continuity of care.

c. All charting notations made on the nurse's progress notes or flow sheets shall be entered by time and date, and shall be signed or initialed. d. Minimum requirements for summary charting based on the resident's Level of Care are as follows:

Skilled Every two (2) weeks

Intermediate I Every two (2) weeks

Intermediate II Monthly

Intermediate III Monthly

e. The following observations must be charted upon occurrence\*:

[\* If a flow sheet is utilized for documentation of the following, it is only necessary to document a summarization on the nurse's progress notes based on the time frequencies in item (d) above.]

1. Accidents/Incidents (charting will be done every shift for at least 48 hours

or until the resident returns to pre-accident status or stable condition,

which ever is longer);

2. Significant changes in the residents physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications). Charting will be required on every shift until the resident's condition becomes stable;

3. Any need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment. due to adverse consequences, or to commence

a new form of treatment);

4. Use of physical restraints to include the type applied, time of application,

checks, releases and exercise of resident. (Flow sheet may be used.);

5. Bedtime snacks for therapeutic diets and physician ordered supplemental feedings to include the type, amount served and amount consumed. (Flow sheet may be used.);
  6. Meal consumption for residents at nutritional risk to include percentage of meal consumed. (Flow sheet may be used.);
  7. PRN medications to include name, amount, route of administration, time, reason given and response. PRN "controlled" drugs must also be charted in the nurse's notes, which must also contain the condition of the patient before and after administration.
  8. Foley catheters to include documentation of insertion, reinsertion, removal and catheter irrigations. The total amount of urinary output must be documented, at a minimum, every eight (8) hours. (Flow sheet may be used.);
  9. Nasogastric or gastrostomy tubes to include documentation of insertion, reinsertion, removal, placement checks, care of site, type of formula, amount of formula, rate of feeding, and flushes. Total fluid intake must be documented, at a minimum, every eight (8) hours to include formula and flushes. (Flow sheet may be used.);
  10. Problem skin conditions to include date of onset and weekly progress notes. Documentation must identify the skin problem, stage, size, color, odor and drainage, if any. The chart shall also document the date and time of treatments and dressings. (Flow sheet may be used.);
  11. Physician visits to include date of visit;
  12. Any contacts with the physician (date and time) regarding the resident's condition and the physician's response/instructions;
  13. Resident's condition on discharge or transfer;
  14. Disposition of personal belongings and medications upon discharge;
  15. Time of death of a resident, the name of person pronouncing death and disposition of the body.
- f. Vital signs must be charted weekly and weights monthly unless ordered more frequently. (Flow sheet: may be used.)

## 520 MINIMUM DIRECT-CARE STAFFING REQUIREMENTS

### 520.1 Definitions

For purposes of this regulation, and unless otherwise specified herein, the following definitions shall apply. The following definitions are independent of, and in no way are intended to modify, amend or otherwise change, the definitions set forth in the Reimbursement Methodology.

520.1.1 Direct-care staff means any licensed or certified nursing staff who provides direct, hands-on care to residents in a nursing facility. Direct-care Staff shall not include therapy personnel or individuals acting as Director of Nursing for a facility.

520.1.2 Midnight census means the number of residents occupying nursing home beds in a nursing facility at midnight of each day.

520.1.3 Day shift means the period of 7:00 a.m. to 3:00 p.m., or, in the event of flex staffing, the first shift to begin after midnight.

520.1.4 Evening shift means the period of 3:00 p.m. to 11:00 p.m., or, in the event of flex staffing, the second shift to begin after midnight.

520.1.5 Night shift means the period of 11:00 p.m. to 7:00 a.m., or, in the event of flex staffing, the third shift to begin after midnight.

520.1.6 Therapy personnel shall include certified or licensed Medicare Part A Therapy personnel when they are performing, or billing for, Medicare Part A therapy services.

520.1.7 Flex staffing means the ability to vary the beginning and ending hours of a shift from the times set forth in 520.1.3 through 520.1.5.

520.1.8 Pattern of failure means a facility did not meet the minimum staffing requirements for more than twenty percent (20%) of the total number of shifts for any one month.

520.1.9 Resident census means the midnight census as defined in 520.1.2 taken prior to the shift in question.

## 520.2 RATIO OF DIRECT-CARE STAFF TO RESIDENTS – COMPUTATION

520.2.1 Minimum staffing computations shall be performed using the following method:

Step 1 – Determine the midnight census for the date the shift begins.

Step 2 – Divide the census by the ratio of direct-care staff required for the shift being computed. The result will be the total number of direct-care staff required for the shift.

Step 3 – Divide the census by the required ratio of licensed personnel for the shift being computed. The result will be the total number of licensed direct-care staff required for the shift.

Step 4 – Subtract the results of Step 3 from the results of Step 2. The result will be the total number of remaining direct-care staff required for the shift.

520.2.2 All computations shall be carried to the hundredth place. If the computations result in other than a whole number of direct-care staff for a shift, the number shall be rounded up to the next whole number when the computation, carried to the hundredth place, is fifty-one hundredths (.51) or higher.

520.2.3 Facilities shall have no less than one (1) licensed personnel per shift for direct-care staff as of July 1, 2001.

## 520.3 MINIMUM DIRECT-CARE STAFF RATIOS

520.3.1 Beginning October 1, 2003, facilities shall maintain the following direct-care staff to resident ratios:

520.3.1.1 Day Shift: One (1) direct-care staff to every six (6) residents; of which there shall be one (1) licensed nurse to every forty (40) residents.

520.3.1.2 Evening Shift: One (1) direct-care staff to every nine (9) residents; of which there shall be one (1) licensed nurse to every forty (40) residents.

520.3.1.3 Night Shift: One (1) direct-care staff to every fourteen (14) residents; of which there shall be one (1) licensed nurse to every eighty (80) residents.

Beginning October 1, 2003

Example: The facility has a census of eighty-two (82) residents as of midnight on December 10, 2003, and is computing the required direct-care staff for the day shift of December 11, 2003. The day shift has a direct-care-staff to resident ratio of one (1) direct-care staff to every six (6) residents, of which there shall be one (1) licensed staff member to every forty (40) residents.

Step 1: Census of 82

Step 2:  $82 / 6 = 13.67$  [Round to 14; total number of direct-care staff required]

Step 3:  $82 / 40 = 2.05$  [Round to 2; number of licensed direct-care staff required]

Step 4:  $14 - 2 = 12$  [Number of remaining direct-care staff required]

Total number of direct-care staff for the day shift: 14

Total number of licensed direct-care staff for the day shift: 2

Total number of remaining direct care staff for the day shift: 12

Example: The facility has a census of ninety-seven (97) residents as of midnight on January 3, 2004, and is computing the required direct care staff for the evening shift. The evening shift has a direct-care staff to resident ratio of one (1) direct-care staff to every nine (9) residents, of which there shall be one (1) licensed staff member to every forty (40) residents.

Step 1 - Census of 97

Step 2 -  $97 / 9 = 10.77$  [Round to 11; total number of direct-care staff required]

Step 3 -  $97 / 40 = 2.42$  [Round to 2; number of licensed direct-care staff required]

Step 4 -  $11 - 2 = 9$  [Number of remaining direct-care staff required]

Total number of direct-care staff for the evening shift: 11

Total number of licensed direct-care staff for the evening shift: 2

Total number of remaining direct care staff for the evening shift: 9

Example: The facility has a census of one hundred forty-two (142) residents as of midnight on December 7, 2003, and is computing the required direct-care staff for the night shift. The night shift has a direct-care-staff to resident ratio of one (1) direct-care staff to every fourteen (14) residents, of which there shall be one (1) licensed staff member to every eighty (80) residents.

Step 1 – Census of 142

Step 2 –  $142 / 14 = 10.14$  [Round to 10; total number of direct-care staff]

Step 3 –  $142 / 80 = 1.77$  [Round to 2; number of licensed direct-care staff]

Step 4 –  $10 - 2 = 8$  [Number of remaining direct-care staff]

Total number of direct-care staff for the night shift: 10

Total number of licensed direct-care staff for the night shift: 2

Total number of remaining direct care staff for the night shift: 8

#### 520.4 EXCEPTIONS TO MINIMUM STAFFING RATIOS

520.4.1 Upon an increase in a facility's resident census, the facility shall be exempt from any corresponding increase in staffing ratios for a period of nine (9) consecutive shifts beginning with the first shift following the midnight census for the date of the expansion of the resident census.

520.4.2 When residents are relocated or transferred from facilities due to natural disaster, emergency or as a result of state or federal action, the Department of Human Services may waive, for a period of no more than three (3) months from the date of transfer, some or all of any required increase in direct-care staff for the facility or facilities to whom the residents are relocated or transferred. Waivers will only be granted for good cause shown, and upon telephone, facsimile or written request. A grant of a waiver is within the sole discretion of the Office of Long Term Care. Facilities may apply for a waiver by writing the Director of the Office of Long Term Care. The written request should state, at a minimum:

- a. The date of the transfer for each resident;
- b. The number of residents transferred for each date in which residents were received from another facility;
- c. The anticipated date by which the facility will be able to meet the increased number of minimum staff for the total number of residents of the entire facility, including all residents received in transfer;
- d. The name of the facility from which the residents were transferred; and,
- e. A brief explanation as to why the facility's staffing cannot be increased prior to the anticipated increase date set out in c, above.

#### 520.5 STAFFING REPORTS

520.5.1 By the fifth (5<sup>th</sup>) day of each month, each nursing facility or nursing home shall submit a written report of all shifts for the preceding month to the Office of Long Term Care, utilizing form DMS-718.

520.5.2 In addition, each report shall designate the shifts in which minimum staffing standards were not met, as set forth in form DMS-718.

#### 520.6 FLEX STAFFING

520.6.1 Flex staffing permits facilities to vary the beginning and ending hours for shifts, so that facilities may maximize staff time to the benefit of residents. Regardless whether a facility employs shifts of greater duration than specified in these regulations – such as ten (10) or twelve (12) hour shifts – for purposes of computing minimum staffing ratios the facility shall base their computations on three shifts of equal length. Facilities can, however, designate that their shifts will begin earlier or later than specified in Sections

520.1.3 through 520.1.5.

520.6.2 When facilities utilize flex staffing, the shifts must meet the staffing requirements set forth herein for the entire period of the shift. As way of example only, if a facility begins a shift at 5:30 a.m., the minimum staffing requirements for that shift, which would end at 1:30, would be minimum staffing requirements for the Day Shift as set forth in Sections 520.1.3 through 520.1.5, and those minimums must be maintained throughout the entire shift.

520.6.3 The Office of Long Term Care shall be notified in writing when a facility implements a flex-staffing schedule. The written notice shall state the beginning and ending hours of each shift under the flex staffing.

#### 520.7 PENALTIES

Violations of these regulations shall be punishable in accordance with Ark. Code

Ann. § 20-10-1407 and 20-10-1408.

#### 520.8 RESIDENT CARE NEEDS AND INCREASES IN STAFFING

The staffing standards set forth in Section 520.3 are minimum requirements that facilities must meet at all times, except as provided herein. In the event that the Office of Long Term Care determines that sufficient personnel are not employed or available to meet resident care needs, the Office of Long Term Care may require the facility to either increase staff on a per-shift basis or reduce resident census. In such cases, the Office of Long Term Care will notify the facility in writing of its determination, including the basis for the determination. In addition, the Office of Long Term Care will state the number of additional staff that must be employed or available and the date by which the additional staff must be employed or available; the amount by which the resident census must be reduced and the date by which that reduction must be achieved; or both.

In the event that the Director of the Office of Long Term Care determines that minimum staffing standards should be increased pursuant to Ark. Code Ann. § 20-10-1409(b)(2), the Director of the Office of Long Term Care shall certify the determination and any proposed regulatory increases to minimum staffing standards to the Director of the Division of Medical Services, who shall notify the Director of the Department of Human Services and the Legislative Council of the determination, and whether sufficient appropriated funds exist to fund the costs, as defined as direct-care costs by the Long Term Care Cost Reimbursement Methodology of the Long Term Care Provider Reimbursement Manual as in effect January 12, 2001, to be incurred by the proposed changes to the minimum staffing standards.

In no event shall minimum staffing standards be increased unless sufficient appropriated funds exist to fund the costs to be incurred by the proposed increases to minimum staffing standards.

## 520.9 POSTING

520.9.1 Definitions. For purposes of this regulation:

(a) *Hall* means a corridor or passageway in a facility containing one or more resident rooms.

(b) *Wing* means a section of a facility devoted to resident care and containing one or more resident rooms.

(c) *Corridor* means a passageway with one or more resident rooms opening onto it.

(d) *Unit* means one hall, one wing, or one corridor.

(e) *Daily Staffing Log* means form DMS-7780.

(f) *Day Shift* means the period of 7:00 a.m. to 3:00 p.m. The facility may allow employees to begin their work shift up to two (2) hours prior to, or up to two (2) hours following, 7:00 a.m. to meet patient care needs.

(g) *Evening Shift* means the period of 3:00 p.m. to 11:00 p.m. The facility may allow employees to begin their work shift up to two (2) hours prior to, or up to two (2) hours following, 3:00 p.m. to meet patient care needs.

(h) *Night Shift* means the period of 11:00 p.m. to 7:00 a.m. The facility may allow employees to begin their work shift up to two (2) hours prior to, or up to two (2) hours following, 11:00 p.m. to meet patient care needs.

(i) *Accessible* means that the Daily Staffing Log shall not be obscured or blocked, partially or in whole, by any object; shall be located between four feet (4') to five feet (5') as measured from the floor; and shall be posted on a wall of each hall, wing or corridor that is not obstructed, blocked or is in any manner behind any fixture, nurses' station or other object.



Encasing the Daily Staffing Log in a clear or transparent cover, binder or other similar object is permissible.

520.9.2 The facility shall complete, post and maintain Daily Staffing Logs utilizing form DMS-7780, and in conformity with the instructions contained in that form and these regulations.

520.9.3 The Daily Staffing Log shall be conspicuously posted on each hall, wing and corridor in a manner that makes it accessible at all times.

520.9.4 The DMS-7780 shall be retained and filed by the facility until the next standard survey by the Office of Long Term Care or one year from the month the specific form is completed, whichever is greater. All DMS-7780s filed by the facility shall be available for review by any interested person within seventy-two (72) hours of receipt of a written request.

520.9.5 A violation of any provision of this regulation shall be a Class C violation in accordance with Ark. Code Ann. § 20-10-205 and 20-10-206.

#### Instructions for Completing Form DMS-7780

As required by Ark. Code Ann. § 20-10-1401 *et seq.*, a copy of the Form DMS-7780 is to be completed and posted daily as specified in these instructions and LTC Section 520.9.

Start a new Log with each Day Shift.

1. Date – Enter the current date.
2. Facility – Enter facility name.
3. Hall, Wing or Corridor – Specify the hall, corridor, or wing that the Log covers. See Section 520.9.1.
4. Shift Sign-In Sheet – Staff will sign in at the beginning of each shift and sign out at the end of each shift on the Shift Sign-In Sheet in the section designated for their licensure or certification status. On the log, each person will:
  - specify his/her time in
  - sign name
  - specify time out

RNs, LPNs and RNAs working as CNAs will sign in under the section for their licensure, but the facility shall denote on the form that they are working as CNAs for that shift by placing "(CNA)" after their name. Likewise, RNs working as LPNs will sign in under the RN section, but the facility shall denote on the form that they are working as LPNs by

placing "(LPN)" after their name.

5. Today's Residents on Unit – At the beginning of each shift, the Charge Nurse or designee will enter the number of residents on that unit as of 12:01 a.m. of the date of the report. See Section 520.9.1 for the definition of shifts.

6. Comments – The Administrator or designee may enter comments explaining any discrepancies between required and actual staffing.

7. Post the log - See Sections 520.9.1(a), (b), (c), (e), and (i), and 520.9.3.

8. Review – The Administrator, DON or Designee will sign and date each staffing log prior to filing.

9. Save and file the logs for audit by OLTC - See Section 520.9.4.

#### 804 STAFFING [HomeStyle facilities]

Facilities designated by the Office of Long Term Care as HomeStyle facilities shall employ the same staffing ratios and otherwise comply with Section 520 of these regulations; provided, however, that Certified Nurse Assistants (CNAs) utilized in HomeStyle facilities may act as universal workers. For purposes of this regulation, universal or flexible worker means a CNA who, in addition to performing CNA duties, performs dietary, laundry, housekeeping, activities and other services to meet the needs of residents.

Staffing ratios for HomeStyle homes shall be computed based on the midnight census. Except for licensed staff, staffing ratios shall be computed for each home individually and not the facility or all HomeStyle homes as a whole. Each home shall have at least two (2) CNA present at all times during the day and evening shifts and at least one (1) CNA present at all times during the night shift.

#### 901 GENERAL ADMINISTRATION [ALZHEIMER'S SPECIAL CARE UNITS]

##### a. General Program Requirements

...3. Provide for relief of direct care personnel to ensure minimum staffing requirements are maintained at all times.

...5. Nursing, direct-care, or personal care staff shall not perform the duties of cooks, housekeepers, or laundry personnel during the same shift they perform nursing, direct-care or personal care duties.

##### b. Disclosure Statement and Notice to the Office of Long Term Care

...5...The disclosure statement shall include, but not be limited to, the following information about the facility's ASCU:

...E. The minimum number of direct care staff assigned to the ASCU each shift.

...L. Staffing ratios and staff training requirements shall be documented in the facility's disclosure statement.

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## CALIFORNIA

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### § 72309. Nursing Service.

Nursing service means a service staffed, organized and equipped to provide skilled nursing care to patients on a continuous basis.

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

### § 72311. Nursing Service -General

(a) Nursing service shall include, but not be limited to, the following:

(1) Planning of patient care, which shall include at least the following:

(A) Identification of care needs based upon an initial written and continuing assessment of the patient's needs with input, as necessary, from health professionals involved in the care of the patient. Initial assessments shall commence at the time of admission of the patient and be completed within seven days after admission.

(B) Development of an individual, written patient care plan which indicates the care to be given, the objectives to be accomplished and the professional discipline responsible for each element of care. Objectives shall be measurable and time-limited.

(C) Reviewing, evaluating and updating of the patient care plan as necessary by the nursing staff and other professional personnel involved in the care of the patient at least quarterly, and more often if there is a change in the patient's condition.

(2) Implementing of each patient's care plan according to the methods indicated. Each patient's care shall be based on this plan.

(3) Notifying the attending physician promptly of:

(A) The admission of a patient.

(B) Any sudden and/or marked adverse change in signs, symptoms or behavior exhibited by a patient.

(C) An unusual occurrence involving a patient, as defined in Section 72541.

(D) A change in weight of five pounds or more within a 30-day period unless a different stipulation has been stated in writing by the patient's physician.

(E) Any untoward response or reaction by a patient to a medication or treatment.

(F) Any error in the administration of a medication or treatment to a patient which is life threatening and presents a risk to the patient.

(G) The facility's inability to obtain or administer, on a prompt and timely basis, drugs,

equipment, supplies or services as prescribed under conditions which present a risk to the health, safety or security of the patient.

(b) All attempts to notify physicians shall be noted in the patient's health record including the time and method of communication and the name of the person acknowledging contact, if any. If the attending physician or his designee is not readily available, emergency medical care shall be provided as outlined in Section 72301(g).

(c) Licensed nursing personnel shall ensure that patients are served the diets as prescribed by attending physicians.

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

§ 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.

§ 72329.1. Nursing Service-Staff.

(a) Nursing service personnel shall be employed and on duty in at least the number and with the qualifications determined by the Department to provide the necessary nursing services for patients admitted for care. The staffing requirements required by this section are minimum standards only. Skilled nursing facilities shall employ and schedule additional staff as needed to ensure quality resident care based on the needs of individual residents and to ensure compliance with all relevant state and federal staffing requirements. The Department may require a facility to provide additional staff as set forth in Section 72501(g).

(b) Facilities licensed for 59 or fewer beds shall have at least one registered nurse or a licensed vocational nurse, awake and on duty, in the facility at all times, day and night.

(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 services 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 services. The director of nursing services shall not have charge nurse responsibilities.

(e) Nursing stations shall be staffed with nursing personnel when patients are housed in the nursing unit.

(f) Each facility shall employ sufficient nursing staff to provide a minimum of 3.2 nursing hours per patient day.

(1) Facilities which provide care for mentally disordered patients and in which licensed psychiatric technicians provide patient care shall meet the following standards:

(A) If patients are not certified for special treatment programs, facilities shall employ sufficient staff to provide a minimum of 3.2 nursing hours per patient day.

(B) For patients certified for special treatment programs, facilities shall employ sufficient staff to provide a minimum of 2.3 nursing hours per patient day for each patient certified to the special treatment program, exclusive of additional staff required to meet the staffing standards of the special treatment program.

(g) Only direct caregivers as defined in Section 72038 shall be included in the staff-to-patient ratios. The ratios shall be based on the anticipated individual patient needs for the activities of each shift and shall be distributed throughout the day to achieve a minimum of 3.2 nursing hours per patient day.

(1) Skilled nursing facilities shall employ and schedule additional staff to ensure patients receive nursing care based on their needs.

(2) The calculation of the staff-to-patient ratio shall be based on the daily census of patients in the skilled nursing facility and not the total number of beds. Bedholds shall not be included in the calculations of the staff-to-patient ratio. If the census changes during a 24 hour period, the calculation shall be based upon the highest number of patients in the facility during the period.

(3) Unless granted a waiver pursuant to subsection (j), facilities shall use the following ratios:

(A) On the day shift, the ratio shall be at least one direct caregiver for every 5 patients or fraction thereof;

(B) On the evening shift, the ratio shall be at least one direct caregiver for every 8 patients or fraction thereof; and,

(C) On the night shift, the ratio shall be at least one direct caregiver for every 13 patients or fraction thereof.

(D) There shall be one licensed nurse for every 8 or fewer patients, based on the facility census for the 24 hour period. These are not in addition to the requirements in subparagraphs (A) through (C) above, and may be assigned to shifts as required by the facility, subject to other statutory and regulatory requirements.

(4) "Day shift" refers to the 8-hour period during which a facility's patients require the greatest amount of care. "Evening shift" refers to the 8-hour period when the facility's patients require more than minimal care. "Night shift" refers to the 8-hour period during

which a facility's patients require the least amount of care. A facility that uses other than 8-hour shifts for its direct caregivers shall seek a waiver under subsection (j) to continue that practice.

(5) A "shift" is defined as the working period of one direct caregiver, or the full time equivalent of one direct caregiver, who performs eight hours of nursing services, as defined in section 72038. Other than time spent on normal rest periods required by section 11020 of Title 8 of the California Code of Regulations, or in the in-service training at the facility required by section 71847, time not spent providing nursing services, such as that spent at meal periods, may not be included in calculating a shift. A facility that uses fractions of a shift to meet the ratios must ensure that the posting required by subsection (i) contains this information in a form that will enable all interested persons to verify that the required staffing is provided and the ratios are met.

(6) A citation for a class "AA", class "A" or class "B" violation may be issued for a violation of this section that meets the requirements specified in Section 1424 of the Health and Safety Code.

(h) The facility shall retain the staff assignment record that it employs to comply with subsection (i) for each shift, the licensing and/or certification status of the staff, and the patient census for each shift. Records documenting staffing, including staff assignment records and payroll records, shall be retained for a minimum of three years. Unless the request is made by Department staff who are present at the facility, in which case it must be provided immediately, documentation of staffing shall be provided to the Department within ten days of the Department's request for the documentation. If the facility is unable to provide the documentation requested by the Department, it shall cease admitting new patients until it demonstrates to the Department that it has the staff necessary to provide the care needed by the patients by submitting the requested documentation. The facility shall also comply with the provisions of Section 1429.1 of the Health and Safety Code.

(i) The facility shall post the patient census and staffing information daily. The posting shall include the actual number of licensed and certified nursing staff directly responsible for the care of patients for that particular day on each shift. The facility may use the form it currently uses to comply with the requirements of section 483.30 of title 42 of the Code of Federal Regulations, but, in addition to the information the federal regulation requires it to contain, it shall also designate the patient assignment by specifying each room and each bed to which each certified nurse assistant is assigned during his or her shift, and shall additionally specify the assignment of each licensed nurse and any other direct caregiver not assigned to a specific room or beds. This posting shall be publicly displayed in a clearly visible place.

(j) The facility may request a waiver for the staff-to-patient ratio in accordance with Section 1276.65 of the Health and Safety Code as long as the facility continues to meet the 3.2 nursing hours per patient day requirement.

(1) The facility shall submit a written request for a waiver with substantiating information to the Department. The facility shall request the waiver by using the program flexibility procedures specified in Section 72213, and the Department shall process the request as required by Section 1276 of the Health and Safety Code.

(2) The facility shall notify the Department if there has been a change in the substantiating information. A request for a waiver with substantiating information included shall be updated and resubmitted annually.

