

## **500    PATIENT CARE SERVICES**

### **501    PHYSICIAN SERVICES**

#### **502    ADMISSION ONLY ON RECOMMENDATION OF A PHYSICIAN**

Patients shall be admitted to the facility only on recommendation of a physician. At the time of admission the physician must document level of care needed by the patient. A Certification Statement by the physician explaining the reason for nursing home placement should be obtained on the date of admission and a re-certification statement obtained every sixty (60) days.

#### **503    CONTINUED SUPERVISION OF CARE**

The health care of every patient shall be under the continuing supervision of a physician, who, based on a medical evaluation of the patient's immediate and long term needs, prescribes a planned regimen of total patient care. Patients in need of skilled care should be seen by a physician at least every sixty (60) days, and all others seen at least every one hundred twenty (120) days. A notation should be made at each visit and orders for treatment and medication renewed.

#### **504    PHYSICAL EXAMINATION OF PATIENTS**

The medical evaluation of the patient shall be based on a history and physical examination done within seventy-two (72) hours of admission unless such examination was performed within fifteen (15) days prior to admission. A history and physical completed during the patient's hospitalization may have been completed up to thirty (30) days prior to admission to the nursing home; however, the hospital discharge summary (upon completion) is to be forwarded to the nursing home.

#### **505    PLANNED REGIMEN OF CARE**

The planned regimen of total care for each patient shall be based on the attending physician's order and shall cover medication, treatment, rehabilitative services (where appropriate), diets, precautions related to activities undertaken by the patient, and plans for continuing care and discharge.

#### **506    ESTABLISHMENT RESTORATION POTENTIAL**

The attending physician shall establish at the time of admission a restoration potential for the patient. This should be updated as needed but not less than on an annual basis.

#### **507    EMERGENCY PHYSICIAN**

The facility should make arrangements for emergency coverage by a physician if the attending physician or his attendant cannot be located. This should be done by a written agreement signed by the physician and the facility administrator.

### **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.

### **515 RESTRICTIONS IN EMPLOYMENT AND/OR ASSIGNMENT**

No person who has been a patient in a mental hospital and who has not been completely discharged by that institution shall be employed in a nursing home in a supervisory capacity.

### **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.)

## **516.2 Routine Care and Services**

Each patient in the home shall receive the type of nursing care including restorative nursing as required by his/her condition. Patients shall be encouraged to be active, to develop techniques for self-help, and be stimulated to develop hobbies and interests. Criteria for determining adequate and proper care includes:

**516.2.1** Kind and considerate care and treatment at all times.

**516.2.2** A minimum of a complete bath twice a week for all ambulatory patients with adequate assistance or supervision as needed. Patients who are incontinent or are confined to bed shall have a complete bath daily and partial baths each time the bed or clothing is wet or soiled. All soiled linen and clothing shall be replaced with clean dry ones.

- 516.2.3** A minimum of one shampoo every week and assistance with daily hair grooming. Patients shall not be required to pay for routine hair grooming provided by facility staff.
- 516.2.4** Assistance with or supervision of shaving of men patients at least every other day except when contraindicated or refused by the patient. Patients shall not be required to pay for routine shaving.
- 516.2.5** Oral care shall be provided at least twice a day.
- 516.2.6** Hands and feet shall have proper care and attention. Nails shall be kept clean and trimmed. Additional lotion shall be applied to hands and feet when indicated. Precautions shall be taken to prevent foot drop in bed patients.
- 516.2.7** Bed linens shall be changed weekly or more often as needed and adjusted at least daily.
- 516.2.8** Patients shall have clean and seasonal clothing as needed to present a neat and clean appearance, to be free of odors, and to be comfortable.
- 516.2.9** Measures shall be taken toward the prevention of pressure sores, and if they exist, treatment shall be given on written medical order. The position of bed patients shall be changed every two (2) hours during the day and night.
- 516.2.10** Each mattress and pillow shall be moisture proof or must have a moisture proof cover. Rubber or plastic sheets shall be cleaned often to prevent accumulation of odors. Clean cloth draw sheets shall be used over the rubber or plastic sheet.
- 516.2.11** Assistance with the use of commode, bedpan, or toilet, and keeping the commode, bedpan, and urinal clean and free of odors. Bedpans, urinals, and wash basins shall be name-labeled, cleaned after each use, properly stored in the patient's bedside cabinet, and sanitized at least weekly. Any of these utensils not name-labeled and stored in individual bedside cabinets must be sterilized after each use.
- 516.2.12** Each patient shall be up and out of bed for at least a brief period everyday unless the physician has written an order for him/her to remain in bed.
- 516.2.13** Fluids shall be offered at frequent intervals when the patient is unable to obtain them. Water pitchers shall be refilled at least once each shift and should be kept in reach of patients. Clean drinking glasses shall be kept with each water pitcher.

- 516.2.14** Physical findings (temperature, pulse, respiration, and blood pressure) shall be taken and recorded as ordered by the physician, but not less than one (1) time a week. All residents with indwelling catheters should have urine output recorded each shift.
- 516.2.15** Administration of oxygen.
- 516.2.16** Documentation that a continuous program of bowel or bladder training is provided when appropriate.
- 516.2.17** Proper bed and chair positioning.
- 516.2.18** Nursing equipment is in sufficient supply, in good condition, is properly cleaned and cared for, well organized, and readily available.
- 516.2.19** Precautions to assure the safety of patients are continuously in effect. (See, also, Section 309 regarding restraints.)
- 516.2.20** Bedside nursing care.
- 516.2.21** Administration of hypodermic medications as prescribed.
- 516.2.22** Rehabilitation programs such as physical therapy, occupational therapy, speech therapy, etc., as required by written physician orders. Such therapies must be administered by qualified persons.