(k) Staffing for a distinct part intermediate care unit in a skilled nursing facility:

(1) Units of less than 50 intermediate care beds shall not be required to provide licensed personnel in addition to those provided in the skilled nursing facility unless the Department determines through a written evaluation that additional licensed personnel are necessary to protect the health and safety of patients.

(2) Units of 50 or more intermediate care beds shall provide a registered nurse or licensed vocational nurse employed 8 hours on the day shift, 7 days per week in the unit.

(3) For purposes of this section intermediate care beds that are licensed as such by the Department shall not be included for establishing licensed nurse staffing as required in subsection (f)(1) if the unit is used exclusively for intermediate care patients.

(l) Initial implementation of this section shall be contingent on an appropriation in the annual Budget Act or another statute, in accordance with Health and Safety Code Section 1276.65(i).

Note: Authority cited: Sections 1275, 1276.5, 1276.65 and 131200, Health and Safety Code.  
Reference: Sections 1276, 1276.5, 1276.65 and 131051, Health and Safety Code; and Section 14110.7(c), Welfare and Institutions Code.

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## COLORADO

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7.1 ORGANIZATION. The facility shall have a department of nursing services that is formally organized to provide complete, effective care to each resident. The facility shall clearly define qualifications, authority, and responsibility of nursing personnel in written job descriptions.

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.

7.3.1 Staff shall be sufficient in number to provide prompt assistance to persons needing or potentially needing assistance, considering individual needs such as the risk of accidents, hazards, or other untoward events. Staff shall provide such assistance.

7.3.2 Except as provided in Section 7.6, a nursing care facility shall be staffed at all times with at least one registered nurse who is on duty on the premises. Each resident care unit shall be staffed with at least a licensed nurse.

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.

7.3.5 Nursing personnel shall be trained in nursing procedures and responsibilities and shall be familiar with any equipment necessary for care on the unit.

7.3.6 All nursing assistants and other nursing personnel shall function under the direction of a registered nurse.

7.3.7 If a long-term care facility operates out of more than one building, it shall have a staff on duty 24 hours per day in each building in a number sufficient to meet resident care needs.

7.4 WRITTEN PROCEDURES. The facility shall have written nursing procedures establishing the standards of performance for safe, effective nursing care of residents and shall assure that they are followed by all nursing staff.

7.4.1 Procedures shall include the requirement that medications be administered in compliance with applicable Colorado law.



7.4.2 The nursing procedures shall be evaluated and revised as necessary but no less often than annually.

7.5 NURSE STAFF RESPONSIBILITIES. Nursing staff shall participate in resident assessment, resident care planning, and resident nursing care, as prescribed by this Part and Part 5.

7.6 EXCEPTIONS. Nothing contained in this Part shall require any rural long-term care facility certified as a Skilled Nursing Facility or an Intermediate Care Facility under Medicaid to employ nursing staff beyond current federal certification requirements. Since federal standards require that nurse staffing be sufficient to meet the total nursing needs of all residents, resident conditions will in all events determine the specific numbers and qualifications of staff that each facility must provide.

7.6.1 A rural facility is one that is located in:

(1) a county of fewer than fifteen thousand population; or

(2) a municipality of fewer than fifteen thousand population that is located ten miles or more from a municipality of fifteen thousand population or over; or

(3) the unincorporated part of a county ten miles or more from a municipality of fifteen thousand population or more.

7.6.2 To the extent that these regulations require any facility to employ a registered nurse more than 40 hours per week, the Department may waive such requirements for such periods as it deems appropriate if, based on findings consistent with Part 4 of Chapter II of these regulations it determines that:

(1) The facility is located in a rural area as defined in Subsection 7.6.1;

(2) The facility has at least one full-time registered nurse who is regularly on duty 40 hours per week;

(3) The facility has only residents whose attending physicians have indicated in orders or admission notes that each resident does not require the services of a registered nurse for a 48-hour period or the facility has made arrangements for a professional nurse or physician to spend such time at the facility as is determined necessary by the resident's attending physician to provide needed services on days when the regular full-time registered nurse is not on duty; and

(4) The facility has made and continues to make a good faith effort to comply with the more than 40-hour registered nurse requirement, but registered nurses are unavailable in the area.

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## CONNECTICUT

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19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

...(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.

(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;

(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.

(4) An assistant director of nurses shall be appointed in any facility of one hundred and twenty (120) beds or more.

(k) Nurse supervisor. A nurse supervisor shall be a nurse registered in Connecticut. The responsibilities of the nurse supervisor shall include:

(1) Supervision of nursing activities during his/her tour of duty;

(2) Notification of a patient's personal physician if there is a significant change in the condition of the patient or if the patient requires immediate medical care, or notification of the medical director if the patient's personal physician does not respond promptly.

(m) Nursing staff:

(1) Each facility shall employ sufficient nurses and nurse's aides to provide appropriate care of patients housed in the facility 24 hours per day, seven days per week.

(2) The number, qualifications, and experience of such personnel shall be sufficient to assure that each patient:

(A) receives treatment, therapies, medications and nourishments as prescribed in the patient care plan developed pursuant to subsection (o) (2) (I) of these regulations;

(B) is kept clean, comfortable and well groomed;

(C) is protected from accident, incident, infection, or other unusual occurrence.

(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.

(4) There shall be at least one registered nurse on duty 24 hours per day, seven days per week.

(A) In a chronic and convalescent nursing home, there shall be at least one licensed nurse on duty on each patient occupied floor at all times.

(5) In no instance shall a chronic and convalescent nursing home have staff below the following standards:

(A) Licensed nursing personnel:

7 a.m. to 9 p.m.: .47 hours per patient

9 p.m. to 7 a.m.: .17 hours per patient

(B) Total nursing and nurse's aide personnel:

7 a.m. to 9 p.m.: 1.40 hours per patient

9 p.m. to 7 a.m.: .50 hours per patient

...(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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### 5.0 Personnel/Administrative

5.4 Nursing facilities shall provide professional nursing, nursing services direct care and other services as follows:

5.4.1 Nursing facilities subject to 16 Delaware Code, §1161 to §1165 shall provide professional nursing, nursing services direct care and other services in accordance with statutory requirements.

5.4.2 Nursing facilities not subject to 16 Delaware Code, §1161 to §1165 shall provide professional nursing, nursing services direct care and other services as follows:

5.4.2.1 The facility shall provide a sufficient number of nursing services direct care staff to provide a minimum of 2.25 hours of direct care and treatment per resident per day.

5.4.2.2 In addition to the requirement above, the nursing facility shall have a full-time director of nursing who is a registered nurse. The director of nursing shall have overall responsibility for the coordination, supervision and provision of nursing services.

5.4.2.3 At a minimum, a registered nurse or licensed practical nurse shall be on duty at all times during the first and second shifts.

5.4.2.4 At a minimum, in the absence of a nurse on the third shift, a registered nurse or licensed practical nurse shall be on call.

5.4.2.5 Facilities not subject to 16 Delaware Code, §1164 may increase the level of care and services for a current resident whose condition requires such an increase in the level of care and services as an alternative to discharge to another facility. Such increased care and services shall be provided by a qualified caregiver(s) whose scope of practice includes the provision of such care and services, and shall be available during any shift when the resident's needs require such care and services.

5.4.2.6 All other nursing services direct caregivers shall be certified nursing assistants.

## 6.0 Services To Residents

### 6.3 Nursing Administration

6.3.1 The facility's director of nursing shall:

6.3.1.1 Develop and/or maintain nursing policy and procedure manuals

6.3.1.2 Assign duties to and supervise all levels of nursing services direct caregivers

6.3.1.3 Coordinate nursing services with medical, therapy, dietary, pharmaceutical, recreational, and other ancillary services

6.3.1.4 Coordinate orientation programs for new nursing services direct caregivers (including temporary staff) and in-service education, as appropriate, for such staff. Written records of the content of each in-service program and the attendance records shall be maintained for two years

6.3.1.5 Participate in the selection of prospective residents by evaluating the nursing services required and the facility's ability to competently provide those required services or ensure that such an evaluation is conducted by a designated registered nurse.

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## 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.

### 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;

(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.

#### 3210 LICENSED NURSING COVERAGE

3210.1 Each facility shall employ a charge nurse on each unit twenty-four (24) hours a day.

3210.2 Each charge nurse shall be a licensed registered nurse or licensed practical nurse in the District with experience in geriatric, rehabilitation, psychiatric, or other appropriate nursing discipline.

3210.3 When a licensed practical nurse serves as a charge nurse, he or she shall have ready access to consultation with a registered nurse.

3210.4 A charge nurse shall be responsible for the following:

(a) Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention;

(b) Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherence to stop-order policies;

(c) Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;

(d) Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;

(e) Supervising and evaluating each nursing employee on the unit; and

(f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents.

#### 3211 NURSING PERSONNEL

3211.1 Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:

(a) Treatments, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;

(b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:

(c) Assistance in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;

(d) Protection from accident, injury, and infection;

(e) Encouragement, assistance, and training in self-care and group activities;

(f) Encouragement and assistance to:

(1) Get out of bed and dress or be dressed in his or her own clothing, and shoes or slippers, which shall be clean and in good repair;

(2) Use the dining room if he or she is able; and

(3) Participate in meaningful social and recreational activities;

(g) Prompt, unhurried assistance if he or she requires or requests help with eating;

(h) Prescribed adaptive self-help devices to assist him or her in eating independently;

(i) Assistance, if needed, with daily hygiene, including oral care; and

(j) Prompt response to an activated call bell or call for help.

3211.2 Each facility shall have at least the following employees:

(a) At least one (1) registered nurse on a twenty-four (24) hour basis, seven (7) days a week;

(b) Twenty-four (24) hour licensed nursing staff sufficient to meet nursing needs of all residents;

(c) At least one practical or registered nurse, serving as charge nurse, on each unit at all times; and

(d) A minimum of two (2) nursing employees per nursing unit, per shift.

3211.3 Beginning no later than January 1, 2005, each facility shall employ sufficient nursing staff to provide a minimum daily average of 3.5 nursing hours per resident per day. Nursing staff shall include Registered Nurses (RN), Licensed Practical Nurses (LPN), and Certified Nurse Aides (CNA).



3211.4 The staffing requirements in subsection 3211.3 shall be adjusted upward for residents with higher nursing care needs and for residents with more acute conditions.

3211.5 The Department of Health may consider a waiver of the staffing requirements in subsection 3211.3 for a facility that has had, within the previous three (3) years, no deficiencies related to resident care that have exceeded the federal C level in scope and severity (no actual harm; potential for only minimal harm). The Department may also consider a waiver for a facility that has had, within the previous three

(3) years, one (1) deficiency related to resident care at the federal D level in scope and severity (an isolated incident; no actual harm; potential for more than minimal harm), if the facility has demonstrated an otherwise good level of care.

3211.6 To meet the requirements of subsections 3211.2 and 3211.3(b), facilities of thirty (30) licensed occupied beds or more shall not include the Director of Nursing Services or any other nursing supervisory employee who is not providing direct resident care.

3211.7 Weekly time schedules shall be maintained and indicate the number and classifications of nursing personnel, including relief personnel who work on each unit for each tour of duty.

3211.8 Nursing personnel, licensed practical nurses, certified nurse aides, nurse aides, orderlies, and ward clerks shall be assigned duties consistent with their education and experience and based on the characteristics of the patient load.

#### 3212 TEMPORARY NURSING PERSONNEL

3212.1 Each facility may hire temporary nurses, including contract nurses, who shall be licensed in the District of Columbia.

3212.2 The facility shall have policies and procedures for orienting qualified temporary nursing personnel to the facility and to residents.

3212.3 Each temporary employee who serves as a charge nurse on a nursing unit shall be supervised by a licensed registered nurse who is a permanent employee.

3212.4 A written agreement shall be executed between the facility and any contract agency employed to provide nursing personnel to the facility in compliance with the requirements of this chapter.

#### 3213 RESTORATIVE NURSING CARE PROGRAM

3213.1 The facility shall have a restorative nursing care program to assist in maintaining the highest practicable level of physical, mental and psychosocial well-being of each resident.

3213.2 Each nursing employee shall provide restorative nursing in his or her daily care of residents, which shall include the following:

(a) Maintaining good body alignment and proper positioning of bedridden residents;

- (b) Encouraging and assisting bedridden residents or those residents that are confined to a chair to change position at least every two (2) hours or more often as the resident's condition warrants, day and night, to stimulate circulation; prevent bed sores, pressure ulcers and deformities; and to promote the healing of pressure ulcers;
- (c) Encouraging residents to be active and out of bed for reasonable periods of time, except when contraindicated by physician's orders;
- (d) Encouraging residents to be independent in activities of daily living by teaching and explaining the importance of self-care, ensuring and assisting with transfer and ambulating activities, by allowing sufficient time for task completion by the residents, and by encouraging and honoring resident's choices;
- (e) Assisting residents to adjust to their condition and to their use of prosthetic devices;
- (f) Achieving good body alignment and balance for residents who use mechanical supports, which are properly designed and applied under the supervision of a licensed nurse;
- (g) Identifying residents who would benefit from a bowel and bladder training program and initiating such a program to decrease incontinence and unnecessary use of catheters; and
- (h) Assessing the nature, causes and extent of behavioral disorientation difficulty and implementing appropriate strategies and practices to improve the same.

## 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.

(4) The nursing home facility shall have sufficient nursing staff, on a twenty-four (24) hour basis to provide nursing and related services to residents in order to maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility will staff, at a minimum, an average of 1.7 hours of certified nursing assistant and .6 hours of licensed nursing staff time for each resident during a twenty-four (24) hour period.

(5) In multi-story, multi-wing, or multi-station nursing home facilities, there shall be a minimum of one nursing services staff person who is capable of providing direct care on duty at all times on each floor, wing, or station.

(6) No nursing services staff person shall be scheduled for more than sixteen (16) hours within a 24 hour period, for three consecutive days, except in an emergency. Emergencies shall be documented and shall be for a limited, specified period of time.

*Specific Authority 400.022, 400.23 FS. Law Implemented 400.011, 400.022, 400.141, 400.23 FS. History—New 4-1-82, Amended 4-1-84, 8-1-85, 7-1-88, 7-10-91, Formerly 10D-29.108, Amended 4-18-94.*

#### STATUTES:

400.141 Administration and management of nursing home facilities.

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

...(g) If the facility has a standard license or is a Gold Seal facility, exceeds the minimum required hours of licensed nursing and certified nursing assistant direct care per resident per day, and is part of a continuing care facility licensed under chapter 651 or a retirement community that offers other services pursuant to part III of this chapter or part I or part III of chapter 429 on a single campus, be allowed to share programming and staff. At the time of inspection and in the semiannual report required pursuant to paragraph (o), a continuing care facility or retirement community that uses this option must demonstrate through staffing records that minimum staffing requirements for the facility were met. Licensed nurses and certified nursing assistants who work in the nursing home facility may be used to provide services elsewhere on campus if the facility exceeds the minimum number of direct care hours required per resident per day and the total number of residents receiving

direct care services from a licensed nurse or a certified nursing assistant does not cause the facility to violate the staffing ratios required under s. 400.23(3)(a). Compliance with the minimum staffing ratios shall be based on total number of residents receiving direct care services, regardless of where they reside on campus. If the facility receives a conditional license, it may not share staff until the conditional license status ends. This paragraph does not restrict the agency's authority under federal or state law to require additional staff if a facility is cited for deficiencies in care which are caused by an insufficient number of certified nursing assistants or licensed nurses. The agency may adopt rules for the documentation necessary to determine compliance with this provision.

(o)1. Submit semiannually to the agency, or more frequently if requested by the agency, information regarding facility staff-to-resident ratios, staff turnover, and staff stability, including information regarding certified nursing assistants, licensed nurses, the director of nursing, and the facility administrator. For purposes of this reporting:

a. Staff-to-resident ratios must be reported in the categories specified in s. 400.23(3)(a) and applicable rules. The ratio must be reported as an average for the most recent calendar quarter.

...d. A nursing facility that has failed to comply with state minimum-staffing requirements for 2 consecutive days is prohibited from accepting new admissions until the facility has achieved the minimum-staffing requirements for a period of 6 consecutive days. For the purposes of this sub-subparagraph, any person who was a resident of the facility and was absent from the facility for the purpose of receiving medical care at a separate location or was on a leave of absence is not considered a new admission. Failure to impose such an admissions moratorium constitutes a class II deficiency.

400.23 Rules; evaluation and deficiencies; licensure status.

...(3)(a)1. The agency shall adopt rules providing minimum staffing requirements for nursing homes. These requirements shall include, for each nursing home facility:

a. A minimum weekly average of certified nursing assistant and licensed nursing staffing combined of 3.9 hours of direct care per resident per day. As used in this sub-subparagraph, a week is defined as Sunday through Saturday.

b. A minimum certified nursing assistant staffing of 2.7 hours of direct care per resident per day. A facility may not staff below one certified nursing assistant per 20 residents.

c. A minimum licensed nursing staffing of 1.0 hour of direct care per resident per day. A facility may not staff below one licensed nurse per 40 residents.

Nursing assistants employed under s. 400.211(2) may be included in computing the staffing ratio for certified nursing assistants only if their job responsibilities include only nursing-assistant-related duties.

Each nursing home must document compliance with staffing standards as required under this paragraph and post daily the names of staff on duty for the benefit of facility residents and the public.

The agency shall recognize the use of licensed nurses for compliance with minimum staffing requirements for certified nursing assistants, provided that the facility otherwise meets the minimum staffing requirements for licensed nurses and that the licensed nurses are performing the duties of a certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted toward the minimum staffing requirements for certified nursing assistants must exclusively perform the duties of a certified nursing assistant for the entire shift and not also be counted toward the minimum staffing requirements for licensed nurses. If the agency approved a facility's request to use a licensed nurse to perform both licensed nursing and certified nursing assistant duties, the facility must allocate the amount of staff time specifically spent on certified nursing assistant duties for the purpose of documenting compliance with minimum staffing

requirements for certified and licensed nursing staff. In no event may the hours of a licensed nurse with dual job responsibilities be counted twice.

(b) Nonnursing staff providing eating assistance to residents shall not count toward compliance with minimum staffing standards.

(c) Licensed practical nurses licensed under chapter 464 who are providing nursing services in nursing home facilities under this part may supervise the activities of other licensed practical nurses, certified nursing assistants, and other unlicensed personnel providing services in such facilities in accordance with rules adopted by the Board of Nursing.

(4) Rules developed pursuant to this section shall not restrict the use of shared staffing and shared programming in facilities which are part of retirement communities that provide multiple levels of care and otherwise meet the requirement of law or rule.

## 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.

(4) There shall be at least one nurse, registered, licensed undergraduate, or licensed practical on duty and in charge of all nursing activities during each eight-hour shift.

(5) There shall be sufficient nursing staff on duty at all times to provide care for each patient according to his needs. A minimum of 2.0 hours of direct nursing care per patient in a 24-hour period must be provided. For every seven (7) total nursing personnel required, there shall be not less than one registered nurse or licensed practical nurse employed. Dining assistants are to be used to supplement, not replace, existing nursing staff requirements and as such are not considered nursing staff and are not to be included in computing the required minimum hours of direct nursing care.

(6) The nursing staff shall be employed for nursing duties only.

(7) There shall be sufficient qualified personnel in attendance at all times to ensure properly supervised nursing services to the patients, including direct supervision of dining assistants in accordance with these rules. This includes staff members dressed, awake and on duty all night.

(8) All nursing care and related services shall be carried out in accordance with the facility's patient care policies. The lines of administrative authority and supervisory responsibility shall be clearly stated. Duties assigned to staff members shall be clearly defined and consistent with their training and experience. Policies and procedures governing nursing care shall be assembled, available and understood by the staff members and shall be the basis for staff education and practice.

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.

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## HAWAII

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§11-94-23 Nursing services.

(a) Each facility shall have nursing staff sufficient in number and qualifications to meet the nursing needs of the patients. In a skilled nursing facility there must be at least one

registered nurse, full time, twenty-four hours per day, seven days a week. In an intermediate care facility there must be at least one registered nurse, full time on the day shift and at least one licensed nurse whenever medications are administered.

(b) Nursing services shall include at least the following:

(1) Assessment of each patient and development and implementation of an appropriate plan of care.

(2) A nursing care plan incorporated in the overall patient care plan and reviewed at least as often as the patient is certified and recertified for a level of care.

(3) Nursing observations and summaries of the patient's status recorded monthly or more frequently if appropriate due to changes in patient's condition.

(4) Completion of all physicians' orders with appropriate documentation.

(5) Restorative and preventive nursing care including patient education as appropriate for each patient.

(6) Supportive services to patients to enable them to participate fully in appropriate daily activities.

(7) Physical care to keep patients clean, comfortable, well-groomed, and protected from accidents and infections. As appropriate, patients shall be dressed in their own clothes appropriate to the activity in which they are engaged.

(8) Proper care to prevent or treat decubitus ulcers and deformities.

(9) Weighing each patient at least monthly and height taken upon admission.

(10) Coordination of an overall plan of care for each patient, consonant with the attending physician's medical care plan, and developed by the disciplines providing services in the facility.

[Eff. May 3, 1985 ] (Auth: HRS §§321-9, 321-11) (Imp: HRS §§321-9, 321-11)

## 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)
- 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)

b. A supervising nurse, or registered professional nurse currently licensed by the state of Idaho, or a licensed practical nurse currently licensed by the state of Idaho, and who meets the requirements designated by the Idaho Board of Nursing to assume responsibilities as a charge nurse and meets the definition in Subsection 002.35. (12-31-91)

c. A charge nurse, a registered professional nurse currently licensed by the state of Idaho or a licensed practical nurse currently licensed by the state of Idaho and who meets the requirements designated by the Idaho Board of Nursing to assume responsibilities as a charge nurse in accordance with the definition in Subsection 002.07. A charge nurse shall be on duty as follows: (12-31-91)

i. In SNFs with an average occupancy rate of fifty-nine (59) patients/residents or less a registered professional nurse shall be on duty eight (8) hours of each day and no less than a licensed practical nurse shall be on duty for each of the other two (2) shifts. (1-1-88)

ii. In SNFs with an average occupancy rate of sixty (60) to eighty-nine (89) patients/residents a registered professional nurse shall be on duty for each a.m. shift (approximately 7:00 a.m. - 3:00 p.m.) and p.m. shift (approximately 3:00 p.m. to 11:00 p.m.) and no less than a licensed practical nurse on the night shift. (1-1-88)

iii. In SNFs with an average occupancy rate of ninety (90) or more patients/residents a registered professional nurse shall be on duty at all times. (1-1-88)

iv. In facilities licensed exclusively as an ICF and accepting only intermediate care patients/residents a registered professional nurse or a licensed practical nurse shall be on duty at all times as charge nurse. (1-1-88)

v. In those facilities authorized to utilize a licensed practical nurse as charge nurse, the facility must make documented arrangements for a registered professional nurse to be on call for these shifts to provide professional nursing support. (1-1-88)

vi. Facilities licensed for both skilled and intermediate care shall meet the charge nurse requirements for a SNF. (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)

iv. Nursing hours per patient/resident per day are required seven (7) days a week with provision for relief personnel. (11-20-89)

v. Skilled and Intermediate Nursing Facilities shall be considered in compliance with the minimum staffing ratios if, on Monday of each week, the total hours worked by nursing personnel for the previous seven (7) days equal or exceed the minimum, staffing ratio for the same period when averaged on a daily basis and the facility has received prior approval from the Licensing Agency to calculate nursing hours in this manner.

(11-20-89)

e. Combined Hospital and Skilled Nursing Facility. In a combined facility the DNS may serve both the hospital and long term care unit with supervising and charge nurses as required under Subsection 200.02.b. and 200.02.c. In a combined facility of less than forty-one (41) beds, the supervising or charge nurse may be an LPN. Combined beds (forty-one (41) or less) shall represent the total number of acute care (hospital) and long term care (nursing home) beds. (12-31-91)

f. Waiver of Registered Nurse as Supervising or Charge Nurse. In the event that a facility is unable to hire registered nursing personnel to meet these regulation requirements, a licensed practical nurse will satisfy the requirements so long as: (1-1-88)

i. The facility continues to seek a registered nurse at a compensation level at least equal to that prevailing in the community; (1-1-88)

ii. A documented record of efforts to secure employment of registered nursing personnel is maintained in the facility; (1-1-88)

iii. The facility shall maintain at least forty (40) hours a week R.N. coverage. (1-1-88)

g. There shall be at least two (2) nursing personnel on duty on each shift to ensure patient safety in the event of accidents, fires, or other disasters. (1-1-88)

h. Nursing care shall be given only by licensed staff, nursing personnel and auxiliary nursing personnel. (1-1-88)

#### 204.DAY CARE SERVICES.

03. Staffing. The facility shall provide additional staff depending upon the number of day care participants which shall: (1-1-88)

a. Assure that in-house facility patients/residents are provided the nursing hours per patient/resident per day as described in Subsection 200.02.c. (12-31-91)

#### 205.CHILD CARE CENTERS.

04. Day Care Staff. Each child day care home or center shall be staffed appropriately to meet the needs of the children cared for as a completely separate staff from those employees of the SNF or ICF facility. (1-1-88)

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## ILLINOIS

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#### Section 300.810 General

a) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. As a minimum, there shall be at least one staff member awake, dressed, and on duty at all times. (A, B)

b) The number and categories of personnel to be provided shall be based on the following:

1) Number of residents.

2) Amount and kind of personal care, nursing care, supervision, and program needed to meet the particular needs of the residents at all times.

3) Size, physical condition, and the layout of the building including proximity of service areas to the resident's rooms.

4) Medical orders.

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

#### Section 300.820 Categories of Personnel

...f) The facility shall provide nursing personnel as set forth in Subpart F. (B)

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

#### 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.

b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:

1) Medications including oral, rectal, hypodermic, intravenous and intramuscular shall be properly administered.

- 2) All treatments and procedures shall be administered as ordered by the physician.
- 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.
- 4) Personal care shall be provided on a 24-hour, seven day a week basis. This shall include, but not be limited to, the following:
  - A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.
  - B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.
  - C) Each resident shall have clean suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.
  - D) Each resident shall have clean bed linens at least once weekly and more often if necessary.
- 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24 hour, seven day a week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.
- 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

(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 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

- a) Staffing shall be based on the needs of the residents, and shall be determined by figuring the number of hours of nursing time each resident needs on each shift of the day. This determination shall be made separately for both licensed and nonlicensed nursing personnel. (A, B)
- b) In a facility whose residents participate in regularly scheduled therapeutic programs outside the facility, such as school or sheltered workshops, the minimum hours per day of nursing care are reduced proportionately. Exceptions to the shift distribution will be allowed if more than 50% of the residents are regularly scheduled to be out of the facility, but the total required hours must be provided daily. For example: an ICF resident requires

1.75 hours of care per day, but attends a workshop for six hours five days a week. The resident's required minimum hours of care is reduced by 25% in calculating staffing hours required on week days.

c) It is the responsibility of each facility to determine the staffing needed to meet the needs of its residents.

d) In determining the level of care a resident needs, the patient evaluation system in Medical Review/Utilization Review program may be used. The facility may use other methods of determining skilled and intermediate level residents, but must make the method of determination used available to the Department. Residents whose care is reimbursed by the State shall be at the level determined by the Medical Review/Utilization Review patient evaluation system.

e) The designations used for shifts in the following tables are used for illustrative purposes only, and are not meant to imply that other shift designations cannot be used by the facility.

f) The following figures apply to numbers of persons actually on duty and not to numbers of persons scheduled to be on duty.

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

h) Level of Care Determinations

1) The following figures are also considered to be minimum requirements, and each facility, except those of 250 or more occupied beds, shall provide at least the amount of staffing indicated. However, it is recognized that there may be occasional differences of opinion between facility staff and Department surveyors regarding the level of care an individual resident may require. When such differences occur, the surveyor shall determine whether or not the resident is receiving appropriate care. If the resident is, the surveyor shall accept the facility's level of care determination in determining the number of nursing hours to be provided by the facility.

2) Facilities of more than 250 occupied beds must meet the staff-resident ratio for the 250 residents needing the highest level of care. Additional staff shall be provided to meet resident needs as determined by the facility and verified by the Department. The Department may, based upon the Department's Patient Care Evaluation System review of resident care, require the facility to provide additional nursing hours to meet resident needs.

i) In computing the number of persons needed in the following examples, any figure less than .25 will be dropped from the computation and any figure of .75 or higher will go to the next higher number. Figures in between .25 and .75 will require at least the amount of coverage indicated: for example, .25 will require two hours of coverage; .3 will require two hours of coverage; .5 will require four hours of coverage; .6 will require five hours of coverage; .74 will require six hours of coverage; etc. .75 or higher will require eight hours of coverage.

j) These additional hours may be provided by: a part-time person working those hours only on that shift each day; a full-time person working a shift that spans two regular shifts - for



example from noon to 8 P.M.; or by an additional full-time person on the shift. However, these figures are minimal staffing requirements, and it is recommended that a full-time person be provided.

k) The facility shall schedule nursing personnel in such a manner that the needs of all residents are met. At least 40% of the minimum required hours shall be on the day shift, at least 25% of the minimum required hours shall be on the evening shift, and at least 15% of the minimum required hours shall be on the night shift.

l) Skilled Nursing Care

Residents needing skilled nursing care may only be cared for in facilities licensed as Skilled Nursing Facilities. Each resident needing skilled care shall be provided at least 2.5 hours of nursing-personal care each day, of which 20% must be licensed nurse time. (A, B)

m) Intermediate Nursing Care – General

Residents needing intermediate care may be cared for in facilities licensed as either Skilled Nursing Facility or Intermediate Care Facility. Each resident needing intermediate care shall be provided at least 1.7 hours of nursing/personal care each day, of which at least 20% must be licensed nurse time. (A, B)

n) Intermediate Nursing Care – Light

A Long-term care resident needing light intermediate care is one who needs personal care as defined in Section 1-120 of the Act; is mobile; requires some nursing services; needs a program of social services and activities directed toward independence in daily living skills; and needs daily monitoring. Each resident needing light intermediate care shall be provided with at least one hour of nursing/personal care each day, of which at least 20% must be licensed nurse time. (A, B)

o) In order to determine the numbers of nursing personnel needed to staff any facility, the following procedures shall be used:

- 1) The facility shall determine the number of residents needing skilled, general intermediate, and light intermediate or sheltered care.
- 2) The number of residents in each of the three categories shall be multiplied by the overall hours of coverage needed each day for each category.
- 3) Adding the hours of care needed for the residents in each of the three categories will give the total hours of care needed by all residents in the facility.
- 4) Multiplying the total hours needed each day by the percentages assigned to each shift will give the total minimum hours of care that must be provided on that shift. (Remember that the percentages assigned to each shift must total 100% each day.)
- 5) Multiplying the total minimum hours of care needed on each shift by 20% will give the minimum amount of licensed nurse time that must be provided during a 24-hour period.

6) The remaining 80% of the minimum required nursing hours of care can be fulfilled by either nursing assistants or licensed nursing personnel as long as it can be documented that they provide restorative/rehabilitative nursing measures, general nursing care, and personal care as defined in Section 300.1210.

7) The amount of time determined in subsection (5) and (6) is expressed in hours. Dividing the total number of hours needed by the number of hours each person works per shift (usually seven and one half or eight hours) will give the number of persons needed to staff each shift.

p) Example of Staffing Calculations

1) Following is an example of this computation assuming a 100 bed Skilled Nursing Facility which has 25 skilled, 50 general intermediate and 25 light intermediate residents, assigning 45% to day shift; 35% to evening shift and 20% to the night shift.

2) Staffing would be computed as follows:

A) Total Minimum Hours of Care Needed

Level of Care	# of Residents		Total Hrs. Needed/Day Per Resident	=	Total Hrs. Needed/Day Per Facility
Skilled	25	x	2.5	=	62.5
General ICF	50	x	1.7	=	85
Light ICF	25	x	1.0	=	25
Total hours needed					172.5

B) Minimum Total Hours Needed Per Shift

Shift	Total Hrs. Per Day		Minimum Percent	Total Hrs. Needed
7-3	172.5	X	45%	77.6
3-11	172.5	X	35%	60.4
11-7	172.5	X	20%	34.5
			100%	172.5

C) Licensed Nurse Coverage

Shift	Minimum Hrs. Per Shift		Minimum Percent	Minimum Nurse Hours Required
7-3	77.6	X	20%	15.5
3-11	60.4	X	20%	12.1

11-7            34.5    X        20%        6.9

D) Licensed Nurses Required

Shift	Minimum Nurse Hrs. Required	Hrs. Worked Per Shift	# of Nurses Needed
7-3	15.5	/ 8	= 1.93 (2)
3-11	12.1	/ 8	= 1.51(1.5)
11-7	6.9	/ 8	= 0.86 (1)

E) Nurse Aide/Orderly Coverage

Shift	Minimum Nurse Hrs. Required	Hrs. Worked Per Shift	# of Nurses Needed
7-3	77.6	-15.6	= 62.1
3-11	60.4	-12.1	= 48.3
11-7	34.5	-6.9	= 27.6

F) Nurse Aides/Orderlies Required

Shift	Minimum Aide Hrs. Required	Hrs. Worked Per Shift	# of Aides Needed
7-3	62.1	/ 8	= 7.76 (8)
3-11	48.3	/ 8	= 6.03 (6)
11-7	27.6	/ 8	= 3.45 (3.5)

(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)
- b) There shall be at least one person awake, dressed and on duty at all times in each separate nursing unit. (A, B)
- c) There shall be at least one registered nurse on duty seven days per week, 8 consecutive hours, in a skilled nursing facility. (A, B)
- d) There shall be at least one registered nurse or licensed practical nurse on duty at all times in an intermediate care facility or a skilled nursing facility. (A, B)
- e) There shall be at least one registered nurse or licensed practical nurse on duty on each floor housing residents in a skilled nursing facility. (A, B)
- f) The need for licensed nurses on each nursing unit in a skilled nursing facility and each floor or nursing unit in an intermediate care facility will be determined on an individual case basis, dependent upon the individual situation. If such additional staffing is required, the Department will inform the facility in writing of the kind and amount of additional staff time required, and the reason why it is needed.
- g) The need for an additional licensed nurse to serve as a "house supervisor" will be determined on an individual case basis. If the Department determines that there is a need for a registered nurse in a skilled nursing facility or a licensed practical nurse in an intermediate care facility on certain shifts whose sole duties will consist of supervising the nursing services of the facility, the Department shall notify the facility in writing when and why such a person is needed. This person shall not perform the duties of a charge nurse while serving as the "house supervisor".

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

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## INDIANA

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Sec. 17.

(a) The facility must 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.

(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.

(2) Except when waived under subsection (f), the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

(3) Except when waived under subsection (f), the facility must use the services of a registered nurse for at least eight (8) consecutive hours a day, seven (7) days a week.

(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.

(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.

(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; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

# IOWA

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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)

e. The department may establish on an individual facility basis the numbers and qualifications of the staff required in the facility using as its criteria the services being offered and the needs of the residents. (III)

f. Additional staffing, above the minimum ratio, may be required by the department commensurate with the needs of the individual residents. (III)

g. The minimum hours of resident care personnel required for residents needing intermediate nursing care shall be 2.0 hours per resident day computed on a seven-day week. A minimum of 20 percent of this time shall be provided by qualified nurses. If the maximum medical assistance rate is reduced below the 74th percentile, the requirement will return to 1.7 hours per resident per day computed on a seven-day week. A minimum of 20 percent of this time shall be provided by qualified nurses. (II, III)

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

i. A nursing facility of 75 beds or more shall have a qualified nurse on duty 24 hours per day, seven days a week. (II, III)

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)

l. There shall be at least two people who shall be capable of rendering nursing service, awake, dressed, and on duty at all times. (II)

m. Physician's orders shall be implemented by qualified personnel. (II, III)

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)

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)

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)

58.54(4) Separate written policies and procedures shall be implemented in each CCDI [chronic confusion or a dementing illness] unit or facility. There shall be:

...d. Policies and procedures concerning staff which state minimum numbers, types and qualifications of staff in the unit or facility. (II, III)

58.54(7) There shall be at least one nursing staff person on a CCDI unit at all times. (I, II, III)

## KANSAS

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26-39-100. Definitions.

(y) "Director of nursing" means a position in a nursing facility or a nursing facility for mental health that is held by one or more individuals who meet the following requirements:

- (1) Each individual shall be licensed in Kansas as a registered professional nurse.
- (2) If only one individual serves in this position, the individual shall be employed at least 35 hours each week.
- (3) If more than one individual serves in this position, the individuals shall be employed collectively for a total of at least 40 hours each week.
- (4) Each individual shall have the responsibility, administrative authority, and accountability for the supervision of nursing care provided to residents in the nursing facility or the nursing facility for mental health.

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.
- (3) A licensed nurse shall be on duty 24 hours per day, seven days per week.

(A) On the day shift there shall be the same number of licensed nurses on duty as there are nursing units.

(B) If a licensed practical nurse is the only licensed nurse on duty, a registered nurse shall be immediately available by telephone.

(4) At least two nursing personnel shall be on duty at all times in the facility. Personnel shall be immediately accessible to each resident to assure prompt response to the resident call system and necessary action in the event of injury, illness, fire, or other emergency.

(5) The nursing facility shall not assign nursing personnel routine housekeeping, laundry, or dietary duties.

(6) Direct care staff shall wear identification badges to identify name and position.

(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.

(B) The ratio of nursing personnel to residents per nursing unit shall not be fewer than one nursing staff member for each 30 residents or for each fraction of that number of residents.

(C) The licensing agency may require an increase in the number of nursing personnel above minimum levels under certain circumstances. The circumstances may include the following:

(i) location of resident rooms;

(ii) locations of nurses' stations;

(iii) the acuity level of residents; or

(iv) that the health and safety needs of residents are not being met.

(b) The nursing facility shall maintain staffing schedules on file in the facility for 12 months and shall include hours actually worked and the classification of nursing personnel who worked in each nursing unit on each shift.

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

## KENTUCKY

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902 KAR 20:300. Operation and services; nursing facilities.

Section 9. Nursing Services [nursing facilities]. The 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.

(1) Sufficient staff.

(a) The facility shall provide services by sufficient numbers 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 (3) of this section, licensed nurses; and
2. Other nursing personnel.

(b) Except when waived under subsection (3) of this section, the facility shall designate a licensed nurse to serve as a charge nurse on each tour of duty.

(2) Registered nurse.

(a) Except when waived under subsection (3) or (4) of this section, the facility shall use the services of a registered nurse for at least eight (8) consecutive hours a day, seven (7) days a week.

(b) Except when waived under subsection (3) or (4) of this section, 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 sixty (60) or fewer residents.

(3) Licensed nurse waiver. Waiver of requirement to provide licensed nurses on a twenty-four (24) hour basis. A facility may request a waiver from the requirement that a nursing facility provide a registered nurse for at least eight (8) consecutive hours a day, seven (7) days a week, as specified in subsection (2) of this section, and the requirement that a nursing facility provide licensed nurses on a twenty-four (24) hour basis, including a charge nurse as specified in subsection (1) of this section, if the following conditions are met:

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

(b) The cabinet determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility;

(c) A waiver granted under the conditions listed in this subsection is subject to revocation if the cabinet finds that the health and safety of the residents is threatened.

(d) In granting or renewing a waiver, a facility may be required by the cabinet to use other qualified, licensed personnel.

(e) The facility shall have an on-call system which provides for an immediate response by a registered nurse or a physician for those times when licensed nursing services are not available.

(4) Registered nurse waiver. Waiver of the requirement to provide services of a registered nurse for more than forty (40) hours a week, including a director of nursing specified in subsection (2) of this section, may be granted if the cabinet finds that the facility:

(a) Is located in a rural area and the supply of skilled nursing facility services in the area is not sufficient to meet the needs of individuals residing in the area;

(b) Has one (1) full-time registered nurse who is regularly on duty at the facility forty (40) hours a week; and

(c) Either:

1. Has only patients whose physicians have indicated (through physicians' orders or admission notes) that they do not require the services of a registered nurse or a physician for a forty-eight (48) hour period; or

2. Has made arrangements for a registered nurse or a physician to spend time at the facility, as determined necessary by the physician, to provide necessary skilled nursing services on days when the regular full-time registered nurse is not on duty.

(d) A waiver of the registered nurse requirement under paragraph (a) of this subsection is subject to revocation if the cabinet finds that the health and safety of the residents is threatened.

(5) When a waiver is granted a facility shall inform the residents, their legal representatives, and members of their immediate family.

# 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 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

A. The nursing home shall provide a sufficient number of nursing service personnel consisting of registered nurses, licensed practical nurses, and nurse aides to provide nursing care to all residents in accordance with resident care plans 24 hours per day.

1. As a minimum, the nursing home shall provide 1.5 hours of care per patient each day.
2. Nursing service personnel shall be assigned duties consistent with their education and experience, and based on the characteristics of the resident load and the kinds of nursing skills needed to provide care to the residents.
3. Nursing service personnel shall be actively on duty. Licensed nurse coverage shall be provided 24 hours per day.

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.

D. There shall be on duty, at all times, at least one licensed nurse to serve as charge nurse responsible for the supervision of the total nursing activities in the nursing home or assigned nursing unit.

E. Nurse aides shall be assigned duties consistent with their training and successful demonstration of competencies.

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

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### 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;
- 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

- a. There shall be a Registered Professional Nurse on duty for at least eight (8) consecutive hours each day of the week.
- 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.
    - d. An additional licensed nurse shall be added for each fifty (50) beds above fifty (50).
    - e. In facilities of one hundred (100) beds and over, the additional licensed nurse shall be a Registered Professional Nurse for each multiple of one hundred (100) beds.

#### 2. Evening Shift

- a. There shall be a licensed nurse on duty eight (8) hours each evening.
- b. An additional licensed nurse shall be added for each seventy (70) beds.
- c. In facilities of one hundred (100) beds and over, one of the additional licensed nurses shall be a Registered Professional Nurse.

### 3. Night Shift

- a. There shall be a licensed nurse on duty eight (8) hours each night.
- b. An additional licensed nurse shall be added for each one hundred (100) beds.
- c. In facilities of one hundred (100) beds and over there shall be a Registered Professional Nurse on duty.
- d. Registered Professional Nurse on Call

All licensed nursing facilities, regardless of size, shall have a Registered Professional Nurse on duty or on call at all times.

### e. Private Duty Nurses

The presence of private duty nurses shall have no effect on the nursing staff requirements.

### 9.A.4. Minimum Staffing Ratios

A. The nursing staff-to-resident ratio is the number of nursing staff to the number of occupied beds. Nursing assistants in training shall not be counted in the ratios.

The minimum nursing staff-to-resident ratio shall not be less than the following:

1. On the day shift, one direct-care provider for every 5 residents;
2. On the evening shift, one direct-care provider for every 10 residents; and
3. On the night shift, one direct-care provider for every 15 residents

The definition of direct care providers and direct care is found in Chapter 1 of these Regulations.

### 9.A.5. Multi-Storied Facilities

There shall be staff assigned to each resident floor at all times when residents are present.

### 9.B. Assignment of Tasks

#### 9.B.1. Licensed Practical Nurse

Only nursing tasks for which that nurse has been trained and which are within the LPN scope of practice, as defined by the Maine State Board of Nursing, shall be assigned to the LPN.

### 9.B.2. Certified Nursing Assistants

The nursing tasks assigned to a CNA shall only be those for which the CNA has been trained and which are within the scope of the duties, as defined by the Maine State Board of Nursing rules and regulations.

### 9.B.3. Nursing Assistant

a. Prior to the initial assignment of a nursing task to a nursing assistant, the Registered Professional Nurse shall determine if the individual is enrolled in a course preparing nursing assistants. The Registered Professional Nurse may assign to that individual only those tasks for which the individual has been satisfactorily prepared as documented by the instructional staff. Such training program or course must be satisfactorily completed within four (4) months from the date of employment.

b. When a nursing assistant is waiting for a training program to start, he/she may participate in non-direct care activities, such as making unoccupied beds and passing trays, and water and linens.

### 9.C. Sharing of Staff

Sharing of nursing staff is permitted between the nursing facility and other levels of assisted living on the same premises as long as there is a clear documented audit trail and the staffing in the nursing facility remains adequate to meet the needs of residents. All sharing of nursing staff must be approved in writing by the Department. There may not be sharing of nursing staff between the nursing facility and another non-nursing facility, whether it is physically attached or in proximity to the nursing facility without written approval by the Department. The non-nursing facility must provide its own separate activities, but may share housekeeping, laundry, dietary and maintenance staff, and account for these hours.

### 9.D. Staffing Patterns

The facility is responsible for establishing its own staffing pattern according to the needs of the residents and in accordance with the provisions of these regulations.

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## MARYLAND

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### 10.07.02.07 Administration and Resident Care.

... C. Absence of Administrator. In the absence of the administrator, the facility at all times shall be under the direct and personal supervision of an experienced, trained, competent employee. When the director of nursing serves as relief for the administrator, he shall designate an experienced, qualified registered nurse to direct the nursing service. The relief director of nursing shall be freed from other responsibilities.

D. Excessive Absenteeism of Administrator. If the administrator is absent from the facility an excessive amount of time, and the Department determines that the director of nursing's absence from nursing service is having an adverse effect on patient care, the Department may require the designation of a specific registered nurse who shall be named the "assistant director of nursing". The Department shall be notified of the name of the assistant director of nursing. When the designee is replaced, the Department shall be notified of the name of the registered nurse filling the vacancy.

... K. Relief Personnel. Provision shall be made for qualified relief personnel during vacations or other relief periods.

#### 10.07.02.12 Nursing Services.

A. Organization, Policies, and Procedures. Nursing service shall provide the care appropriate to the patients' needs with the organizational plan, authority, functions, and duties clearly defined. Nurses and supportive personnel shall be chosen for their training, experience, and ability. Policies and procedures shall be adopted and made available to all nursing personnel.

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.

K. Exception for Facilities Which Do Not Participate in a Federal Program. Facilities with 40 or fewer beds which do not participate in a federal program may request the Department for an exception to the above staffing pattern. If in the public interest and there is no hazard to the patients, the Department may grant an exception based on information which includes the:

- (1) Size of the facility;
- (2) Geographic location of the facility;
- (3) Admission policies of the facility;
- (4) Existing staffing pattern of the facility;
- (5) Number of volunteers in the activity program.

L. Staffing in Extended Care Facility. Extended care facilities shall be staffed with a registered nurse, 24 hours per day, 7 days per week. Additional registered nurses, licensed practical nurses, and supportive personnel shall be employed to meet the needs of all the patients admitted. The facility shall be staffed in accordance with guidelines established by the Department.

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.

N. Nursing Service Personnel on Duty. The ratio of nursing service personnel on duty to patients may not at any time be less than one to 25, of fraction thereof.

O. Nursing Care--24 Hours a Day. There shall be sufficient licensed and supportive nursing service personnel on duty 24 hours a day to provide appropriate bedside care to assure that each patient:

- (1) Receives treatments, medications, and diet as prescribed;
- (2) Receives rehabilitative nursing care as needed;
- (3) Receives proper care to prevent decubitus ulcers and deformities;
- (4) Is kept comfortable, clean, and well-groomed;
- (5) Is protected from accident, injury, and infection;
- (6) Is encouraged, assisted, and trained in self-care and group activities.

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.

R. Charge Nurses' Daily Rounds. The charge nurse or nurses shall make daily rounds to all nursing units for which responsible, performing such functions as:

- (1) Visiting each patient;
- (2) Reviewing clinical records, medication orders, patient care plans, and staff assignments;
- (3) To the degree possible, accompanying physicians when visiting patients.

S. Program of Restorative Nursing Care. There shall be an active program of restorative nursing care aimed at assisting each patient to achieve and maintain his highest level of independent function including activities of daily living. This program shall include:

- (1) Ambulation and range of motion;
- (2) Maintaining good body alignment and proper positioning of bedfast patients;

(3) Encouraging and assisting patients to change positions at least every 2 hours to stimulate circulation and prevent decubiti and deformities;

(4) Encouraging and assisting patients to keep active and out of bed for reasonable periods of time, within the limitations permitted by physicians' orders, and encouraging patients to achieve independence in activities; and

(5) Assisting patients to adjust to their disabilities, to use their prosthetic and assistive devices, and to redirect their interests, if

T. Coordination of Nursing and Dietetic Services. Nursing and dietetic services shall establish an effective policy to assure that:

(1) Nursing personnel are aware of the nutritional needs and food and fluid intake of patients and ensure that special feedings and nourishment are provided when required;

(2) Nursing personnel assist promptly when necessary in the feeding of patients;

(3) The dietetic service is informed of physicians' diet orders and of patients' problems;

(4) Food and fluid intake of patients is observed, and deviations from normal are recorded and reported to the:

(a) Charge nurse,

(b) Physician, and

(c) Dietetic service.

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

#### 10.07.02.14-1 Special Care Units — General.

...F. Staffing. The facility shall ensure that each unit is sufficiently staffed with qualified personnel to provide appropriate treatment and special care needs of the residents.

G. Nursing Services.

(1) The director of nursing shall designate a registered nurse who has education, training, and experience in caring for the needs of the special care residents to coordinate all nursing care within the special care unit.



(2) Nursing staff shall be:

(a) Knowledgeable about the emotional and rehabilitative aspects of the special care unit residents; and

(b) Capable of initiating appropriate therapeutic interventions when needed.

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## MASSACHUSETTS

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### 150.007 Nursing Services

(A) All facilities shall provide appropriate, adequate and sufficient nursing services to meet the needs of patients or residents and to assure that preventive measures, treatments, medications, diets, restorative services, activities and related services are carried out, recorded and reviewed

(1) Facilities that provide Level I, II or III care shall provide a 24-hour nursing service with an adequate number of trained and experienced nursing personnel on duty 24 hours per day, seven days a week, including vacation and other relief periods.

(2) Nursing services in facilities that provide Level I, II or III care shall be in accordance with written policies and procedures.

(B) Minimum Nursing Personnel Requirements.

(1) General.

(a) Nursing personnel shall not service on active duty more than 12 hours per day, or more than 48 hours per week, on a regular basis.

(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.

(c) Full-time shall mean 40 hours per week, five days per week.

(d) The amount of nursing care time per patient shall be exclusive of non-nursing duties.

(e) The minimum staffing patterns and nursing care hours as contained herein shall mean minimum, basic requirements. Additional staff will be necessary in many facilities to provide adequate services to meet patient needs.

(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.

(c) A charge nurse 24 hours per day, seven days a week for each unit.

(d) Sufficient ancillary nursing personnel to meet patient needs.

(e) As a basic minimum, facilities that provide Level I care shall provide a total 2.6 hours of nursing care per patient per day; at least 0.6 hours shall be provided by licensed nursing personnel and 2.0 hours by ancillary nursing personnel.

(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.

(c) A charge nurse 24 hours per day, seven days a week for each unit.

(d) Sufficient ancillary nursing personnel to meet patient needs.

(e) As a basic minimum, facilities that provide Level II care shall provide a total of 2.0 hours of nursing care per patient per day; at least 0.6 hours shall be provided by licensed nursing personnel and 1.4 hours by ancillary nursing personnel.

(4) Facilities that provide Level III care shall provide:

(a) A full-time supervisor of nurses during the day shift, five days a week, in facilities with more than one unit.

(b) A charge nurse during the day and evening shifts, seven days a week, for each unit. (c) A nurse's aide who is a responsible person, on duty during the night shift.

(d) Sufficient ancillary nursing personnel to meet patient needs.

(e) As a basic minimum, facilities that provide Level III care shall provide a total of 1.4 hours of nursing care per patient per day; at least 0.4 shall be provided by licensed nursing personnel and 1.0 hours by ancillary nursing personnel.

(f) The facility shall provide additional nursing services, sufficient to meet the needs, in the event a patient has a minor illness and is not transferred to a higher level facility or unit.

(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.

(2) Supervisor of Nurses: The supervisor of nurses shall be a registered nurse with at least two years of nursing experience, one of which has been in a charge nurse capacity. The supervisor of nurses shall be responsible for: the supervision of nursing care and nursing personnel, the supervision and evaluation of staff assignments and performance, the supervision of patient care, the application and evaluation of patient care plans and the integration of nursing care with other professional services.

(3) Charge Nurse: The charge nurse shall be a registered nurse or a licensed practical nurse; provided that, in a Level I or II unit, a practical nurse licensed by waiver may serve in such capacity only if she/he has received a passing grade either on the Massachusetts written state licensure examination given in the years 1958, 1959, 1960 by the Board of Registration in Nursing or on the federal Public Health Service Proficiency Examination for Practical Nurses Licensed by Waiver given periodically by the Department in accordance with federal regulations. The charge nurse shall be responsible for the performance of total nursing care of the patients in his/her unit during his/her tour of duty with the assistance of ancillary nursing personnel.

(4) The Nurse's Aide or the Responsible Person on duty in facilities that provide Level III or IV care shall be readily accessible so that patients or residents can report injuries, symptoms, or emergencies. Such person shall be responsible for assuring that appropriate action is taken promptly, and facilities shall be responsible for establishing mechanisms and procedures for the nurse's aide or responsible person to obtain assistance in the case of an emergency.

(5) Licensed practical nurses, nurses' aides and orderlies shall be assigned duties consistent with their training and experience.

(6) At no time shall direct patient care be provided by individuals under 16 years of age, housekeeping staff or kitchen workers.

(7) Nursing personnel shall not perform housekeeping, laundry, cooking or other such tasks normally performed by maintenance or other personnel.

...(E) Restorative Nursing Care.

(1) All facilities that provide Level I, II or III care shall provide a program of restorative nursing care as an integral part of overall nursing care. Restorative nursing care shall be designed to assist each patient to achieve or maintain the highest possible degree of function, self-care and independence.

(2) Nursing personnel shall provide restorative nursing services in their daily care of patients.

(F) Dietary Supervision.

(1) Nursing personnel shall have knowledge of the dietary needs, food and fluid intake and special dietary restrictions of patients and shall see that patients are served diets as prescribed. Patients' acceptance of food shall be observed, and any significant deviation from normal food or fluid intake or refusal of food shall be reported to the nurse in charge and the food service supervisor or dietitian.

(2) Patients requiring assistance in eating shall receive adequate assistance. Help shall be assigned promptly upon receipt of meals, and adaptive self-help devices shall be provided when necessary.

(G) Nursing and Supportive Routines and Practices.

(1) All facilities shall provide sufficient nursing care and supportive care so that each patient or resident:

(a) Receives treatments, medications, diet and other services as prescribed and planned in his medical, nursing, restorative, dietary, social and other care plans.

(b) Receives proper care to prevent decubiti, contractures and immobility.

(c) Is kept comfortable, clean and well groomed.

(d) Is protected from accident and injury through safety plans and measures.

(e) Is treated with kindness and respect.

(2) No medication, treatment or therapeutic diet shall be administered to a patient or resident except on written or oral order of a physician or physician assistant or nurse practitioner.

(3) Nursing personnel and responsible persons shall constantly be alert to the condition and health needs of patients and residents and shall promptly report to the nurse or person in charge any untoward patient conditions or symptomatology such as dehydration, fever, drug reaction or unresponsiveness.

(4) Nursing personnel and responsible persons shall assist patients or residents to dress and prepare for appointments, medical or other examinations, diagnostic tests, special activities and other events outside the facility.

(H) Nursing Review and Notes. Each patient's condition shall be reviewed with special notation of any untoward events, change in condition, nursing or other services provided and the patient's response or progress.

(1) In facilities that provide Level II care each patient shall be reviewed by the nursing personnel going off duty with the nursing personnel coming on duty at each change of shift. At minimum, a weekly progress note shall be recorded in each patient's record unless the

patient's condition warrants more frequent notations; the weekly progress note documentation shall be performed by a licensed nurse.

(2) In facilities that provide Level III care, each resident's general condition shall be reviewed each morning. Significant changes of findings shall be noted in the clinical record and the attending physician or physician-physician assistant team or physician-nurse practitioner team notified with a written notation or the time and date of notification. A note summarizing the resident's condition shall be written monthly in the clinical record.

(1) 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.

## MICHIGAN

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### PART 7. NURSING SERVICES

R 325.20701 Director of nursing.

Rule 701.

(1) The director of nursing shall be a registered nurse with specialized training or relevant experience in the area of gerontology and shall be employed full time by only 1 nursing home.

(2) The director of nursing shall be responsible for all of the following:

(a) The development and maintenance of nursing service objectives, standards of nursing practice, nursing policy and procedure manuals, and written job descriptions for each level of personnel.

(b) Scheduling of rounds to ensure that all patients are seen daily by a licensed nurse.

(c) Methods for coordination of nursing services with other patient services.

(d) Recommending the number and levels of nursing personnel to be employed.

(e) Nursing staff development.

History: 1981 AACCS; 1983 AACCS.

R 325.20702 Charge nurses.

Rule 702.

(1) A licensed nurse shall be the charge nurse on each shift or tour of duty and shall be responsible for the immediate direction and supervision of nursing care provided to patients. In homes with less than 30 beds, the director of nursing may serve as charge nurse on a shift when present for a full shift.

(2) The charge nurse shall be accountable at all times to the director of nursing or her or his designee.

(3) The charge nurse assigns responsibility to personnel for the direct nursing care of specific patients during each tour of duty on the basis of staff qualifications, size and physical layout of the facility, characteristics of the patient load, and the emotional, social, and nursing care needs of patients.

History: 1981 AACCS; 1983 AACCS.

R 325.20703 Nursing personnel.

Rule 703.

(1) A licensed nurse shall have immediately available evidence of a valid and current license or permit required by the state of Michigan.

(2) A person employed in the home to give nursing care shall be not less than 17 years of age, except that a student in a board of education-approved cooperative educational program may provide nursing care under supervision of a licensed nurse.

(3) A person employed in the home to give nursing care on the nightshift shall be not less than 18 years of age.

(4) A person shall not be assigned to duty on the night shift if that person has been on duty either in the home or any other place of business during the preceding 8 hours, but may assume temporary duty on the nightshift if the facility has made every reasonable effort to otherwise eliminate a staffing emergency.

(5) A member of the nursing staff shall not be deemed to be on duty unless awake, fully dressed, and on the premises.

(6) The administrator of the home shall not serve as the director of nursing in homes of 50 or more beds.

(7) At all times during each shift, the home shall meet the minimum staffing requirements specified in the code. For the purposes of determining compliance with nursing personnel-to-patient ratios specified in the code or these rules, a member of the nursing staff who works less than 2 continuous hours shall be counted as part of a full-time equivalent personnel only if such member was scheduled to work more than 2 continuous hours.

History: 1981 AACCS; 1983 AACCS; 1986 AACCS.

R 325.20704 Reporting and enforcement of nurse staffing requirements.

Rule 704.

(1) A home shall maintain, for a period of not less than 2 years, employee time records, including time cards or their equivalent and payroll records.

(2) A home shall submit nurse staffing reports to the department at least quarterly. The department may require more frequent reports when a quarterly report on annual or other survey and evaluation visit or a complaint investigation indicates that deficiencies in nurse staffing requirements may exist.

(3) Nurse staffing reports shall cover the employed nursing staff of the home, including registered nurses, licensed practical nurses, nurse aides, and orderlies. Only those nursing personnel listed in this subrule who actually provide direct patient care shall be counted in meeting nurse staff requirements. Ward clerks shall not be included as members of the nursing staff.

(4) Nurse staffing reports shall be submitted on forms provided by the department and shall, at a minimum, cover a 7-day period specified by the department, including a Saturday and Sunday, but need not necessarily include 7 consecutive days.

(5) The administrator of record, or the acting administrator in the absence of the administrator, in the home shall certify to the accuracy of the nurse staffing reports submitted to the department.

History: 1981 AACCS; 1986 AACCS.

333.21715 Programs of planned and continuing nursing and medical care required; nurses and physicians in charge; expiration of subsection (1)(a); nature and scope of services.

Sec. 21715.

(1) A nursing home shall provide:

(a) A program of planned and continuing nursing care under the charge of a registered nurse in a skilled facility and a licensed practical nurse with a registered nurse consultant in an intermediate care facility. This subdivision shall expire December 31, 1979.

History: 1978, Act 368, Eff. Sept. 30, 1978; - Am. 1978, Act 493, Eff. Mar. 30, 1979.

Popular name: Act 368

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.



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

#### 4658.0510 NURSING PERSONNEL.

Subpart 1. Staffing requirements. A nursing home must have on duty at all times a sufficient number of qualified nursing personnel, including registered nurses, licensed practical nurses, and nursing assistants to meet the needs of the residents at all nurses' stations, on all floors, and in all buildings if more than one building is involved. This includes relief duty, weekends, and vacation replacements.

Subp. 2. Minimum hour requirements. The minimum number of hours of nursing personnel to be provided is:

A. For nursing homes not certified to participate in the medical assistance program, a minimum of two hours of nursing personnel per resident per 24 hours.

B. For nursing homes certified to participate in the medical assistance program, the nursing home is required to comply with Minnesota Statutes, section [144A.04](#), subdivision 7.

Subp. 3. On-site coverage. A nurse must be employed so that on-site nursing coverage is provided eight hours per day, seven days per week.

Subp. 4. On call coverage. A registered nurse must be on call during all hours when a registered nurse is not on duty.

Subp. 5. Assignment of duties. Nursing personnel must not perform duties for which they have not had proper and sufficient training. Duties assigned to nursing personnel must be consistent with their training, experience, competence, and credentialing.

Subp. 6. Duties. Nursing personnel must be employed and used for nursing duties only. A nursing home must provide sufficient additional staff for housekeeping, dietary, laundry, and maintenance duties and those persons must not provide nursing care.

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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## 103 NURSING FACILITY

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

1. 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.

2. Each facility shall have the following licensed personnel as a minimum:

a. Seven (7) day coverage on the day shift by a registered nurse.

b. 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.

c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse.

d. 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.

e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse.

f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse.

3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements.

4. There shall be at least two (2) employees in the facility at all times in the event of an emergency.

## 101 STAFFING [ALZHEIMER'S DISEASE/DEMENTIA CARE UNIT]

101.01 Staffing. In addition to the staffing requirements as set forth for licensed facilities, the following staffing requirements shall apply to A/D Units:

1. Minimum requirements for nursing staff shall be based on the ratio of three (3.0) hours of nursing care per resident per twenty-four (24) hours Licensed nursing staff and nursing aides can be included in the ratio. Staffing requirements are based upon resident census.
2. A Registered Nurse or Licensed Practical Nurse shall be present on all shifts.
3. If the designated A/D Unit is not freestanding, licensed nursing staff may be shared with the rest of the facility for the purpose of meeting the minimum staffing requirements.
4. Only staff trained as specified in 102.2 and 102.3 below shall be assigned to the A/D Unit.
5. A minimum of two (2) staff members shall be on the A/D Unit at all times.

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## MISSOURI

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### 19 CSR 30-81.010 General Certification Requirements

...(14) An NF may request a waiver of nurse staffing requirements to the extent the facility is unable to meet the requirements including the areas of twenty-four (24)-hour licensed nurse coverage, the use of a registered nurse for eight (8) consecutive hours seven (7) days per week and the use of a registered nurse as director of nursing.

(A) Requests for waivers shall be made in writing to the director of the Section for Long Term Care.

(B) Requests for waivers will be considered only from facilities licensed under Chapter 198, RSMo as ICFs which do not have a nursing pool agency that is within fifty

(50) miles, within state boundaries, and which can supply the needed nursing personnel.

(C) The department shall consider each request for a waiver and shall approve or disapprove the request in writing postmarked within thirty (30) working days of receipt or, if additional information is needed, shall request from the facility the additional information or documentation within ten (10) working days of receipt of the request.

(D) Approval of a nurse waiver request shall be based on an evaluation of whether the facility has been unable, despite diligent efforts—including offering wages at the community prevailing rate for nursing facilities—to recruit the necessary personnel. Diligent effort shall mean prominently advertising for the necessary nursing personnel in a variety of local and out-of-the-area publications, including newspapers and journals within a fifty (50)-mile radius, and which are within state boundaries; contacts with nursing schools in

the area; and participation in job fairs. The operator shall submit evidence of the diligent effort including:

1. Copies of newspapers and journal advertisements, correspondence with nursing schools and vocational programs, and any other relevant material;
2. If there is a nursing pool agency within fifty (50) miles which is within state boundaries and the agency cannot consistently supply the necessary personnel on a per diem basis to the facility, the operator shall submit a letter from the agency so stating;
3. Copies of current staffing patterns including the number and type of nursing staff on each shift and the qualifications of licensed nurses;
4. A current Resident Census and Condition of Residents, Form CMS-672 (10/98), incorporated by reference in this rule and available through the Centers for Medicare and Medicaid website: <http://www.cms.hhs.gov/forms/>, or by mail at: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850. This rule does not incorporate any subsequent amendments or additions;
5. Evidence that the facility has a registered nurse consultant required under 19 CSR 30-85.042 and evidence that the facility has made arrangements to assure registered nurse involvement in the coordination of the assessment process as required under 42 CFR 483.20(3);
6. Location of the nurses' stations and any other pertinent physical feature information the facility chooses to provide;
7. Any other information deemed important by the facility including personnel procedures, promotions, staff orientation and evaluation, scheduling practices, benefit programs, utilization of supplemental agency personnel, physician-nurse collaboration, support services to nursing personnel and the like; and
8. For renewal requests, the information supplied shall show diligent efforts to recruit appropriate personnel throughout the prior waiver period. Updates of prior submitted information in other areas are acceptable.

(E) In order to meet the conditions specified in federal regulation 42 CFR 483.30, the following shall be considered in granting approval:

1. There is assurance that a registered nurse or physician is available to respond immediately to telephone calls from the facility for periods of time in which licensed nursing services are not available;
2. There is assurance that if a facility requesting a waiver has or admits after receiving a waiver any acutely ill or unstable residents requiring skilled nursing care, the skilled care shall be provided in accordance with state licensure rule 19 CSR 30-85.042; and
3. The facility has not received a Class I notice of noncompliance in resident care within one hundred twenty (120) days of the waiver request or the department has not conducted an extended survey in the facility within one (1) year of the waiver request. Any facility which receives a Class I notice of noncompliance in resident care or an extended survey while

under waiver status will not have the waiver renewed unless the problem has been corrected and steps have been taken to prevent recurrence. If a facility received more than one (1) Class I notice of noncompliance in resident care during a waiver period, the department will consider revocation of the waiver.

(F) The facility shall cooperate with the department in providing the proper documentation. For renewal requests, the request and proper documentation shall be submitted to the department at least forty-five (45) days prior to the ending date of the current waiver period. If any changes occur during a waiver period that affect the status of the waiver, a letter shall be submitted to the deputy director of institutional services within ten (10) days of the changes. The request for a waiver or renewal of a waiver shall be denied if the facility fails to abide by these previously mentioned time frames.

(G) If a waiver request is denied, the department shall notify the facility in writing and within twenty (20) days, the facility shall submit to the department a written plan for how the facility will recruit the required personnel. If appropriate personnel are not hired within two (2) months, the department shall initiate enforcement proceedings.

AUTHORITY: section 660.050 RSMo 2005.\* This rule originally filed as 13 CSR 15-9.010. Emergency rule filed Sept. 18, 1990, effective Oct. 1, 1990, expired Jan. 25, 1991. Original rule filed Nov. 2, 1990, effective June 10, 1991. Amended: Filed June 3, 1993, effective Dec. 9, 1993. Amended: Filed Feb. 1, 1995, effective Sept. 30, 1995. Amended: Filed May 11, 1998, effective Nov. 30, 1998. Amended: Filed Nov. 27, 2000, effective July 30, 2001. Emergency amendment filed July 13, 2001, effective July 30, 2001, expired Feb. 28, 2002. Moved to 19 CSR 30-81.010, effective Aug. 28, 2001. Amended: Filed July 13, 2001, effective Feb. 28, 2002. Amended: Filed Nov. 1, 2005, effective April 30, 2006.

\*Original authority: 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001.

#### 19 CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

...(32) Nursing personnel shall be at least eighteen (18) years of age except that a person between the ages of seventeen (17) years of age and eighteen (18) years of age may provide direct resident care if he/she has successfully completed the state-approved nursing assistant course and has been certified with his/her name on the state nursing assistant register. He/she must work under the direct supervision of a licensed nurse and will never be left responsible for a nursing unit. II/III

... (34) All facilities shall employ a director of nursing on a full-time basis who shall be responsible for the quality of patient care and supervision of personnel rendering patient care. II

(35) Licensed Nursing Requirements; Skilled Nursing Facility.

(A) The director of nursing shall be a registered nurse. II

(B) A registered nurse shall be on duty in the facility on the day shift. Either a licensed practical nurse (LPN) or a registered professional nurse (RN) shall be on duty in the facility on both the evening and night shifts. II

(C) A registered nurse shall be on call during the time when only an LPN is on duty. II

(36) Licensed Nursing Requirements; Intermediate Care Facilities.

(A) The director of nursing shall be either an RN or an LPN. II

(B) When the director of nursing is an LPN, an RN shall be employed as consultant a minimum of four (4) hours per week to provide consultation to the administrator and the director of nursing in matters relating to nursing care in the facility. II

(C) An LPN or RN shall be on duty and in the facility on the day shift. II

(D) An LPN or RN shall be on call twenty-four (24) hours a day, seven (7) days a week. I/II

(37) All facilities shall employ nursing personnel in sufficient numbers and with sufficient qualifications to provide nursing and related services which enable each resident to attain or maintain the highest practicable level of physical, mental and psychosocial well-being. Each facility shall have a licensed nurse in charge who is responsible for evaluating the needs of the residents on a daily and continuous basis to ensure there are sufficient, trained staff present to meet those needs. I/II

(38) Nursing personnel shall be on duty at all times on each resident-occupied floor. II

... (40) Nursing personnel in any facility with more than twenty (20) residents shall not routinely perform non-nursing duties. II/III

(41) Nursing personnel in facilities with twenty (20) residents or less shall perform non-nursing duties only if acceptable infection control measures are maintained. II/III

Montana

## MONTANA

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### 37.106.601 MINIMUM STANDARDS FOR A SKILLED AND SKILLED/ INTERMEDIATE CARE FACILITY: GENERAL REQUIREMENTS

(1) A skilled nursing care facility shall comply with the Conditions of Participation for Skilled Nursing Facilities as set forth in 42 CFR 405, Subpart K. An intermediate care facility shall comply with the requirements set forth in 42 CFR 442, Subparts E and F. A copy of the cited rules is available at the Department of Public Health and Human Services, Quality Assurance Division, 2401 Colonial Drive, P.O. Box 202953, Helena, MT 59620-2953.

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185.)

37.106.605 MINIMUM STANDARDS FOR A SKILLED NURSING CARE 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.)

37-26086

3/31/02

ADMINISTRATIVE RULES OF MONTANA

In Terms Of Hours Of Service Furnished By Each Category Of Personnel

No. of Beds	R.N.* Hours	L.P.N. Hours	Aide** Hours	R.N. Hours	L.P.N. Hours	Aide** Hours	R.N. Hours	L.P.N. Hours	Aide** Hours
1-5	0	0	0	0	0	0	0	0	0
6-10	0	0	4	0	0	0	0	0	0
11-15	0	0	8	0	0	4	0	0	0
16-20	0	0	12	0	0	8	0	0	4
21-25	0	0	16	0	0	8	0	0	8
26-30	0	0	20	0	0	12	0	0	8
31-35	0	0	24	0	0	16	0	0	8
36-40	0	0	28	0	0	16	0	0	12
41-45***	0	0	32	0	0	20	0	0	16
46-50	0	0	36	0	0	24	0	0	16
51-55	0	0	40	0	0	24	0	0	16
56-60	0	0	44	0	0	28	0	0	20
61-65	0	0	48	0	0	32	0	0	24
66-70	0	0	52	0	0	32	0	0	24
71-75	16	16	48	0	0	32	0	0	24
76-80	16	16	52	0	0	32	0	0	20
81-85	16	16	56	0	0	32	0	0	24
86-90	16	16	52	0	0	36	0	0	24
91-95	16	16	56	0	0	36	0	0	24
96-100	16	16	52	0	0	36	0	0	24
	16	16	56	0	0	40	0	0	24



### 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.

(c) The nursing service must have a procedure to ensure that all nursing personnel have valid and current licenses.

(d) The nursing staff must develop and keep current a nursing care plan for each patient.

(e) Upon admission of a patient to the facility, a registered nurse must assign the nursing care of that patient to other nursing personnel in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available.

(f) All drugs and biologicals must be administered by, or under the supervision of, nursing or other personnel in accordance with federal and state law and rules, including applicable licensing requirements, and in accordance with medical staff policies and procedures which have been approved by the facility's governing body.

(g) Each order for drugs and biologicals must be consistent with federal and state law and be in writing and signed by the practitioner who is both responsible for the care of the patient and legally authorized to prescribe.

(h) When an oral or telephonically-transmitted order must be used, it must be:

(i) Accepted only by personnel that are authorized to do so by the medical staff policies and procedures, consistent with federal and state law; and

(ii) Signed or initialled by the prescribing practitioner as soon as possible and in conformity with state and federal law.

(i) The facility must adopt a procedure for reporting to the attending practitioner adverse drug reactions and errors in administration of drugs. (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.)

### 37.106.2151 NURSING SERVICES AND STAFF

(1) The facility must provide each client with nursing services in accordance with their needs, including:

(a) participation as appropriate in the development, review, and update of an individual treatment plan as part of the interdisciplinary team process;

(b) the development, with a physician, of a medical care plan of treatment for a client when the physician has determined that an individual client requires such a plan;

(c) for each client who is certified as not needing a medical care plan, a review of their health status which must:

(i) be by a direct physical examination;

(ii) be by a licensed nurse;

(iii) be on a quarterly or more frequent basis depending on client need;

(iv) be recorded in the client's record; and

(v) result in any necessary action (including referral to a physician to address client health problems);

(d) other nursing care as prescribed by the physician or as identified by client needs; and

(e) implementation of appropriate protective and preventive health measures that include, but are not limited to:

(i) training any client and staff as needed in appropriate health and hygiene methods;

(ii) control of communicable diseases and infections, including the instruction of other personnel in methods of infection control; and

(iii) training of direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the client.

(2) The facility must:

(a) employ or arrange for licensed nursing services sufficient to care for the client's health needs including any client with a medical care plan;

(b) utilize registered nurses as appropriate and required by Montana law to perform the health services specified in this rule;

(c) have a formal arrangement with a registered nurse to be available for verbal or on site consultation to the licensed practical or vocational nurses (if utilizing only licensed practical or vocational nurses to provide health services) ; and

(d) permit non-licensed nursing personnel who work with any client under a medical care plan to do so only under the supervision of licensed persons.

(3) Nurses providing services in the facility must have a current license to practice in Montana.

## NEBRASKA

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12-006.04C Nursing Staff Resources and Responsibilities: The facility must provide sufficient nursing staff on a 24-hour basis, with specified qualifications as follows, to provide nursing care to all residents in accordance with resident care plans.

12-006.04C1 Director of Nursing Services: The facility must employ a Director of Nursing Services full-time, who may serve only one facility in this capacity. The Director of Nursing Services of the facility must be a registered nurse. The Director of Nursing Services is responsible for the following:

1. Administrative authority, function, and activity of the nursing department;
2. Orientation and inservice education of the nursing services staff;
3. Establishment and implementation of nursing services, objectives,

standards of nursing practices, nursing policy and procedure manuals and written job descriptions for each level of nursing personnel;

4. Establishment and implementation of methods of coordination of nursing services with other resident services in meeting each resident's needs;

5. Preadmission evaluation of residents; establishment and implementation of criteria for admission to the facility;

6. Recommendation of the number and levels of nursing personnel to be employed;

7. Nursing staff development; and

8. Establishment and implementation of complete nursing assessments and nursing care plans for residents, and ongoing evaluation and updating of care plans to reflect the current overall condition of the residents.

12-006.04C1a The full-time registered nurse requirement as a Director of Nursing Services may not be waived.

12-006.04C1b The Director of Nursing Services may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

12-006.04C1c The facility must notify the Department in writing within five working days when a vacancy in the Director of Nursing Services position occurs, including who will be responsible for the position until a full-time Director of Nursing Services is secured. The Department must be notified in writing within five working days when the vacancy is filled indicating effective date, name, and license number of the person assuming Director of Nursing Services responsibilities.

12-006.04C2 Registered Nurse Requirement: Except when waived under 175 NAC 12-006.04C2a or 12-006.04C2b, skilled nursing facilities and nursing facilities must use the services of a registered nurse for at least eight consecutive hours a day, seven days a week.

12-006.04C2a Registered Nurse Waiver in a Nursing Facility: The Department may waive the requirement that a nursing facility certified under Title XIX of the federal Social Security Act, as amended, use the services of a registered nurse for at least eight consecutive hours per day, seven days per week, if:

1. The facility demonstrates to the satisfaction of the Department that it has been unable despite diligent efforts, including offering wages at the community prevailing rate for nursing facilities, to recruit appropriate personnel;
2. The Department determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility; and
3. The Department finds that, for any periods in which a registered nurse is not available, a registered nurse or physician is obligated to respond immediately to telephone calls from the facility; or
4. The Department of Health and Human Services Finance and Support has been granted any waiver by the federal government of staffing standards for certification under Title XIX of the federal Social Security Act, as amended, and the requirements of subdivisions of 12-006.04C2a, items 1-3, have been met.

A waiver granted under this section is subject to annual review by the Department. As a condition of granting or renewing a waiver, a facility may be required to employ other qualified personnel. The Department may grant a waiver under this section if it determines that the waiver will not cause the State of Nebraska to fail to comply with any of the applicable requirements of Medicaid so as to make the state ineligible for the receipt of all funds to which it might otherwise be entitled.

12-006.04C2b Registered Nurse Waiver in a Skilled Nursing Facility: The Department may waive, for up to one year, the requirement that a skilled nursing facility certified under Title XVIII of the Federal Social Security Act, as amended, use the services of a registered nurse for more than 40 hours per week if:

1. The facility is located in a non-urban area where the supply of skilled nursing facility services is not sufficient to meet the needs of individuals residing in the area;
2. The facility has one full-time registered nurse who is regularly on duty at the facility 40 hours per week; and
3. The facility has:
  - a. Only residents whose physician has indicated through orders or admission or progress notes that the residents do not require the services of a registered nurse or a physician for more than 40 hours per week; and
  - b. Has made arrangements for a registered nurse or a physician to spend time at the facility, as determined necessary by the physician, to provide the necessary services on days when the regular, full-time registered nurse is not on duty.

A waiver granted under this subsection is subject to annual review by the Department. As a condition of granting or renewing a waiver, a facility may be required to employ other qualified licensed personnel.

12-006.04C3 Charge Nurse Requirement: Except when waived under 175 NAC 12-006.04C4 or 12-006.04C5 of this section, skilled nursing facilities and nursing facilities must designate a licensed nurse to serve as a charge nurse on each tour of duty. Intermediate care facilities must designate a licensed nurse to serve as a charge nurse for one tour of duty each 24 hours.

12-006.04C3a The charge nurse is responsible for the total nursing care delivered on his or her tour of duty on the assigned unit. Charge nurse responsibilities are as follows:

1. Through assignment, delegate and/or direct to other nursing personnel the direct nursing care of the specific residents on the basis of staff qualifications, size and physical layout of the facility, characteristics of the resident load, and the emotional, social, and nursing care needs of residents;

2. Be knowledgeable and responsive to the physical and emotional needs of all residents;

3. Complete and accurate medication administration;

4. Provide direct resident care as required;

5. Participate in the review, revising and implementation of residents' plan of care;

6. Notify the Director of Nursing Services, physician, and family of changes in resident condition, i.e., injury, accident, or adverse change; and,

7. Complete documentation describing nursing care provided, including resident response and status.

12-006.04C4 24-Hour Nurse Staffing Waiver in a Nursing Facility: The Department may waive the requirement that a nursing facility certified under Title XIX of the federal Social Security Act, as amended, use the services of a licensed nurse on a 24-hour basis seven days per week, including the requirement for a charge nurse on each tour of duty, if:

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

2. The Department determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility; and

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

4. The Department of Health and Human Services Finance and Support has been granted any waiver by the federal government of staffing standards for certification under Title XIX of the federal Social Security Act, as amended, and the requirements of 175 NAC 12-006.04C4, items 1-3 have been met.

A waiver granted under this section is subject to annual review by the Department. As a condition of granting or renewing a waiver, a facility may be required to employ other qualified licensed personnel. The Department may grant a waiver under this section if it determines that the waiver will not cause the State of Nebraska to fail to comply with any of

the applicable requirements of Medicaid so as to make the state ineligible for the receipt of all funds to which it might otherwise be entitled.

12-006.04C5 24-Hour Nurse Staffing Waiver in a Skilled Nursing Facility: The Department may waive the requirement that a skilled nursing facility use licensed nurses on a 24-hour basis, seven days a week, including the requirement for a charge nurse each tour of duty, if:

1. The facility demonstrates to the satisfaction of the Department that it has been unable, despite diligent efforts including but not limited to offering wages equal to or greater than the community prevailing wage rate being paid nurses at nursing facilities, to hire enough licensed nurses to fulfill such requirements;

2. The Department determines that a waiver of the requirement will not endanger the health or safety of residents of the facility; and,

3. The Department finds that, for any period in which staffing requirements cannot be met, a registered nurse or a physician is obligated to respond immediately to telephone calls from the facility.

A waiver granted under this subsection is subject to annual review by the Department. As a condition of granting or renewing a waiver, a facility may be required to employ other qualified licensed personnel.

12-006.04C6 Notification of Waiver

12-006.04C6a The Department will provide notice of the granting of a waiver to the office of the state long-term care ombudsman and to Nebraska Advocacy Services or any successor designated for the protection of and advocacy for persons with mental illness or mental retardation.

12-006.04C6b The skilled nursing facility or nursing facility granted a waiver must provide written notification to each resident of the facility or, if appropriate, to the guardian, designee, or immediate family of the resident.

12-006.04C7 Other Nursing Personnel: The facility must assign a sufficient number of qualified nursing personnel who are awake, dressed and assigned to resident care duties at all times.

## SECTION A -- Nursing Facility

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.

c. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements.

d. There shall be at least two (2) employees in the facility at all times in the event of an emergency.



## NEVADA

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NAC 449.74517 Nursing staff. (NRS 449.037)

1. A facility for skilled nursing shall ensure that there is a sufficient number of members of the nursing staff on duty at all times to provide nursing care to and attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient in the facility in accordance with his plan of care.

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.

4. A registered nurse must be on duty at a facility for skilled nursing for at least 8 consecutive hours per day, 7 days a week.

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

## NEW HAMPSHIRE

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He-P 803.15 Required Services

...(d) The licensee shall provide the following core services:

(1) Services of a licensed nurse provided 24 hours a day...

He-P 803.17 Organization and Administration.

...(c) There shall be a full time director of nursing services who is currently licensed in the state of New Hampshire pursuant to RSA 326-B, or licensed pursuant to the multi-state compact, and who is an RN with at least 2 years relevant experience in resident care.

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

- (1) Establishment of standards of nursing practice used in the nursing home;
- (2) Ensuring that the admission process and resident assessment process coordinates resident requirements for nursing care with available nursing resources;
- (3) Participating with the administrator and personnel to improve the quality of nursing care at the nursing home;
- (4) Nursing care as authorized by the nurse practice act and according to RSA 326;
- (5) The overall health and safety of residents; and
- (6) Maintaining written personnel schedules, which shall be retained on-site for a period of at least 90 days and which include:
  - a. At least one licensed nurse in the facility 24 hours a day;
  - b. At least one registered nurse, for 8 consecutive hours a day 7 days a week; and
  - c. Licensed nursing assistants who have been verified in accordance with the New Hampshire board of registration in 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

(a) The facility shall provide nursing services and licensed nursing and ancillary personnel at all times. In accordance with N.J.A.C. 13:37-6.2, the registered professional nurse may delegate selected nursing tasks in the implementation of the nursing regimen to licensed practical nurses and ancillary nursing personnel.

(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
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

(c) The following definitions shall be used for nursing services set forth in (b)2 above:

1. Wound care includes, but is not limited to, ulcers, burns, pressure sores, open surgical sites, fistulas, tube sites and tumor erosion sites. In this category are Stage II pressure sores encompassing two or more distinct lesions on separate anatomical sites, and Stage III and Stage IV pressure sores.

i. Tube site and surrounding skin related to ostomy feeding is not to be counted as wound care unless there are complicating factors, such as: exudative, suppurative or ulcerative inflammation which require specific physician or advanced practice nurse prescribed intervention provided by the licensed nurse beyond routine cleansing and dressing.

ii. Stage III and Stage IV are defined as follows:

(1) Stage III. The wound extends through the epidermis and dermis into the subcutaneous fat and is a full thickness wound. There may be inflammation, necrotic

tissue, infection and drainage and undermining sinus tract formation. The drainage can be serosanguinous or purulent. The area is painful.

(2) Stage IV. The pressure wound extends through the epidermis, dermis, and subcutaneous fat into fascia, muscle and/or bone. Eschar, undermining odor and profuse drainage may exist.

(3) Other wounds which may be categorized under wound care as defined in (c)1 above include:

(A) Open wounds which are draining purulent or colored exudate or which have a foul odor present and/or for which the individual is receiving antibiotic therapy;

(B) Wounds with a drain or T-tube;

(C) Wounds which require irrigation or instillation of a sterile cleansing or medicated solution and/or packing with sterile gauze;

(D) Recently debrided ulcers;

(E) Wounds with exposed internal vessels or a mass that may have a proclivity for hemorrhage when dressing is changed (for example, post radical neck surgery, cancer of the vulva);

(F) Open wounds, widespread skin disease or complications following radiation therapy, or which result from immune deficiencies or vascular insufficiencies;

(G) Complicated post-operative wounds that exhibit signs of infection, allergic reactions or an underlying medical condition that affects healing.

2. Tube feedings, which include Nasogastric tube and percutaneous feedings, provide the individual with more than 26% of his or her calories and at least 501 milliliters of hydration daily and are required to treat the individual's condition after all non-invasive avenues to improve the nutritional status have been exhausted with no improvement. The clinical record shall document the non-invasive measures provided and the individual's poor response. The record shall also indicate the medical condition for which the feedings are ordered. Included in this service is the routine care of the tube site and surrounding skin of the surgical gastrostomy.

i. Feeding tubes that are routinely clamped off and are no longer the primary source of dietary administration and nutritional support are covered under the basic 2.5 hours/day of nursing service and shall not be counted as an additional nursing service.

3. Oxygen therapy includes complex provision of oxygen/respiratory therapies due to the nature of the individual's condition, the type or multiplicity of procedures required and the

need for therapies for which the individual is dependent upon administration by licensed staff, such as positive pressure breathing therapy, nasal BiPAP and aerosol therapy.

4. Tracheostomy includes new tracheostomy sites and complicated cases involving symptomatic infections and unstable respiratory functioning.

5. Intravenous therapy includes clinically indicated therapies ordered by the physician, such as central venous lines, Hickman/Broviac catheters, heparin locks, total parenteral nutrition, clysis, hyperalimentation and peritoneal dialysis. When clinically indicated, intravenous medications should be appropriately and safely administered within prevailing medical protocols. If intravenous therapy is for the purpose of hydration, the clinical record shall document any preventive measures and attempts to improve hydration orally, and the individual's inadequate response.

6. Respirator use includes care for individuals who are stable and no longer require acute or specialized respirator programs and who require mechanical ventilation to oxygenate their blood. Ongoing assessment, intervention, and evaluation by a registered professional nurse are needed. The individual's treatment plan should include protocols for weaning the individual from assisted respiration and/or self care when clinically indicated and ordered by the physician or advanced practice nurse.

7. Head trauma stimulation/advanced neuromuscular/orthopedic care:

i. Care of head trauma is directed toward individuals who are stable (have plateau) and can no longer benefit from a rehabilitative unit or unit for specialized care of the injured head. Individuals shall have access to and periodic reviews by such specialists as a neurologist, neurophysiologist, psychiatrist and vocational rehabilitation specialist, in accordance with their clinical needs. There shall also be contact with appropriate therapies, such as physical therapy, speech-language pathology services and occupational therapy. The distinguishing characteristic for add-on hours for head trauma is the necessity for ongoing assessment and evaluation by a registered professional nurse focusing on early identification of complications, and implementation of appropriate nursing interventions. Nursing protocols may be initiated which are specifically designed to meet individual needs of head injured individuals. The nurse may also supervise a coma stimulation program, when this need is identified by the interdisciplinary team.

ii. Advanced neuromuscular care needs shall be identified by the physician for individuals during an unstable episode or where there is advanced and progressive deterioration in which the individual requires observation for neurological complications, monitoring, and administration of medications or nursing interventions to stabilize the condition and prevent unnecessary regression.

iii. Advanced orthopedic care is the care of plastered body parts with a pre-existing peripheral vascular or circulatory condition requiring observations for complications and monitoring and administration of medication to control pain and/or infection. Such care also involves additional measures to maintain mobility; care of post-operative fracture and joint arthroplasty, during the immediate sub acute post-operative period involving proper alignment; teaching and counseling and follow-up to therapeutic exercise and activity regimens. Individuals in this group shall be identified by the physician as needing advanced

orthopedic care. If the requirement for advanced orthopedic care exceeds 30 days, clinical need must be demonstrated and clearly documented by the interdisciplinary team.

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

(e) A registered professional nurse shall be on duty at all times in facilities with more than 150 licensed beds.

(f) At least 20 percent of the hours of care required by (b) above shall be provided by individuals who are either registered professional nurses or licensed practical nurses.

(g) The nurse aide component of the facility's total hourly nurse staffing requirement, as specified in (b) above, shall be met by nurse aides who have completed a nurse aide training course approved by the New Jersey State Department of Health and Senior Services and have passed the New Jersey Nurse Aide Certification Examination, in accordance with N.J.A.C. 8:39-43 and/or by newly hired individuals who have worked in the facility for less than four months and who are enrolled in a nurse aide training program.

(h) There shall be at least one registered professional nurse on duty in the facility during all day shifts. (During a temporary absence, not to exceed 72 hours, the registered professional nurse may be on duty during the evening or night shift).

(i) There shall be at least one registered professional nurse on duty or on call during all evening and night shifts.

#### SUBCHAPTER 26. ADVISORY NURSE STAFFING

##### 8:39-26.1 Advisory structural organization for nurse staffing

Facilities with more than 200 licensed beds employ at least one full-time equivalent staff educator; facilities with between 100 and 200 licensed beds employ at least a half-time staff educator; or facilities with fewer than 100 licensed beds employ a staff educator at least one-fifth time.

##### 8:39-26.2 Advisory policies and procedures for nurse staffing

(a) The facility establishes and implements a system for assigning nursing personnel on the basis of a classification system involving resident acuity.

(b) The facility uses a primary system in which nurse aides are assigned on a regular basis to specific residents to provide continuity of care.

##### 8:39-26.3 Advisory nurse staffing amounts and availability

(a) A registered professional nurse is on duty at all times in facilities with fewer than 100 licensed beds, two registered professional nurses are on duty at all times in facilities with

100 to 200 licensed beds, and three registered nurses are on duty at all times in facilities with more than 300 beds.

(b) The facility provides direct nursing services pursuant to N.J.A.C. 8:39-25.2(b) which are increased by at least ten percent.

(c) At least 50 minutes per resident per day of resident care is provided by licensed nurses, that is, registered professional nurses and licensed practical nurses. (This is an average. It is equal to one full-time equivalent nurse for every ten residents.)

(d) All nurse aides working in the facility have completed a training and orientation program to all services of at least two weeks full-time duration within the facility prior to their permanent assignment in the facility.

(e) Each resident care unit in the facility meets the nurse staffing requirements mandated in N.J.A.C. 8:39-25.2(b).

#### 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.

(b) An advanced practice nurse who is Board certified in family, adult, or geriatric practice is available on staff or under contract with the facility to perform assessments and to provide consultation to other staff members.

(c) The facility employs an advanced practice nurse certified in gerontology or psychiatric nursing on at least a half time basis.

(d) A nurse who holds certification in gerontological nursing, rehabilitation nursing, or a related field of nursing from the American Nurses Credentialing Center of the American Nurses Association, is available on staff or under contract with the facility.

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## NEW MEXICO

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### 7.9.2.50 NURSING SERVICES:

#### A. DEFINITIONS:

(1) Nursing personnel: means nurses, nurse aides, nursing assistants, and orderlies.

(2) Ward clerk: means an employee who performs clerical duties of the nursing personnel.

**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.

**C. CHARGE NURSES IN SKILLED CARE FACILITIES AND INTERMEDIATE CARE FACILITIES:**

(1) Staffing requirement:

(a) A skilled nursing facility shall have at least one charge nurse on duty at all times.

(b) An intermediate care facility shall have a charge nurse during every tour of duty.

(2) Qualifications: Unless otherwise required under this paragraph, the charge nurses shall be registered nurses or licensed practical nurses, and shall have had training, or be acquiring training, or have had experience in areas such as nursing service administration, restorative nursing, psychiatric nursing, or geriatric nursing.

(3) Duties:

(a) The charge nurse, if a registered nurse, shall supervise the nursing care of all assigned residents, and delegate the duty to provide for the direct care of specific residents, including administration of medications by nursing personnel based upon individual resident needs,, the facility's physical arrangement, and the staff capability;



(b) The charge nurse, if a licensed practical nurse, shall manage and direct the nursing and other activities of other licensed practical nurse and less skilled assistants and shall arrange for the provision of direct care to specific residents, including administration of medications, by nursing personnel based upon individual resident needs, the facility's physical arrangement, and the staff capability.

[7-1-60, 5-2-89; 7.9.2.50 NMAC – Rn, 7 NMAC 9.2.50, 8-31-00]

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 classifications of nursing personnel and relief personnel assigned on each nursing unit for each tour of duty, and shall be updated as changes occur.

D. STAFF MEETINGS: Meetings shall be held at least quarterly for the nursing personnel to brief them on new developments, raise issues relevant to the service, and for such other purposes as are pertinent.

E. TWENTY-FOUR (24) HOUR COVERAGE: All facilities shall have at least one nursing staff person on duty at all times.

F. STAFFING PATTERNS: The assignment of the nursing personnel required by this subsection to each tour of duty shall be sufficient to meet each resident's needs and implement each resident's comprehensive care plan.

(1) Nursing department personnel means, the director of nursing, the assistant director of nursing, nursing department directors, licensed nursing personnel, certified nursing assistants, nursing assistants who have completed 16 hours or more of orientation and demonstrated competency and restorative nursing assistants.

(2) The director of nursing, the assistant director of nursing, and nursing department directors may be counted towards the minimum staffing requirements only for the time spent on the shift providing direct resident care services.

(a) A skilled nursing facility or facility that offers intermediate and skilled nursing shall maintain a nursing department minimum staffing level of two and a half (2.5) hours per patient day calculated on a seven (7) day average.

(b) An intermediate care facility shall maintain a nursing department minimum staffing level of two and three-tenths (2.3) hours per patient day calculated on a seven (7) day average.

(c) Within one hour of shift change, facilities shall post the number of nursing personnel on duty in a conspicuous and consistent location for public review. Shifts are informally defined as the day shift, evening shift, and night shift. Employees working variations of these shifts shall be included within the shift count where a majority of the hours fall.

EXAMPLE: For a facility with 100 patients, 2.3 hours per patient day averages one nursing department employee on duty for approximately every 10 to 11 patients. For a facility with 100 patients, 2.5 hours per patient day averages one nursing department employee for every 9 to 10 patients. These are daily averages that will vary from shift to shift so that actual staffing might approximate:

	2.3 Hours Per Patient Day	2.5 Hours Per Patient Day
Day Shift	1 staff for 8 patients	1 staff for 7 patients
Evening Shift	1 staff for 10 patients	1 staff for 10 patients
Night Shift	1 staff for 13 patients	1 staff for 12 patients

[7-1-60, 5-2-89; 7.9.2.51 NMAC – Rn & A, 7 NMAC 9.2.51, 8-31-00]

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## NEW YORK

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Effective Date: 12/19/2007 Title: Section 415.13 - Nursing services

415.13 Nursing services. The 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. The facility shall assure that each resident receives treatments, medications, diets and other health services in accordance with individual care plans.

(a) Sufficient staff.

(1) The facility shall provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

(i) registered professional nurses or licensed practical nurses;

- (ii) certified nurse aides; and
- (iii) other nursing personnel.

(2) The facility shall designate a registered professional nurse or licensed practical nurse to serve as a charge nurse on each tour of duty who is responsible for the supervision of total nursing activities in the facility. Alternatively, as necessitated by resident care needs, the facility may designate one charge nurse for each tour of duty on each resident care unit or on proximate nursing care units in the facility provided that each nursing care unit in the facility is under the supervision of a charge nurse.

(b) Registered professional nurse.

(1) The facility shall use the services of a registered professional nurse for at least 8 consecutive hours a day, 7 days a week.

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

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

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## NORTH CAROLINA

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### 10A NCAC 13D .2302 NURSING SERVICES

- (a) The facility shall designate a registered nurse to serve as the director of nursing on a full-time basis.
- (b) The director of nursing shall be responsible for the administering of nursing services.
- (c) The director of nursing may serve also as nurse-in-charge, only if the average daily occupancy is less than 60.
- (d) The director of nursing shall not serve as administrator, assistant administrator or acting administrator during an employment vacancy in the administrator position.

History Note: Authority G.S. 131E-104;

RRC objection due to lack of statutory authority Eff. July 13, 1995; Eff. January 1, 1996.

### 10A NCAC 13D .2303 NURSE STAFFING REQUIREMENTS

(a) The facility shall provide licensed nursing personnel consistent with applicable occupational regulations and sufficient to accomplish the following:

(1) patient needs assessment;

(2) patient care planning; and

(3) supervisory functions in accordance with the levels of patient care advertised or offered by the facility.

(b) The facility shall provide other nursing personnel sufficient to ensure that activities of daily living, personal care, delegated restorative nursing tasks and other health care needs, as identified in each patient's plan of care, are met.

(c) A multi-storied facility shall have at least one direct-care staff member on duty on each patient care floor at all times.

(d) Except for designated units with higher staffing requirements noted elsewhere in this Subchapter, daily direct patient care nursing staff, licensed and unlicensed, shall equal or exceed 2.1 nursing hours per patient per day. (This is sometimes referred to as nursing hours per patient day or NHPPD or NH/PD.)

(1) Inclusive in these nursing hours is the requirement that at least one licensed nurse is on duty for direct patient care at all times.

(2) Nursing care shall include the services of a registered nurse for at least eight consecutive hours a day, seven days a week. This coverage can be spread over more than one shift if such a need exists. The director of nursing may be counted as meeting the requirements for both the director of nursing and patient staffing for facilities with a total census of 60 nursing beds or less.

(3) Nursing support personnel, including ward clerks, secretaries, nurse educators and persons in primarily administrative management positions and not actively involved in direct patient care, shall not be counted toward compliance with minimum daily requirements for direct care staffing.

(e) An exception to meeting the minimum staffing requirements shall be reported to the Department at the end of each month. Staffing waivers granted by the federal government for Medicare and Medicaid certified beds shall be accepted for licensure purposes.

History Note: Authority G.S. 131E-104;

Eff. January 1, 1996.

## NORTH DAKOTA

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33-07-03.2-14. Nursing services.

1. Nursing services must be under the direction of a nurse executive (director of nursing) who is employed by the facility and is a registered nurse licensed to practice in North Dakota.
2. The nurse executive must have written administrative authority, responsibility, and accountability for the integration of nursing services consistent with the overall facility plan and philosophy of resident care. The nurse executive shall retain administrative responsibility to:
  - a. Ensure development, maintenance, implementation, and revision of nursing service objectives, standards of practice, policy and procedure manuals, and written job descriptions for each level of nursing personnel, including unlicensed staff.
  - b. Ensure a resident assessment is completed and a comprehensive care plan is established in coordination with the resident or legal representative within the required timeframes.
  - c. Ensure care plans are implemented so as to assist each resident to attain and maintain their highest level of functioning.
3. The facility shall have sufficient qualified nursing personnel on duty at all times to meet the nursing care needs of the residents including:
  - a. At least one registered nurse on duty eight consecutive hours per day, seven days a week; and
  - b. At least one licensed nurse on duty and designated to work charge twenty-four hours a day seven days a week.

History: Effective July 1, 1996.

General Authority: NDCC 28-32-02(1)

Law Implemented: NDCC 23-01-03

## OHIO

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Downloaded January 2011

3701-17-08 Personnel requirements.

...(B) Each nursing home shall employ a registered nurse who shall serve as director of nursing. The director of nursing shall be on duty five days per week, eight hours per day predominantly between the hours of six a.m. and six p.m. to direct the provision of nursing services. In the event the director of nursing is absent from the nursing home due to illness, vacation or an emergency situation, the home shall designate another registered nurse in its employ to serve as acting director of nursing. The director of nursing shall not be counted toward meeting the other nurse staffing requirements of this rule unless the home's licensed capacity is no greater than sixty beds.

(C) Each nursing home shall have staff sufficient in number on each shift to provide care and services to meet the needs of the residents in an appropriate and timely manner and to provide a minimum daily average of two and three-fourths hours of direct care and services per resident per day as follows:

(1) A minimum daily average of two hours per resident per day to be provided by nurse aides with the ratio of nurse aides to residents not exceeding one nurse aide for every fifteen residents or major part thereof at any time. Licensed nurses may be counted toward meeting this requirement if the nurses are performing the same types of services as nurse aides and are not counted toward meeting the other nursing requirements of this paragraph;

(2) A minimum daily average of two-tenths of an hour per resident per day to be provided by registered nurses. A home may request a variance to use a licensed practical nurse to meet part or all of this requirement in accordance with paragraph (D) of this rule; and

(3) The remainder of the hours may be provided by nurses, nurse aides, activities aides, occupational therapists, physical therapists, dietitians, and social service workers who provide direct care and services to the residents. Each nursing home shall have a registered nurse on call whenever one is not on duty in the home.

(D) The director may grant a variance from the registered nurse requirement of paragraph (C)(2) of this rule, if the director determines that the strict application of the requirement would cause an undue hardship to the home and that granting of the variance will not defeat the spirit and general intent of this rule, adversely affect the health or safety of the residents, or otherwise not be in the public interest. A home seeking a variance under this paragraph, shall submit a request, in writing, to the director that demonstrates to the satisfaction of the director that:

(1) The home has made, and is continuing to make, diligent effort to recruit the required registered nurses personnel through advertising and the use of other techniques available in the area of the state in which the home is located, such as the use of public or private employment agencies;

(2) The home is offering the prevailing wage for registered nurses in the area of the state in which the home is located;

(3) That the facilities and personnel policies of the home are such as to offer satisfactory working conditions for prospective employees; and

(4) That the registered nurse requirement is an undue hardship for the home to meet and that the variance will not jeopardize the health and safety of the residents. In accordance with paragraph (D) of rule 3701-17-26 of the Administrative Code, the director shall notify the operator of the director's determination concerning the request for this variance and provide the operator with an opportunity for an informal review. The director shall also provide notice to the state long term care ombudsman and the protection and advocacy system in the state for the mentally ill and mentally retarded of a variance granted under this paragraph. The director may establish conditions that the nursing home shall meet for the variance to be operative and shall not grant the variance for a period to exceed one year.

...(G) The nursing home shall establish a protocol for staff coverage that includes coverage during vacations, emergency situations, and long-term absences due to illness and unexpected absences and a contingency plan for back-up coverage.

(H) With input from the medical director and the director of nursing, the nursing home shall adjust the staffing levels based on the needs and acuity levels of the residents, but in no event shall the staffing fail to meet the requirements of this rule.

(I) A nursing home that is physically located in the same building or on the same lot as other licensed homes and facilities which are owned and operated by the same entity, or that provides an adult day care program in the nursing home, may use staff from the nursing home to provide services in the other licensed homes, facilities, or adult day care program or use appropriate and qualified staff from the other homes, facilities or adult day care program to meet part or all of the staffing requirements of this rule, if all of the following criteria are met:

(1) The nursing home at all times meets the minimal staffing levels required by this rule. No staff simultaneously assigned to the staffing schedules of the nursing home and another home, facility or an adult day program shall be counted towards meeting the staffing requirements of this rule;

(2) The other licensed homes and facilities at all times meet their applicable staffing level requirements. Shared nursing home staff shall not be counted towards meeting the minimum staffing requirements for the other licensed homes and facilities;

(3) Separate staffing schedules are maintained for the nursing home, residential care facility and adult day care program;

(4) The sharing of staff does not adversely affect the quality and timeliness of meeting the care needs of the nursing home and residential care facility residents and the participants of the adult day care program;

(5) The nursing home, residential care facility and adult day care program are within two minutes or less response time from each other; and

(6) The monitoring of the call signal systems in the nursing home and residential care facility are not disrupted and the use of call signal systems is not limited to emergency use only.

(J) Each nursing home shall maintain records necessary for the director to ascertain compliance with the requirements of this rule.

#### 3701-17-13.1 Use of Advanced Practice Nurses in Nursing Homes.

(A) An advanced practice nurse, as defined in paragraph (E) of rule 3701-17-01 of the Administrative Code, who is acting within his or her scope of practice and is working in collaboration with an attending physician if authorized by a written standard care arrangement required by rule 4723-8-04 of the Administrative Code, may undertake the following:

(1) Receive notice and participate in consultations under paragraph (A) of rule 3701-17-12 of the Administrative Code in addition to or in lieu of the attending physician;

(2) Notwithstanding paragraph (C) of rule 3701-17-13 of the Administrative Code, perform all resident evaluations required to be performed under that rule;

(3) Issue orders relating to resident appropriate room furnishings under paragraph (B) of rule 3701-17-16 of the Administrative Code.

(B) The nursing home medical director may discuss identified problems of a resident with the resident's advanced practice nurse who is acting within his or her scope of practice, and who is working in collaboration with the attending physician pursuant to a written standard arrangement required by rule 4723-8-04 of the Administrative Code.

(C) The name of a resident's advanced practice nurse shall be listed in addition to the attending physician on the resident admission record as required by paragraph (A)(1)(a) of rule 3701-17-19 of the Administrative Code.

(D) The name of the advanced practice nurse shall be listed in addition to the attending physician on the medication administration record referenced in paragraph (A)(1)(d) of rule 3701-17-19 of the Administrative Code. An advanced practice nurse may sign orders on the doctors order sheet under paragraph (A)(1)(d) of rule 3701-17-19 of the Administrative Code when acting within his or her scope of practice, and when working in collaboration with the attending physician pursuant to a written standard arrangement required by rule 4723-8-04 of the Administrative Code.

(E) Nothing in this rule shall be construed to allow the use of an advanced practice nurse to perform the physician requirements specified in rule 3701-17-15 of the Administrative Code. 2

Effective: 06/20/2005



R.C. 119.032 review dates: 06/01/2010

CERTIFIED ELECTRONICALLY

Certification Date 06/09/2005

Promulgated Under: 119.03 Statutory Authority: 3721.04 Rule Amplifies: 3721.02,  
3721.04, 3721.13 Prior Effective Dates: None

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## OKLAHOMA

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310:675-13-5. Nursing service

- (a) General. The nursing facility shall be organized, staffed, and equipped to provide nursing and health related services to all residents on a continuous basis.
- (b) Licenses. All licensed nurses shall hold a current license issued by the Oklahoma Board of Nursing.
- (c) Director of nursing.
  - (1) A registered nurse or licensed practical nurse shall be designated as the director of nursing.
  - (2) The director of nursing shall be on duty on the day shift and be responsible for all resident care including, but not limited to, the physical, mental, and psycho-social needs. The director of nursing or designee shall be available by telephone when needed by facility staff.
  - (3) When necessary, the director of nursing may work other than the day shift but for no more than three shifts a week. This exception shall not exceed three consecutive weeks in a three month period.
- (d) Licensed nurses.
  - (1) The facility shall employ licensed nurses for a sufficient number of hours to meet the residents' needs.
  - (2) A licensed nurse shall supervise direct care staff and shall direct nursing care for the residents.
  - (3) The facility shall use licensed practical nurses only for the medical procedures for which they are trained.

(e) Consultant registered nurse.

(1) If the director of nursing is a licensed practical nurse, a registered nurse shall be employed for at least eight hours per week as a consultant.

(2) A consultant registered nurse shall evaluate and consult with the director, of nursing concerning residents' needs and shall coordinate the assessment and care plan of each resident.

(3) A consultant registered nurse's visit shall document the date and the hours spent in consultation. The documentation shall be signed and reviewed by the director' of nursing.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

#### 310:675-13-12. Direct care staffing

(a) Each facility shall maintain at least the minimum direct-care-staff-to-resident ratios specified in the Act at 63:1-1925.2.

(b) A licensed nurse shall be on duty eight hours a day, seven days a week on the day shift.

(c) If the director of nursing is a licensed practical nurse, a registered nurse shall be employed for at least eight hours per week as a consultant.

(d) There shall be a licensed nurse on duty twenty-four hours per day; provided however, that a facility licensed as a specialized facility for the developmentally disabled shall only be required to provide 24 hour nursing when it has a resident who has a medical care plan. The department may waive this requirement when the facility demonstrates it has been unable, despite diligent effort, to recruit licensed nurses. The Department shall determine that a waiver of this requirement will not endanger the health or safety of the residents.

(e) There shall be at least one certified medication aide on duty when any shift is not covered by a licensed nurse.

(f) At least two direct care staff persons shall be on duty and awake at all times regardless of the number of residents.

(g) Willful violation of the requirements regarding direct-care staff shall be determined

based on a

review of facility staffing records and interviews with staff, residents, resident family

members and/or guardians, and other parties which may have information relevant to the investigation. The determination by the Department of Health will include, but will not

be limited to, the following factors:

- (1) The nature, circumstances and gravity of the violations;
- (2) The repetitive nature of the violations at the facility or others operated by the same or related entities;
- (3) The previous degree of difficulty in obtaining compliance with the rules at the facility or others operated by the same or related entities; and
- (4) Any substantial showing of good faith in attempting to achieve continuing compliance with the provisions of the Nursing Home Care Act.

#### 310:675-13-14. Flexible staff-scheduling

...(d) Failure to meet the direct care service rate.

Facilities that have been granted flexible staff-scheduling privileges and receive a

determination they have not met the direct care service rate shall lose their flexible staff-scheduling privileges until the facility re-establishes their eligibility under the requirements at 63:1-1925.2(B)(6)(b) and (c). Facilities shall have the right to appeal and to the informal dispute resolution process with regard to penalties and sanctions imposed due to staffing noncompliance. [63:1-1925.2(E)].

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## OREGON

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#### 411-086-0010 Administrator

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

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

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

(Effective 10/01/1990)

(1) FULL-TIME. Each facility shall have a director of nursing services who shall be full-time (40-hours per week) in a single nursing facility. Time spent in professional association

workshops, seminars and continuing education may be counted in considering whether or not the DNS is full-time.

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

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

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

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

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

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

(3) RESPONSIBILITY.

(a) The DNS shall have written administrative authority, responsibility, and accountability for assuring functions and activities of the nursing services department. The DNS shall participate in the development of any facility policies that affect the nursing services department (OAR 411-085-0210). The DNS shall organize and direct the nursing service department to include as a minimum:

(A) Develop and maintain a nursing service philosophy, objectives, standards of practice, policy and procedure manuals, and job descriptions for each level of nursing service personnel;

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

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

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

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

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

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

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

- (I) Ensure that only licensed nurses or physicians administer injectable medications;
- (J) Ensure adequate nursing services staffing (see OAR 411-086-0100), including development of a written staffing plan; and
- (K) Ensure that all nursing staff perform their respective duties in a timely, efficient and professional manner;
- (b) The DNS shall designate, in writing, a specific registered nurse, licensed to practice in Oregon, to be available immediately in person or by telephone to direct the functions and activities of the nursing services department when the DNS is not available in person or by telephone. This information shall be posted at each nursing station.
- (c) The DNS shall be informed regarding residents' conditions, including when a significant change in a resident's condition warrants nursing or medical intervention.
  - (d) Effective October 1, 1990, or in the event of delay of the actual federal requirement, effective the actual implementation date, the DNS may serve as the charge nurse only if the facility has a licensed bed capacity of 60 or less and does not provide care for residents requiring skilled nursing care.

Stat. Auth: ORS 410 & 441

Stats. Implemented: ORS 441.055 & 441.615

Hist.: SSD 19-1990, f. 8-29-90, cert. ef. 10-1-90

#### 411-086-0030 RN Care Manager

(Effective 10/01/1990)

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

#### (1) TRAINING.

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

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

#### (2) RESPONSIBILITY.

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

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

(c) Delegated authority.

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

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

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

Stat. Auth: ORS 410 & 441

Stats. Implemented: ORS 441.055 & 441.615

#### 411-086-0100 Nursing Services: Staffing

##### (1) STAFFING PLAN.

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

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

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

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

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

##### (2) DAILY STAFF PUBLIC POSTING.

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

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

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

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

(b) The posted staffing report must include:

(A) Facility name;

(B) Current date;

(C) Current resident census per shift;

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

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

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

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

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

(4) MINIMUM LICENSED NURSE STAFFING.

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

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

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

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

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

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

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

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

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

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

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

(5) MINIMUM CERTIFIED NURSING ASSISTANT STAFFING.

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

(A) Option 1.

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

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

(iii) Night shift from 9:30 p.m. to 5:30 a.m.

(B) Option 2.

(i) Day shift from 6 a.m. to 2 p.m.

(ii) Swing shift from 2 p.m. to 10 p.m.

(iii) Night shift from 10 p.m. to 6 a.m.

(C) Option 3.

(i) Day shift from 6:30 a.m. to 2:30 p.m.

(ii) Swing shift from 2:30 p.m. to 10:30 p.m.

(iii) Night shift from 10:30 p.m. to 6:30 a.m.

(D) Option 4.

(i) Day shift from 7 a.m. to 3 p.m.

(ii) Swing shift from 3 p.m. to 11 p.m.

(iii) Night shift from 11 p.m. to 7 a.m.



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

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

(A) Beginning March 1, 2008:

(i) DAY SHIFT: 1 nursing assistant per 8 residents.

(ii) SWING SHIFT: 1 nursing assistant per 12 residents.

(iii) NIGHT SHIFT: 1 nursing assistant per 20 residents.

(B) Beginning April 1, 2009:

(i) DAY SHIFT: 1 nursing assistant per 7 residents.

(ii) SWING SHIFT: 1 nursing assistant per 11 residents.

(iii) NIGHT SHIFT: 1 nursing assistant per 18 residents.

(d) Each facility must submit a quarterly staffing report to SPD, using a SPD approved method and format. The report must provide an accurate daily account of resident census and nursing assistant staffing levels for each shift.

(A) The facility must submit the report to SPD no later than the end of the month immediately following the end of each calendar quarter. (Example: For the calendar quarter ending March 31, the report must be received no later than April 30.)

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

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

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

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

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

(A) through OAR 851-063-0030(1)(g)(H)).

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

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

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

(k) Nursing assistants do not include dining assistants.

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

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

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

#### (6) CERTIFIED MEDICATION AIDES.

(a) The facility must ensure that all nursing assistants administering non-injectable medications are certified as nursing assistants and as medication aides. Documentation of these two certifications must be maintained in the facility.

(b) The certified medication aide assigned to administer medications must not be counted toward meeting the minimum staffing requirements for direct service of residents, referenced at section (5)(c) of this rule.

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

#### 411-086-0110 Nursing Services: Resident Care

(Effective 10/01/1990)

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

(3) QUESTIONABLE CARE. When any RN questions the efficacy, need or safety of medications or treatments, the RN shall report that question to the attending physician or

nurse practitioner. The RN shall seek and document instructions received and all actions taken to ensure problem resolution.

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

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

Stat. Auth: ORS 410 & 441

Stats. Implemented: ORS 441.055 & 441.615

#### 411-086-0120 Nursing Services: Changes of Condition

(Effective 10/01/1990)

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

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

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

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

Stat. Auth: ORS 410 & 441

Stats. Implemented: ORS 441.055 & 441.615

#### 411-086-0130 Nursing Services: Notification

(Effective 10/01/1990)

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

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

(b) The resident has wandered from the facility.

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

(a) Suspected abuse;

(b) Fire;

(c) Lost resident;

(d) Accidental or unusual death.

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

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

Stat. Auth: ORS 410 & 441

Stats. Implemented: ORS 441.055 & 441.615

#### 411-086-0150 Nursing Services: Restorative Care

(Effective 10/01/1990)

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

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

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

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

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

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

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

Stat. Auth: ORS 410 & 441

Stats. Implemented: ORS 441.055 & 441.615

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## PENNSYLVANIA

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§ 211.12. Nursing services.

(a) The facility shall provide services by sufficient numbers of personnel on a 24-hour basis to provide nursing care to meet the needs of all residents.

(b) There shall be a full-time director of nursing services who shall be a qualified licensed registered nurse.

(c) The director of nursing services shall have, in writing, administrative authority, responsibility and accountability for the functions and activities of the nursing services staff, and shall serve only one facility in this capacity.

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

(1) Standards of accepted nursing practice.

(2) Nursing policy and procedure manuals.

(3) Methods for coordination of nursing services with other resident services.

(4) Recommendations for the number and levels of nursing personnel to be employed.

(5) General supervision, guidance and assistance for a resident in implementing the resident's personal health program to assure that preventive measures, treatments, medications, diet and other health services prescribed are properly carried out and recorded.

(e) The facility shall designate a registered nurse who is responsible for overseeing total nursing activities within the facility on each tour of duty each day of the week.

(f) In addition to the director of nursing services, the following daily professional staff shall be available.

(1) The following minimum nursing staff ratios are required:

Census	Day	Evening	Night
59 and under	1 RN	1 RN	1 RN or 1 LPN
60/150	1 RN	1 RN	1 RN
151/250	1 RN and 1 LPN	1 RN and 1 LPN	1 RN and 1 LPN
251/500	2 RNs	2 RNs	2 RNs
501/1,000	4 RNs	3 RNs	3 RNs
1,001/Upward	8 RNs	6 RNs	6 RNs

(2) When the facility designates an LPN as a nurse who is responsible for overseeing total nursing activities within the facility on the night tour of duty in facilities with a census of 59 or under, a registered nurse shall be on call and located within a 30-minute drive of the facility.

(g) There shall be at least one nursing staff employee on duty per 20 residents.

(h) At least two nursing service personnel shall be on duty.

(i) A minimum number of general nursing care hours shall be provided for each 24-hour period. The total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 2.7 hours of direct resident care for each resident.

(j) Nursing personnel shall be provided on each resident floor.

(k) Weekly time schedules shall be maintained and shall indicate the number and classification of nursing personnel, including relief personnel, who worked on each tour of duty on each nursing unit.

(l) The Department may require an increase in the number of nursing personnel from the minimum requirements if specific situations in the facility—including, but not limited to, the physical or mental condition of residents, quality of nursing care administered, the location of residents, the location of the nursing station and location of the facility—indicate the departures as necessary for the welfare, health and safety of the residents.

Authority: The provisions of this § 211.12 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source: The provisions of this § 211.12 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, except subsections (e) and (f) effective July 1, 1988, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240337) to (240339).

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## RHODE ISLAND

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### **Section 24.0 Nursing Service**

24.1 Each facility shall have a formally organized nursing service with an organization chart reflecting the lines of communication. The authority, responsibilities and duties for each nursing service position and/or category shall be clearly delineated in writing through job descriptions.

24.2 The nursing service shall be under the direction of a Director of Nurses who shall be a registered nurse employed full-time. A relief registered nurse shall be employed to insure full-time coverage in the absence (including vacation, sick time, days off, or other) of the designated registered nurse.

a) The Director of Nurses employed full-time in accordance with section 24.2 above shall not be the administrator nor the assistant administrator and shall: (1) have at least two

years experience in nursing supervision or, by training and experience, shall have demonstrated competency in nursing service management; (2) be employed by only one facility in said capacity; and (3) be responsible for the total nursing service which shall include no less than:

- i. development, maintenance and evaluation of standards of nursing practice;
- ii. development and periodic revision of nursing policies and procedure manuals;
- iii. recommendation to the facility's administration of the number and categories of nursing personnel required to provide resident care;
- iv. training, assignment, supervision and evaluation of personnel;
- v. coordination of nursing care services with other services, e.g., medical, nutrition, etc.; and
- vi. all other functions and activities related to nursing service management.

24.3 Each facility shall have a registered nurse on the premises twenty-four (24) hours a day. In addition, the necessary nursing service personnel (licensed and non-licensed) shall be in sufficient numbers on a 24 hour basis, to assess the needs of resident, to develop and implement resident care plans, to provide direct resident care services, and to perform other related activities to maintain the health, safety and welfare of residents.

a) There shall be a master plan of the staffing pattern for providing 24 hour nursing service; for the distribution of nursing personnel for each floor and/or residential area; for the replacement of nursing personnel; and for forecasting future needs. The staffing pattern shall include provisions for nurses, aides, orderlies and other personnel as required.

b) The number and type of nursing personnel shall be based on resident care needs and classifications as determined for each residential area. Each nursing facility shall be responsible to have sufficient qualified staff to meet the needs of the residents.

c) At least one individual who is certified in Basic Life Support must be available twenty-four hours a day (24 hrs./day) within the facility.

#### Nursing Staff Posting Requirements

24.4 Each facility shall post its daily direct care nurse staff levels by shift in a public place within the facility. The posting shall be accurate to the actual number of direct care nursing staff on duty for each shift per day. The posting shall be in a format similar to that found in Appendix "A" herein to include:

a) the number of registered nurses, licensed practical nurses, nursing assistants, and medication technicians who are not also nursing assistants; b) the number of temporary, outside agency nursing staff; c) the resident census as of 12:00 a.m. d) documentation of the use of unpaid eating assistants (if utilized by the facility on that date).



24.5 The posting information shall be maintained on file by the nursing facility for no less than three (3) years and shall be made available to the public upon request.

24.6 The nursing facility shall prepare an annual report showing the average daily direct care nurse staffing level for the facility by shift and by category of nurse to include registered nurses, licensed practical nurses, nursing assistants and medication technicians; the use of nurse and nursing assistant staff from temporary placement agencies; and the nurse and nurse assistant turnover rates.

24.6.1 The annual report shall be submitted with the facility's renewal application and provide data for the previous twelve (12) months and ending no earlier than September 30th, for the year preceding the license renewal year or for the partial year available for the 2007 renewal applications. Annual reports shall be submitted in a format similar to that found in Appendix "F" herein.

24.7 The information on nurse staffing shall be reviewed as part of the nursing facility's annual licensing survey and shall be available to the public, both in printed form and on the Department's website, by facility.

24.8 The Director of Nurses may act as a charge nurse only when the facility is licensed for 30 beds or less.

24.9 Whenever the licensing agency determines, in the course of inspecting a facility, that additional staffing is necessary on any residential area to provide adequate nursing care and treatment or to ensure the safety of residents, the licensing agency may require the facility to provide such additional staffing and any or all of the following actions shall be taken to enforce compliance with the determination of the licensing agency.

a) The facility shall be cited for a deficiency and shall be required to augment its staff within 10 days in accordance with the determination of the licensing agency.

b) If failure to augment staffing is cited, the facility shall be required to curtail admission to the facility.

c) If a continued failure to augment staffing is cited, the facility shall be subjected to an immediate compliance order to increase the staffing, in accordance with section 23-1-21 of the General Laws of Rhode Island of as amended.

d) The sequence and inclusion or non-inclusion of the specific sanctions enumerated in sections above may be modified in accordance with the severity of the deficiency in terms of its impact on the quality of resident care.

24.10 No nursing staff of any facility shall be regularly scheduled for double shifts.

## SOUTH CAROLINA

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### 101. Definitions

DDDD. Shifts. Shift one (1) is a work period that occurs primarily during the daytime hours including, but not limited to, seven a.m. to three p.m. (7:00 a.m. to 3:00 p.m.); Shift two (2) is a work period that generally includes both daytime and evening hours including, but not limited to, three p.m. to eleven p.m. (3:00 p.m. to 11:00 p.m.); Shift three (3) is a work period that occurs primarily during the nighttime hours including, but not limited to, eleven p.m. to seven a.m. (11:00 p.m. to 7:00 a.m.) In those facilities utilizing two (2) twelve-hour (12-hour) shifts, shift one (1) is the twelve-hour (12-hour) shift occurring primarily during the day, and the next shift is the twelve-hour (12-hour) shift occurring primarily during the night (See Section 606.C).

### SECTION 600 - STAFF/TRAINING

#### 604. Direct Care Staff (II)

A. There shall be direct care staff adequate in number and skill in the facility at all times to provide nursing and related care and services to attain or maintain the highest practicable physical, mental, and psychosocial health and safety of each resident, as determined by resident assessments and ICPs. Direct care staff shall be assigned only duties for which they are trained.

B. Licensed nurse staff members shall be currently and continuously licensed to practice nursing in South Carolina during the period they are staff members. Only individuals appropriately licensed may perform duties requiring a registered or licensed practical nurse. (I)

#### 606. Staffing (II)

A. Licensed Nursing Staff. An adequate number of licensed nurses shall be on duty to meet the total nursing needs of residents. Licensed nursing staff shall be assigned to duties consistent with their scope of practice as determined through their licensure and educational preparation.

1. The facility shall designate a registered nurse as a full-time Director of Nursing. Another registered nurse, who is employed by the licensee, shall be designated in writing to act in his or her absence. In facilities with a licensed bed capacity of twenty-two (22) or fewer beds, the Director of Nursing may be included in the requirements of Section 606.A.2.

2. There shall be at least one (1) licensed nurse per shift for each staff work area. If there are more than forty-four (44) residents per staff work area, there shall be two (2) licensed nurses on first shift and at least one (1) licensed nurse on second and third shift.

3. At least one (1) registered nurse shall be on duty in the facility, or on call, whenever residents are present in the facility.

4. An administrator who is a registered nurse or licensed practical nurse shall not be included in meeting the staffing requirements of this section.

B. Nonlicensed Nursing Staff. The required number of nurse aides and other nonlicensed nursing staff shall be determined by the number of residents assigned to beds at the facility. Additional staff members shall be provided if the minimum staff requirements are inadequate to provide appropriate care and services to the residents of a facility.

1. Nonlicensed nursing staff shall be provided to meet at least the following resident-to-staff ratio schedule:

a. Nine to one (9 to 1) for shift one (1);

b. Thirteen to one (13 to 1) for shift two (2);

c. Twenty-two to one (22 to 1) for shift three (3).

2. When nonstaff members are utilized as sitters or attendants, they shall comply with facility policies and procedures.

C. In those facilities utilizing two (2) twelve-hour (12-hour) shifts, both the licensed and nonlicensed staffing ratios for shift one (1) apply to the twelve-hour (12-hour) shift occurring primarily during the day, and both the licensed and nonlicensed staffing ratios for shift three (3) apply to the twelve-hour (12-hour) shift occurring primarily during the night.

D. In settings and on a nonroutine basis where there is more than one (1) type of level of care, e.g., community residential care, independent living, staff members from the nursing home may temporarily provide assistance in special situations to one (1) or more of the other areas, but at no time may staffing levels in any area of the nursing home fall below minimum licensing standards or diminish the care and services provided.

## SOUTH DAKOTA

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44:04:06:01. Nursing service for hospitals and nursing facilities. All hospitals and nursing facilities must comply with §§ 44:04:06:02 to 44:04:06:05, inclusive.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

44:04:06:02. Organized nursing service. There shall be an organized nursing service with a written organizational plan that delineates its functional structure. Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

44:04:06:03. Director of nursing service. There must be a full-time registered nurse designated as the director of nursing service who is responsible for the organization of the total nursing service and who serves during the day shift. The director may not serve in a dual role as the administrator of the facility and the director of nursing.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 17 SDR 122, February 24, 1991; 22 SDR 70, effective November 22, 1995.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

44:04:06:04. Nursing policies and procedures. Policies and procedures that provide the nursing staff with methods of meeting its administrative and technical responsibilities in providing care to patients or residents must be established and maintained. The policies must include at least the following:

- (1) The noting of diagnostic and therapeutic orders;
- (2) Assigning the nursing care of patients or residents;

- (3) Administration and control of medications;
- (4) Charting by nursing personnel;
- (5) Infection control;
- (6) Patient or resident safety; and
- (7) Delineation of orders from nonphysician practitioners.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 30 SDR 84, effective December 4, 2003.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

44:04:06:09. Nursing service staffing for nursing facilities. Each nursing facility must maintain a licensed nurse in charge of nursing activities during each tour of duty. The director of nursing may not serve as charge nurse in a nursing facility with an average daily occupancy of 60 or more residents. Adequate staff must be provided to meet the resident's total care needs at all times. The ratio of registered and licensed practical nurses to aides and orderlies must be sufficient to assure professional guidance and supervision in the nursing care of the patients.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 31 SDR 62, effective November 7, 2004.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

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## TENNESSEE

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1200-08-06-.06 BASIC SERVICES.

...(4) Nursing Services.

(a) Each nursing home must have an organized nursing service that provides twenty-four (24) hour nursing services furnished or supervised by a registered nurse. Each home shall have a licensed practical nurse or registered nurse on duty at all times and at least two (2) nursing personnel on duty each shift.

(b) The facility must have a well-organized nursing service with a plan of administrative authority and delineation of responsibilities for resident care. The Director of Nursing (DON) must be a licensed registered nurse who has no current disciplinary actions against his/her license. The DON is responsible for the operation of the service, including determining the types and numbers of nursing personnel and staff necessary to provide nursing care for all areas of the facility.

(c) The Director of Nursing shall have the following responsibilities:

1. Develop, maintain and periodically update:

(i) Nursing service objectives and standards of practice;

(ii) Nursing service policy and procedure manuals;

(iii) Written job descriptions for each level of nursing personnel;

(iv) Methods for coordination of nursing service with other resident services; and,

(v) Mechanisms for monitoring quality of nursing care, including the periodic review of medical records.

2. Participate in selecting prospective residents in terms of the nursing services they need and nursing competencies available.

3. Make daily rounds to see residents.

4. Notify the resident's physician when medically indicated.

5. Review each resident's medications periodically and notify the physician where changes are indicated.

6. Supervise the administration of medications.

7. Supervise assignments of the nursing staff for the direct care of all residents.

8. Plan, develop and conduct monthly in-service education programs for nursing personnel and other employees of the nursing home where indicated. An organized orientation program shall be developed and implemented for all nursing personnel.

9. Supervise and coordinate the feeding of all residents who need assistance.

10. Coordinate the dietary requirements of residents with the staff responsible for the dietary service.

11. Coordinate housekeeping personnel.

12. Assure that discharge planning is initiated in a timely manner.

13. Assure that residents, along with their necessary medical information, are transferred or referred to appropriate facilities, agencies or outpatient services, as needed, for follow-up or ancillary care.

(d) The nursing service must have adequate numbers of licensed registered nurses, licensed practical nurses, and certified nurse aides to provide nursing care to all residents as needed. Nursing homes shall provide a minimum of two (2) hours of direct care to each resident every day including 0.4 hours of licensed nursing personnel time. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the availability of a licensed nurse for bedside care of any resident.

(e) A registered nurse must supervise and evaluate the nursing care for each resident.

(f) The facility must ensure that an appropriate individualized plan of care is prepared for each resident with input from appropriate disciplines, the resident and/or the resident's family or the resident's representative.

(g) A registered nurse must assign the nursing care of each resident to other nursing personnel in accordance with the resident's needs and the specialized qualifications and competence of the nursing staff available.

(h) Non-employee licensed nurses who are working in the nursing home must adhere to the policies and procedures of the facility. The director of the nursing service must provide for the adequate supervision and evaluation of the clinical activities of non-employee nursing personnel which occur within the responsibility of the nursing service.

...(k) When non-employees are utilized as sitters or attendants, they shall be under the authority of the nursing service and their duties shall be set forth clearly in written nursing service policies.

(cc) A registered nurse may make the actual determination and pronouncement of death under the following circumstances:

1. The deceased was a resident of a nursing home;
2. The death was anticipated, and the attending physician or nursing home medical director has agreed in writing to sign the death certificate. Such agreement by the attending physician or nursing home medical director must be present with the deceased at the place of death;
3. The nurse is licensed by the state; and,
4. The nurse is employed by the nursing home in which the deceased resided.

## TEXAS

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Sec. 242.153. DIRECTOR OF NURSING SERVICES. An institution shall have a director of nursing services who shall be a registered nurse. The director of nursing services is responsible for:

- (1) coordinating each resident's comprehensive plan of care; and
- (2) ensuring that only personnel with an appropriate license or permit administer medication.

Added by Acts 1997, 75th Leg., ch. 1159, Sec. 1.30, eff. Sept. 1, 1997.

Sec. 242.154. NURSING SERVICES. (a) An institution shall provide the nursing care required to allow each resident to achieve and maintain the highest possible degree of function and independence medically possible.

- (b) The institution shall maintain sufficient staff to provide nursing and related services:
- (1) in accordance with each resident's plan of care; and
  - (2) to obtain and maintain the physical, mental, and psychosocial functions of each resident at the highest practicable level, as determined by the resident's assessment and plan of care.

Added by Acts 1997, 75th Leg., ch. 1159, Sec. 1.30, eff. Sept. 1, 1997.

Sec. 242.202. DISCLOSURE REQUIRED.

...(d) The disclosure statement [disclosing the nature of its care or treatment of residents with Alzheimer's disease and related disorders] must contain the following categories of information:

- ...(4) staffing patterns, such as resident-to-staff ratios, and staff training;

#### RULE §19.1001

The facility must have sufficient 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. Nursing services to children must be provided by staff who have been instructed and have demonstrated competence in the care of children. Care and services are to be provided as specified in §19.901 of this title (relating to Quality of Care).

- (1) Sufficient staff.



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

- (i) except when waived under paragraph (3) of this section, licensed nurses; and
- (ii) other nursing personnel.

(B) Except when waived under paragraph (3) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

(2) Registered nurse.

(A) Except when waived under paragraph (3) or (4) of this section, the facility must use the services of a registered nurse for at least eight consecutive hours a day, seven days a week.

(B) Except when waived under paragraph (4) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full-time basis, 40 hours per week.

(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.

(3) Waiver of requirement to provide licensed nurses on a 24-hour basis.

(A) To the extent that a facility is unable to meet the requirements of paragraphs (1)(B) and (2)(A) of this section, the state may waive these requirements with respect to the facility, if:

(i) the facility demonstrates to the satisfaction of the Texas Department of Human Services (DHS) that the facility has been unable, despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities), to recruit appropriate personnel;

(ii) DHS determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility;

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

(iv) the waived facility has a full-time registered or licensed vocational nurse on the day shift seven days a week. For purposes of this requirement, the starting time for the day shift must be between 6 a.m. and 9 a.m. The facility must specify in writing the schedule that it follows.

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

(C) In granting or renewing a waiver, a facility may be required by the state to use other qualified, licensed personnel.

(D) The state agency granting a waiver of these requirements provides notice of the waiver to the state long term care ombudsman (established under §307(a)(12) of the Older

Americans Act of 1965) and the protection and advocacy system in the state for the mentally ill and mentally retarded.

(E) The nursing facility that is granted a waiver by the state notifies residents of the facility (or, when appropriate, the guardians or legal representatives of the residents) and members of their immediate families of the waiver.

(4) Waiver of the requirement to provide services of a registered nurse for more than 40 hours a week in a Medicare skilled nursing facility (SNF).

(A) The secretary of the U.S. Department of Health and Human Services (secretary) may waive the requirement that a Medicare SNF provide the services of a registered nurse for more than 40 hours a week, including a director of nursing specified in paragraph (2) of this section, if the secretary finds that:

(i) the facility is located in a rural area and the supply of Medicare SNF services in the area is not sufficient to meet the needs of individuals residing in the area;

(ii) the facility has one full-time registered nurse who is regularly on duty at the facility 40 hours a week; and

(iii) the facility either has:

(I) only residents whose physicians have indicated (through physician's orders or admission notes) that they do not require the services of a registered nurse or a physician for a 48-hour period; or

(II) made arrangements for a registered nurse or a physician to spend time at the facility, as determined necessary by the physician, to provide necessary skilled nursing services on days when the regular full-time registered nurse is not on duty.

(B) The secretary provides notice of the waiver to the state long term care ombudsman (established under §307(a)(12) of the Older Americans Act of 1965) and the protection and advocacy system in the state for the mentally ill and mentally retarded.

(C) The SNF that is granted a waiver by the state notifies residents of the facility (or, when appropriate, the guardians or legal representatives of the residents) and members of their immediate families of the waiver.

(D) A waiver of the registered nurse requirement under subparagraph (A) of this paragraph is subject to annual renewal by the secretary.

(5) Request for waiver concerning staffing levels. The facility must request a waiver through the local DHS Long Term Care-Regulatory unit, in writing, at any time the administrator determines that staffing will fall, or has fallen, below that required in paragraphs (1) and (2) of this section for a period of 30 days or more out of any 45 days.

(A) The following information must be included in the request/notification:

(i) beginning date when facility was/is unable to meet staffing requirements;

(ii) type waiver requested (24-hour licensed nurse or seven-day-per-week RN);

(iii) projected number of hours per month staffing reduced for 24-hour licensed nurse waiver or seven-day-per-week RN waiver; and

(iv) staffing adjustments made due to inability to meet staffing requirements.

(B) Waivers for licensed-only or certified facilities will be granted by Long Term Care-Regulatory staff. Waivers for a Medicare SNF receive final approval from the Health Care Financing Administration.

(C) If a facility, after requesting a waiver, is later able to meet the staffing requirements of paragraphs (1) and (2) of this section, Long Term Care-Regulatory staff must be notified, in writing, of the effective date that staffing meets requirements.

(D) Verification that the facility appropriately made a request and notification will be done at the time of survey.

(E) Amounts paid to Medicaid-certified facilities in the per diem payment to meet the staffing requirements of paragraphs (1) and (2) of this section may be adjusted if staffing requirements are not met.

(6) Duration of waiver. Approved waivers are valid throughout the facility licensure or certification period, unless approval is withdrawn. During the relicensure or recertification survey, the determination is made for approval or denial for the next facility licensure or certification period if a waiver continues to be necessary. The facility requests a redetermination for a waiver from the Long Term Care-Regulatory staff at the time the survey is scheduled. At other times if a request is made, the Long Term Care-Regulatory staff may schedule a visit for waiver determination.

(7) Requirements for waiver approval. To be approved for a waiver, the nursing facility must meet all of the requirements stated in this subchapter and the requirements specified throughout this chapter. In some instances, the survey agency may require additional conditions or arrangements such as:

(A) an additional licensed vocational nurse on day-shift duty when the registered nurse is absent;

(B) modification of nursing services operations; and

(C) modification of the physical environment relating to nursing services.

(8) Denial or withdrawal of a waiver. Denial or withdrawal of a waiver may be made at any time if any of the following conditions exist:

(A) requirements for a waiver are not met on a continuing basis;

(B) the quality of resident care is not acceptable; or

(C) justified complaints are found in areas affecting resident care.

(9) Requirement that SNFs be in a rural area. A SNF (Medicare) must be in a rural area for waiver consideration, as specified in paragraph (4) of this section. A rural area is any area outside the boundaries of a standard metropolitan statistical area. Rural areas are defined and designated by the federal Office of Management and Budget; are determined by population, economic, and social requirements; and are subject to revisions.

Source Note: The provisions of this §19.1001 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective March 1, 1998, 23 TexReg 1314.

#### RULE §19.1002 Additional Nursing Services Staffing Requirements

(a) The ratio of licensed nurses to residents must be sufficient to meet the needs of the residents.

(1) At a minimum, the facility must maintain a ratio (for every 24-hour period) of one licensed nursing staff person for each 20 residents or a minimum of .4 licensed-care hours per resident day. To determine licensed-care hours per resident day, multiply the number of licensed nurses by the number of hours they work in a single day and divide the product by the number of residents in the facility. Three nurses working eight-hour shifts is 24 hours, divided by 60 residents, equals .4 licensed-care hours per resident day.

(2) Licensed nurses who may be counted in the ratio include, but are not limited to, director of nursing, assistant directors of nursing, staff development coordinators, charge nurses, and medication/treatment nurses. These licensed nurses may be counted subject to the limitations of paragraphs (3) and (4) of this subsection.

(3) Staff, who also have administrative duties not related to nursing, may be counted in the ratio only to the degree of hours spent in nursing-related duties.

(4) If a multi-level facility (nursing facility or Medicare SNF) has one director of nursing over the entire facility, he may not be counted in the nursing ratio. A director of nursing for a single distinct part may be counted in the ratio for the distinct part.

(b) The facility must maintain continuous time schedules showing the number and classification of nursing personnel, including relief personnel, who are scheduled or who worked in each unit during each tour of duty. The time schedules must be maintained for the period of time specified by facility policy or for at least two years following the last day in the schedule.

(c) A graduate vocational nurse who has a temporary work permit must work under the direction of a licensed vocational nurse, registered nurse, or licensed physician who is physically present in the facility. The graduate (registered) nurse who has a temporary work permit must work under the direction of a registered nurse until registration has been achieved.

(d) If the facility uses licensed temporary nursing personnel, the temporary personnel must have the same qualifications that permanent facility employees do. If temporary personnel are used for afternoon or night shifts, a full-time, licensed nurse must be on call and

immediately available by telephone. The on-call nurse must be a registered nurse unless the facility has a current waiver from DHS and is not required to provide daily RN coverage.

(e) Consultative pediatric nursing services must be available to facility staff if the facility has a pediatric resident.

Source Note: The provisions of this §19.1002 adopted to be effective May 1, 1995, 20 TexReg 2393.

#### §19.1004 Director of Nursing Services

The director of nursing services must serve only one facility in this capacity.

(1) If the director of nursing services has other institutional responsibilities, a qualified registered nurse must serve as an assistant so that there is the equivalent of a full-time director of nursing services on duty.

(2) If a nursing facility, as a result of waived status, employs a licensed vocational nurse to supervise and direct nursing services, the facility must have an agreement with a

registered nurse who must provide the vocational nurse at least four hours of consultation in the facility per week. The registered nurse must not assume director of nursing duties, but must act as a consultant to solve problems involving resident care, conduct in-service training, and maintain proper clinical records.

Source Note: The provisions of this §19.1004 adopted to be effective May 1, 1995, 20 TexReg 2393.

#### §19.1010 Nursing Practices

(a) Licensed nurses must practice within the constraints of applicable state laws and regulations governing their practice and must follow the guidelines contained in the facility's written policies and procedures. Registered nurses may delegate nursing tasks to unlicensed personnel, according to the rules found in §218 of the Nurse Practice Act.

(b) Regarding the administration of intravenous fluids or medications, extracting blood for laboratory tests, or the insertion of a nasogastric tube, the licensed vocational nurse (LVN) must have been instructed and have demonstrated competence in the technique.

(c) LVNs whose formal training has not included venipuncture or nasogastric tube insertion procedures may perform these procedures if the registered nurse (RN) director of nursing or RN consultant document that each LVN (by name) has received instruction in the performance of these procedures and is qualified to perform them.

(d) When a licensed nurse takes a verbal or telephone order from a physician, podiatrist, or dentist, the nurse must sign the order. The facility must obtain the physician's, podiatrist's, or dentist's signature on the order and return it to the clinical record in a timely manner.

(1) A licensed nurse may accept a physician's, dentist's, or podiatrist's order for the administration of medications or treatments when that order originates with one of the licensed practitioners and is merely communicated to the RN or LVN through another person.

(2) Licensed physical therapists, licensed occupational therapists, respiratory care practitioners, qualified dietitians, and licensed speech-language pathologists may accept physician orders only within their standards of practice and when they relate directly to their field of practice.

(e) Nurses must enter, or approve and sign, nurses' notes in the following instances:

(1) at least monthly. Routine charting for residents must reflect the recipient's ability as assessed on the way he performs his activities of daily living at least 60% of the time; and

(2) at the time of any physical complaints, accidents, incidents, change in condition or diagnosis, and progress. All of these situations must be promptly recorded as exceptions and included in the clinical record.

(f) If permitted by written policies of the nursing facility, an RN or a physician's assistant may determine and pronounce a person dead in situations other than when an individual is being supported by artificial means which preclude determination that the person's spontaneous respiratory and circulatory functions have ceased. The facility's nursing staff and the medical staff or consultant must have jointly developed and approved these policies. The policy must include the following points:

(1) the apparent death of a resident must be reported immediately to the attending physician, relatives, and any guardian or legal representatives;

(2) the body of a deceased resident must not be removed from the facility without a physician's or registered nurse's authorization. Telephone authorization is acceptable, if not in conflict with local regulations. Authorization by a justice of the peace, acting as a coroner, is sufficient when the attending or consulting physician or registered nurse is not available; and

(3) any death which involves trauma, or unusual or suspicious circumstances, must be reported immediately to the authorities, in accordance with local regulations, and to the Texas Department of Human Services (DHS), in accordance with §19.1921(m) of this title (relating to General Requirements for a Nursing Facility). Deaths must also be reported to DHS monthly, as specified in §19.606 of this title (relating to Reporting of Resident Death Information).

Source Note: The provisions of this §19.1010 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective March 1, 1998, 23 TexReg 1314.

RULE §19.1011 Student Nurses

If the facility has a contract or agreement with an accredited school of nursing to use their facility for a portion of the student nurses' clinical experience, those student nurses may provide care under the following conditions.

(1) Student nurses may be used in nursing facilities, provided the instructor gives class supervision and assumes responsibility for all student nursing activities occurring within the facility. These students cannot be counted in the nurse-to-resident ratio required in the standards.

(2) The student nurse may administer medications only when in the facility on assignment as a student of their school of nursing.

Source Note: The provisions of this §19.1011 adopted to be effective May 1, 1995, 20 TexReg 2393.

#### RULE §19.1012 Special Nurses and Sitters

(a) Facilities may develop their own policies regarding private duty aides and sitters.

(b) The nursing facility is responsible for meeting the needs of the residents regardless of the presence of special nurses or sitters.

(c) In Medicaid-certified facilities, the following apply.

(1) The facility is not responsible for payment for a special nurse (registered nurse or licensed vocational nurse) or sitter requested by the resident's physician or family.

(2) The special nurse or sitter must be hired as a separate agreement between the nurse or sitter and resident, or the resident's family or legal representative, and paid directly by them.

(3) The facility may assist in the hiring of a special nurse or sitter but may not in any way enter into the billing, collection, or fee-setting for the special duty nurse or sitter. If it is determined by the auditing staff that the facility received monetary benefits from an arrangement for special duty nurses or sitters, a financial exception will be made and the facility will be asked to reimburse the resident or the responsible party who paid the special duty nurses or sitters. If the resident or family hires an individual to do the special duty nursing, who was already on the facility's staff and a replacement for this person was not hired, the facility will be determined to have received a monetary benefit. See §19.2606 of this title (relating to Supplementation of Vendor Payments).

Source Note: The provisions of this §19.1012 adopted to be effective May 1, 1995, 20 TexReg 2393.

#### RULE §19.1916 Respite Care

(6) Licensed capacity. When a facility provides respite care:

... (B) any required nurse-to-resident ratio must include any individual receiving respite care services regardless of the number of hours that the individual spends in the facility.

## UTAH

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Downloaded January 2011

### R432-150-5. Scope of Services.

(1) An intermediate level of care facility must provide 24-hour licensed nursing services.

(a) The facility shall ensure that nursing staff are present on the premises at all times to meet the needs of residents.

(b) The facility shall provide at least one registered nurse either by direct employ or by contract to provide direction to nursing services.

(c) The facility may employ a licensed practical nurse to act as the health services supervisor in lieu of a director of nursing provided that a registered nurse consultant meets regularly with the health services supervisor.

(2) A skilled level of care facility must provide 24-hour licensed nursing services.

(a) The facility shall ensure that nursing staff are present on the premises at all times to meet the needs of residents. A licensed nurse shall serve as charge nurse on each shift.

(b) The facility shall employ a registered nurse for at least eight consecutive hours a day, seven days a week.

(c) The facility shall designate a registered nurse to serve as the director of nursing on a full-time basis. A person may not concurrently serve as the director of nursing and as a charge nurse.

### R432-150-10. Staff and Personnel.

... (6) Any person who provides nursing care, including nurse aides and orderlies, must work under the supervision of an RN or LPN and shall demonstrate competency and dependability in resident care.

### R432-200-15. Nursing Care. [Small health care facilities]

...(2) Responsibilities of the Health Services Supervisor.



The health services supervisor shall have the following responsibilities and comply with R432-1-3(55):

- (a) Direct the implementation of physician's orders;
- (b) Plan and direct the delivery of nursing care, treatments, procedures, and other services to assure that each resident's needs are met;
- (c) Review the health care needs of each resident admitted to the facility and formulate with other professional staff a resident care plan according to the attending physician's orders;
- (d) Review the medication system for completeness of information, accuracy in the transcription of physician's orders, and adherence to stop-order policies;
- (e) Ensure that nursing notes describe the care rendered including the resident's response. Instruct staff on the legal requirements of charting;
- (f) Supervise clinical staff to assure they perform restorative measures in their daily care of residents;
- (g) Teach and coordinate habilitative and rehabilitative care to promote and maintain optimal physical and mental functioning of the resident;
- (h) Keep the administrator and attending physician informed of significant changes in the resident's health status;
- (i) Plan with the physician, family, and health-related agencies the care of the resident upon discharge;
- (j) Coordinate resident services through the quality assurance committees (see R432-200-10);
- (k) Assign qualified supervisory and supportive staff throughout the day and night to assure that the health needs of residents are met;
- (l) Develop written job descriptions for all health service personnel and orient all new personnel to the facility and their duties and responsibilities;
- (m) Evaluate and document the performance of each member of the staff at least annually. This evaluation shall be available for Departmental review;
- (n) Plan and conduct documented orientation and in-service programs for staff.

(3) Required Staffing Hours.

- (a) Any facility that provides nursing care shall provide at least two hours (120 minutes) of nursing-staff coverage (RN + LPN + Aides) per resident per 24 hours of which 20 percent or 24 minutes per resident shall be provided by licensed staff (RN + LPN).
- (b) Facilities providing rehabilitative or habilitative care shall:

- (i) Provide adequate staff care and supervision to meet the resident's needs based on the resident-care plan, or;
- (ii) Conform to the specific program requirements in the appropriate supplement.
- (c) The above requirements are minimum only. Additional staff may be necessary to ensure adequate coverage in the event of staff illness, turnover, sudden increase in resident population, or similar event.
- (d) Facilities that participate in the Medicare/Medicaid programs shall, as a condition of such participation, meet the staffing standards approved through administrative rule.

## VERMONT

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### 7.13 Nursing Services

The facility must 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 or as specified by the licensing agency.

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

(1) licensed nurses and

(2) other nursing personnel.

(b) The facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

(c) Registered Nurse.

(1) The facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

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

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

(d) Staffing Levels. The facility shall maintain staffing levels adequate to meet resident needs.

(1) At a minimum, nursing facilities must provide:

(i) no fewer than 3 hours of direct care per resident per day, on a weekly average, including nursing care, personal care and restorative nursing care, but not including administration or supervision of staff; and

(ii) of the three hours of direct care, no fewer than 2 hours per resident per day must be assigned to provide standard LNA care (such as personal care, assistance with ambulation, feeding, etc.) performed by LNAs or equivalent staff and not including meal preparation, physical therapy or the activities program.

(2) The facility shall provide staffing information to the licensing agency in a manner and on a schedule prescribed by the licensing agency.

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## VIRGINIA

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12VAC5-371-200. Director of nursing.

A. Each nursing facility shall employ a full-time director of nursing to supervise the delivery of nursing services. The individual hired shall be a registered nurse licensed by the Virginia Board of Nursing.

B. The duties and responsibilities of the director of nursing shall include, but are not limited to:

1. Developing and maintaining (i) nursing service objectives, (ii) standards of practice, (iii) policy and procedure manuals, and (iv) job descriptions for each level of nursing personnel;
2. Recommending to the administrator the resources needed to carry out nursing service, including but not limited to, equipment and supplies and the number and level of nursing personnel to be employed;
3. Participating in the employment of nursing personnel, including (i) recruitment, (ii) selection, (iii) position assignment, (iv) orientation, (v) in-service education, (vi) supervision, (vii) evaluation, and (viii) termination;
4. Participating with the medical director in developing and implementing policies for resident care;
5. Assuring that the comprehensive plan of care is maintained in conjunction with other disciplines;
6. Coordinating nursing services with other services such as medical, rehabilitative, and social services and the resident activity program;

7. Participating in quality assurance committee meetings to identify issues and to develop and implement appropriate plans of action to correct identified problems;

8. Making daily rounds on resident floors, unless this duty has been delegated to another licensed nurse; and

9. Recommending and coordinating the training needs of nursing staff with the individual responsible for in-service training.

C. A registered nurse, designated in writing by the administrator, shall serve in the temporary absence of the director of nursing so there is the equivalent of a full-time director of nursing on duty for a minimum of five days a week.

D. The director of nursing shall not function as a nursing supervisor in facilities with 60 or more beds.

E. The nursing facility shall notify the center, in writing, within five days of a vacancy in the director of nursing position. The written notice shall give the name and Virginia license number of the individual appointed to serve as director of nursing, and whether the appointment is permanent or temporary.

F. The director of nursing position shall not be held by a temporary designate for more than 90 days. Temporary agency personnel shall not be utilized to fill the director of nursing position.

G. Written notification, giving the name and license number of the individual, shall be sent to the center when a permanent appointment is made.

H. A license for a new nursing facility or an increase in bed size in an existing nursing facility shall not be issued if the director of nursing position is vacant.

12 VAC 5-371-210. Nurse staffing. (revised 1/11/2006)

A. A nursing supervisor, designated by the director of nursing, shall be responsible for all nursing activities in the facility, or in the section to which assigned, including:

1. Making daily visits to determine resident physical, mental, and emotional status and implementing any required nursing intervention;

2. Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherence to stop-order policies;

3. Reviewing resident plans of care for appropriate goals and approaches, and making revisions based on individual needs;

4. Assigning to the nursing staff responsibility for nursing care;

5. Supervising and evaluating performance of all nursing personnel on the unit; and
  6. Keeping the director of nursing services, or director of nursing designee, informed of the status of residents and other related matters.
- B. The nursing facility shall provide qualified nurses and certified nurse aides on all shifts, seven days per week, in sufficient number to meet the assessed nursing care needs of all residents.
- C. Nursing personnel, including registered nurses, licensed practical nurses, and certified nurse aides shall be assigned duties consistent with their education, training and experience.
- D. Weekly time schedules shall be maintained and shall indicate the number and classification of nursing personnel who worked on each unit for each shift. Schedules shall be retained for one year.
- E. All nursing services shall be directly provided by an appropriately qualified registered nurse or licensed practical nurse, except for those nursing tasks that may be delegated by a registered nurse according to 18 VAC 90-20-420 through 18 VAC 90-20-460 of the regulation of the Virginia Board of Nursing and with a plan developed and implemented by the facility.
- ...H. Nurse aides employed or provided by a temporary personnel agency shall be certified to deliver nurse aide services.
- I. The services provided or arranged with a temporary personnel agency shall meet professional standards of practice and be provided by qualified staff according to each resident's comprehensive plan of care.

## WASHINGTON

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WAC 388-97-1080 Nursing services.

(1) The nursing home must ensure that a sufficient number of qualified nursing personnel are available on a twenty-four hour basis seven days per week 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.

(2) The nursing home must:

(a) Designate a registered nurse or licensed practical nurse to serve as charge nurse, who is accountable for nursing services on each tour of duty; and

- (b) Have a full time director of nursing service who is a registered nurse.
- (3) The nursing home must have:
  - (a) A registered nurse on duty directly supervising resident care a minimum of sixteen hours per day, seven days per week; and
  - (b) A registered nurse or licensed practical nurse on duty directly supervising resident care the remaining eight hours per day, seven days per week. "Directly supervising" means the supervising individual is on the premises and is quickly and easily available to provide necessary assessments and other direct care of residents; and oversight of supervised staff.
- (4) The nursing home must ensure that staff respond to each resident's requests for assistance in a manner which promptly meets the quality of care needs of all the residents.
- (5) The director of nursing services is responsible for:
  - (a) Coordinating the plan of care for each resident;
  - (b) Ensuring that registered nurses and licensed practical nurses comply with chapter 18.79 RCW; and
  - (c) Ensuring that the nursing care provided is based on the nursing process in accordance with nationally recognized and accepted standards of professional nursing practice.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1080, filed 9/24/08, effective 11/1/08.]

#### 74.42.380 Director of nursing services.

- (1) The facility shall have a director of nursing services. The director of nursing services shall be a registered nurse or an advanced registered nurse practitioner.
- (2) The director of nursing services is responsible for:
  - (a) Coordinating the plan of care for each resident;
  - (b) Permitting only licensed personnel to administer medications: PROVIDED, That nothing herein shall be construed as prohibiting graduate nurses or student nurses from administering medications when permitted to do so under chapter 18.79 RCW and rules adopted under it: PROVIDED FURTHER, That nothing herein shall be construed as prohibiting persons certified under chapter 18.135 RCW from practicing pursuant to the delegation and supervision requirements of chapter 18.135 RCW and rules adopted under it; and
  - (c) Insuring that the licensed practical nurses and the registered nurses comply with chapter 18.79 RCW, and persons certified under chapter 18.135 RCW comply with the provisions of that chapter and rules adopted under it.

[1994 sp.s. c 9 § 753; 1989 c 372 § 6; 1985 c 284 § 2; 1979 ex.s. c 211 § 38.]

## WEST VIRGINIA

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### 8.14. Nursing Services Staffing.

8.14.a. A nursing home shall have sufficient nursing personnel 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. Staffing shall not, other than during short unforeseeable emergencies, be less than an average of two and twenty five one hundredths (2.25) hours of nursing personnel time per resident per day.

8.14.a.1. Minimum hours of resident care personnel to residents are outlined in table 64-13.A of this rule.

8.14.a.2. Facilities with fewer than fifty-one (51) beds are staffed at higher hours as outlined in table 64-13.A. of this rule.

8.14.b. A nursing home shall provide services by sufficient numbers 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:

8.14.b.1. Licensed nurses; and

8.14.b.2. Other nursing personnel. Based on the residents needs and the nursing home services, the nursing home may determine the combination of licensed nurse time and nursing assistant time if the total meets the minimum 2.25 hours nursing personnel time requirement.

8.14.c. Charge Nurse. A nursing home shall designate a licensed nurse to serve as a charge nurse on each shift;

8.14.d. Registered Nurse. A nursing home shall have a registered nurse on duty in the facility for at least eight (8) consecutive hours, seven (7) days a week.

8.14.d.1. In facilities with fewer than sixty (60) beds, the director of nursing may serve to meet this requirement.

8.14.e. Nurse on Call. If there is not a registered professional nurse on duty, there shall be a registered professional nurse on call.

8.14.f. Director of Nursing. A nursing home shall designate in writing a registered nurse to serve as the director of nursing services on a full-time basis, who shall be on duty at least five (5) days a week, eight (8) hours a day during the day shift.

8.14.g. The director may require staffing ratios above the specified minimum ratios if necessary to meet the residents' needs.









79	178	22	124	279	35	169	281	35	214	482	60
80	178	22	125	282	35	170	383	48	215	484	60
81	180	22	126	284	36	171	385	48	216	486	61
82	183	23	127	286	36	172	387	48	217	489	61
83	185	23	128	288	36	173	390	49	218	491	61
84	187	23	129	291	36	174	392	49	219	493	62
85	189	24	130	293	37	175	394	49	220	495	62
86	194	24	131	295	37	176	396	50	221	498	62
87	196	24	132	297	37	177	399	50	222	500	62
88	198	25	133	300	38	178	401	50	223	502	63
89	201	25	134	302	38	179	403	50	224	504	63
90	203	25	135	301	38	180	405	51	225	507	63

\*60 and less may include director of nurse

Number of personnel per day are full-time personnel equivalents based on forty (40) hours per week

§64-85-4. Human Resources. [ALZHEIMER'S/DEMENTIA SPECIAL CARE UNITS AND PROGRAMS]

4.2. Staffing Requirements

4.2.a. The alzheimer's/dementia special care unit or program shall provide sufficient numbers of direct care staff to provide care and services during all hours of operation to meet the physical, mental and psychosocial needs and to promote the highest practicable level of wellbeing of each resident.

4.2.b. The alzheimer's/dementia special care unit or program shall provide staffing at no less than an average of two and twenty-five one-hundredths (2.25) hours of direct care personnel time per resident per day, or during the hours of operation, or as required by the facility's state licensure rule if more demanding.

4.2.b.1. When the resident census is greater than five (5) residents, a minimum of two (2) direct care personnel shall be present.

4.2.b.2. "Available" or "on call" staff shall not be calculated into the minimum staffing hours required.

4.2.c. A licensed nurse shall be available on-site if any resident requires nursing procedures, including as needed (PRN) injections, or as required by the facility's state licensure rule, if more restrictive.

4.2.d. Direct care staff shall not have housekeeping, laundry, food preparation or maintenance duties as their primary responsibilities. The unlicensed direct care staff included in the minimum staffing shall not be responsible for medication administration during the day or evening shift, including staff in a facility that participates in 64CSR60 "Medication Administration By Unlicensed Personnel".

4.2.e. The secretary may require staffing above the minimum requirement specified in this subsection if necessary to meet the resident's needs.

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## WISCONSIN

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Subchapter VI - Services

HFS 132.62 Nursing services.

(1) DEFINITIONS.

(a) "Nursing personnel" means nurses, nurse aides, nursing assistants, and orderlies.

(b) "Ward clerk" means an employee who performs clerical duties of the nursing personnel.

## (2) NURSING ADMINISTRATION.

### (a) 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 in accordance with par. (b).

2. 'Qualifications.' The director of nursing services shall:

a. Be a registered 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. Being on call at all times, or designating another registered nurse to be on call, when no registered nurse is on duty in the facility; and

f. 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.

### (b) Charge nurses in skilled care facilities and intermediate care facilities.

1. 'Staffing requirement.' A skilled nursing facility shall have at least one charge nurse on duty at all times, and:

a. A facility with fewer than 60 residents in need of skilled nursing care shall have at least one registered nurse, who may be the director of nursing services, on duty as charge nurse during every daytime tour of duty;

b. A facility with 60 to 74 residents in need of skilled nursing care shall, in addition to the director of nursing services, have at least one registered nurse on duty as charge nurse during every daytime tour of duty;

c. A facility with 75 to 99 residents in need of skilled nursing care shall have, in addition to the director of nursing services, at least one registered nurse on duty as charge nurse during every daytime tour of duty. In addition, the facility shall have at least one registered nurse on duty as charge nurse every day on at least one other non-daytime tour of duty.

d. A facility with 100 or more residents in need of skilled nursing care shall have, in addition to the director of nursing services, at least one registered nurse on duty as charge nurse at all times.

e. An intermediate care facility shall have a charge nurse during every daytime tour of duty, who may be the director of nursing.

2. 'Qualifications.' Unless otherwise required under this paragraph, the charge nurses shall be registered nurses or licensed practical nurses, and shall have had specialized training, or be acquiring specialized training, or have had experience in areas such as nursing service administration, restorative nursing, psychiatric nursing, or geriatric nursing.

3. 'Duties.'

a. The charge nurse, if a registered nurse, shall supervise the nursing care of all assigned residents, and delegate the duty to provide for the direct care of specific residents, including administration of medications, to nursing personnel based upon individual resident needs, the facility's physical arrangement, and the staff capability.

b. The charge nurse, if a licensed practical nurse, shall manage and direct the nursing and other activities of other licensed practical nurses and less skilled assistants and shall arrange for the provision of direct care to specific residents, including administration of medications, by nursing personnel based upon individual resident needs, the facility's physical arrangement, and the staff capability. A licensed practical nurse who serves as a charge nurse shall be under the supervision and direction of a registered nurse who is either in the facility or on call.

(c) Nurses in intermediate care facilities.

1. An intermediate care facility with fewer than 60 residents shall have at least one registered nurse or one licensed practical nurse on duty during every daytime tour of duty. The registered nurse may be the director of nursing services in accordance with par. (a).

2. An intermediate care facility with 60 or more residents shall have at least one registered nurse on duty during every daytime tour of duty. The registered nurse may be the director of nursing services in accordance with par. (a).

(3) NURSE STAFFING. In addition to the requirements of sub. (2), the following conditions shall be met:

(a) Total staffing. Each nursing home, other than nursing homes that primarily serve people with developmental disabilities, shall provide at least the following hours of service by registered nurses, licensed practical nurses or nurse's assistants:

1. For each resident in need of intensive skilled nursing care,

3.25 hours per day, of which a minimum of 0.65 hour shall be provided by a registered nurse or licensed practical nurse.

2. For each resident in need of skilled nursing care, 2.5 hours per day, of which a minimum of 0.5 hour shall be provided by a registered nurse or licensed practical nurse.

3. For each resident in need of intermediate or limited nursing care, 2.0 hours per day, of which a minimum of 0.4 hour shall be provided by a registered nurse or licensed practical nurse.

(b) Assignments. There shall be adequate 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.

(c) Relief personnel. Facilities shall obtain qualified relief personnel.

(d) 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 classifications of nursing personnel and relief personnel assigned on each nursing unit for each tour of duty, and shall be updated as changes occur.

Note: See s. HFS 132.45 (6) (b) for records.

(e) Staff meetings. Meetings shall be held at least quarterly for the nursing personnel to brief them on new developments, raise issues relevant to the service, and for such other purposes as are pertinent. These meetings may be held in conjunction with those required by s. HFS 132.44.

(f) Twenty-four hour coverage. All facilities shall have at least one nursing staff person on duty at all times.

(g) Staffing patterns. The assignment of the nursing personnel required by this subsection to each tour of duty shall be consistent with the needs of the residents in the facility.

(h) Computing hours.

1. Only staff time related to the nursing service shall be counted to satisfy the requirements of this section.

2. When determining staff time to count toward satisfaction of the minimum nursing service hours in this section, the following duties of non-nursing personnel, including ward clerks, may be included:

a. Direct resident care, if the personnel have been appropriately trained to perform direct resident care duties;

b. Routine completion of medical records and census reports, including copying, transcribing, and filing;

c. Processing requests for diagnostic and consultative services, and arranging appointments with professional services;

d. Ordering routine diets and nourishments; and

e. Notifying staff and services of pending discharges.

3. No services provided by volunteers may be counted toward satisfaction of this requirement. History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; am. (2) (b) 2. and (c), r.

(2) (d), Register, January, 1987, No 373, eff. 2-1-87; am. (3) (a), Register, February, 1989, No. 398, eff. 3-1-89; CR 04-053: am. (2) (a) 1. and r. and recr. (3) (a) Register October 2004 No. 586, eff. 11-1-04.

## WYOMING

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Section 9. Nursing Services. The facility shall have sufficient nursing staff to meet the needs of the residents.

(a) Director of Nursing Services. The facility shall designate a Registered Nurse to be a full-time director of nursing services, and he/she shall have experience in areas such as nursing service administration, rehabilitation nursing, psychiatric or geriatric nursing. The director of nursing services shall be responsible for:

(i) Developing policies and procedures for the nursing department, participating in the implementation of resident care policies and bringing patient care problems requiring changes in policy to the attention of the administrator.

(ii) 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.

(iii) Staffing, assigning, supervising and evaluating the performance of all levels of nursing personnel.

(iv) Participating in planning and budgeting for nursing service.

(v) Establishing written procedures to ensure that nursing personnel, for whom licensure or certification is required, have a valid and current license or certification to practice in Wyoming. Documentation shall be by a photostatic copy of each license or certificate.

(vi) Insuring daily nursing rounds are conducted to ensure each resident receives adequate care to meet his/her needs.

(b) Twenty-four (24) Hour Nursing Service.

(i) Duties assigned nursing personnel shall be consistent with their education, experience, licensure and/or certification. Nursing personnel includes Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants.

(ii) Full-time or part-time members of the nursing staff shall be primarily engaged in providing nursing services and only in rare and exceptional circumstances shall be involved



in food preparation, housekeeping, laundry or maintenance services. Proper infection control procedures shall be adhered to at all times.

(iii) Time schedules for each nursing station shall be planned in advance and shall indicate the name and classification of nursing personnel working on each unit for each tour of duty.

(iv) A person employed in the facility to give nursing care shall be at least sixteen (16) years of age.

...(h) Director of Nursing.

(i) Hospital - Nursing Wings.

(A) A nursing wing with a total occupancy of sixty (60) residents or less shall be allowed to share the director of nursing with the hospital.

(I) The director of nursing shall not act in a charge nurse capacity except on rare occasions with extraordinary circumstances.

(ii) A nursing wing with a total occupancy of over sixty (60) residents shall be allowed to share the director of nursing with the hospital.

(A) An assistant or supervisor shall be employed for the nursing wing and shall not function as a charge nurse except on rare occasions with extraordinary circumstances. The assistant or supervisor shall be responsible to the hospital director of nursing.

(iii) Free-standing Nursing Care Facilities.

(A) The director of nursing shall not function as a charge nurse, in facilities over sixty

(60) beds except in rare instances with extraordinary circumstances.

(i) Staffing.

(i) Each nursing station shall be staffed with a Registered Nurse or qualified Licensed Practical Nurse, who is the charge nurse on the day tour of duty seven (7) days a week.

(A) All other tours of duty shall be staffed with a Registered Nurse or a Licensed Practical Nurse.

(ii) Each nursing station shall be staffed separately and shall have a separate staffing pattern.

(iii) Each nursing station shall be staffed with sufficient non-licensed nursing personnel to give adequate nursing care to the residents twenty-four (24) hours a day, seven (7) days a week.

(iv) Each facility shall have awake and on duty sufficient nursing personnel for the night tour of duty. Additional staff may be needed, depending on condition of residents, and to assure resident safety in case of fire or disaster.

(j) Nursing Care Hours (minimum).

(i) Nursing care hours shall be two and one quarter (2.25) hours for each skilled resident in a Nursing Care Facility in each twenty-four (24) hour period, seven (7) days a week, and one and one half (1.50) for each resident who is not skilled in each twenty-four (24) hour period, seven (7) days a week.

## FEDERAL REGULATIONS

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### § 483.30 Nursing services.

The facility must 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.

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

(i) Except when waived under paragraph (c) of this section, licensed nurses; and

(ii) Other nursing personnel.

(2) Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

#### (b) Registered nurse.

(1) Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

(2) Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

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

(c) Nursing facilities: Waiver of requirement to provide licensed nurses on a 24-hour basis. To the extent that a facility is unable to meet the requirements of paragraphs (a)(2) and (b)(1) of this section, a State may waive such requirements with respect to the facility if—

(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 licensed nursing services are not available, a registered nurse or a physician is obligated to respond immediately to telephone calls from the facility;

(4) A waiver granted under the conditions listed in paragraph (c) of this section is subject to annual State review;

(5) In granting or renewing a waiver, a facility may be required by the State to use other qualified, licensed personnel;

(6) The State agency granting a waiver of such requirements provides notice of the waiver to the State long term care ombudsman (established under section 307(a)(12) of the Older Americans Act of 1965) and the protection and advocacy system in the State for the mentally ill and mentally retarded; and

(7) The nursing facility that is granted such a waiver by a State notifies residents of the facility (or, where appropriate, the guardians or legal representatives of such residents) and members of their immediate families of the waiver.

(d) SNFs: Waiver of the requirement to provide services of a registered nurse for more than 40 hours a week.

(1) The Secretary may waive the requirement that a SNF provide the services of a registered nurse for more than 40 hours a week, including a director of nursing specified in paragraph (b) of this section, if the Secretary finds that—

(i) The facility is located in a rural area and the supply of skilled nursing facility services in the area is not sufficient to meet the needs of individuals residing in the area;

(ii) The facility has one full-time registered nurse who is regularly on duty at the facility 40 hours a week; and

(iii) The facility either—

(A) Has only patients whose physicians have indicated (through physicians' orders or admission notes) that they do not require the services of a registered nurse or a physician for a 48-hours period, or

(B) Has made arrangements for a registered nurse or a physician to spend time at the facility, as determined necessary by the physician, to provide necessary skilled nursing services on days when the regular full-time registered nurse is not on duty;

(iv) The Secretary provides notice of the waiver to the State long term care ombudsman (established under section 307(a)(12) of the Older Americans Act of 1965) and the protection and advocacy system in the State for the mentally ill and mentally retarded; and

(v) The facility that is granted such a waiver notifies residents of the facility (or, where appropriate, the guardians or legal representatives of such residents) and members of their immediate families of the waiver.

(2) A waiver of the registered nurse requirement under paragraph (d)(1) of this section is subject to annual renewal by the Secretary.

(e) Nurse staffing information —(1) Data requirements. The facility must post the following information on a daily basis:

(i) Facility name.

(ii) The current date.

(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:

(A) Registered nurses.

(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).

(C) Certified nurse aides.

(iv) Resident census.

(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (e)(1) of this section on a daily basis at the beginning of each shift.

(ii) Data must be posted as follows:

(A) Clear and readable format.

(B) In a prominent place readily accessible to residents and visitors.

(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

[56 FR 48873, Sept. 26, 1991, as amended at 57 FR 43925, Sept. 23, 1992; 70 FR 62073, Oct. 28, 2005]