**516.3 Skilled Nursing Facilities:**

In addition, the following services will be required in Skilled Nursing Facilities:

- Intravenous feedings
- Complex dressings
- Skilled nursing care
- Tube feedings

There will be no administration of blood in the nursing home unless the nursing home is physically connected to a hospital. In any nursing home administering blood, a registered nurse must be on duty throughout the entire administration.

**517 TREATMENT AND MEDICATIONS**

- 517.1** No medication or treatment shall be given without the written order of the physician or dentist. Drugs shall be administered in accordance with orders. Venapuncture by licensed practical nurses to obtain blood samples for lab work is permitted after the LPN has been trained by the Director of Nurses or an RN designated by the Director of Nurses. The Director of Nurses and the LPN trained shall sign a form that states that the LPN is qualified and has been trained by a Registered Nurse. The facility shall have policies and procedures for venapuncture that are available for review by nursing personnel and the Office of Long Term Care.

- 517.2** If it is necessary to take physician's or dentist's orders over the telephone or verbally, the order shall be immediately written on the physician's order sheet in the medical record and signed by the nurse who took the order. Documentation shall include the name of the physician or dentist who gave the telephone or verbal order, the date, and the time of the order. The order shall be countersigned by the attending physician or dentist on his next regular visit or no more than seven (7) days from the time the telephone or verbal order was given. There shall be indication made by the nurse that the orders were transcribed (signature and time).
- 517.3** When computerized physician order sheets are utilized, the physician must sign each sheet at the bottom of the sheet, and date each sheet. If a physician's signature is affixed to the sheet other than at the bottom, all orders appearing after the signature shall be invalid. When progress notes or recertification statements are written on the computerized order sheet, the name and date affixed by the physician at the bottom of the sheet will be sufficient. However, if progress notes or recertification statements appear elsewhere in the medical record, each sheet shall be signed and dated where they are written.
- 517.4** Each patient shall be identified prior to administration of medication.
- 517.5** Each patient shall have an individual medication record.
- 517.6** The dose of a drug administered to a patient shall be properly recorded by the person who administered the drug. Recordation shall occur only after the medication has been administered.
- 517.7** Medications shall be administered by authorized personnel.
- 517.8** Treatment of a lesion or open wound shall be done only by licensed nursing personnel.
- 517.9** Medication setups will be prepared one pass at a time. The medication must be administered on the same shift on which they are prepared. Liquids and injectables shall not be set up more than one (1) hour in advance except where approved unit dose systems are used.
- 517.10** Medications shall be administered by the same person who prepared the doses for administration, except under single unit dose package distribution systems.
- 517.11** The attending physician shall be notified of an automatic stop order prior to the last dose so that the physician may decide if the administration of the medication is to be continued or altered.
- 517.12** Self-administration of medication is allowed only under the following conditions: If the physician orders, a patient may keep at the bedside the following non-prescription medications:
- Topical agents such as Vicks Salve, Mentholatum, etc.



- Eye drops such as Murine, Visine, etc.
- Cough drops, such as Ludens, Vicks, etc.
- Sublingual vasodilating agents such as Nitroglycerine tablets, Isordil Sublingual tablets.
- Metered dose aerosols for asthmatics such as primatene or bronkaid.

Personal items such as toilet articles and cosmetic articles may be kept at the bedside.

## **518 REHABILITATIVE NURSING**

**518.1** Nursing personnel shall be trained in rehabilitative nursing measures. This shall be documented in the orientation program, and in-service on this subject shall be conducted at least annually.

**518.2** The facility shall have an active program of rehabilitative nursing care which is an integral part of nursing service and is directed toward assisting each patient to achieve and maintain an optimal level of self care and independence.

**518.3** Rehabilitative nursing services such as proper maintenance of body alignment, bed and chair positioning, use of foodboards, use of handrolls, range of motion exercises, elevation of extremities as indicated, assistance with ambulation, and bowel or bladder training shall be performed daily and recorded routinely for those patients who require such service.

## **519 SUPERVISION OF PATIENT NUTRITION**

Nursing personnel shall be aware of the nutritional needs, food, and fluid in-take of patients and assist promptly where necessary in the feeding of patients.

## **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:  $82 \div 6 = 13.67$  [**Round to 14; total number of direct-care staff required**]

Step 3:  $82 \div 40 = 2.05$  [**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 –  $97 \div 9 = 10.77$  [**Round to 11; total number of direct-care staff required**]

Step 3 –  $97 \div 40 = 2.42$  [**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 –  $142 \div 14 = 10.14$  [**Round to 10; total number of direct-care staff**]

Step 3 –  $142 \div 80 = 1.77$  [**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.

## MINIMUM STAFFING REPORTING FORM

**THIS REPORT MUST BE TYPED.** All fields must be completed for each reporting period. Indicate any shift in which minimum staffing requirements were not met by placing an asterisk beside the number of personnel for that shift for each category in which minimum staffing was not met. For example, if minimum staffing was not met for the Day Shift of the third day of the month because of insufficient direct care staff that were not licensed staff, an asterisk would be placed after the numbers in both the Total and Other fields.

Facility: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Signature of Person Preparing this Report: \_\_\_\_\_

Day	Census	Day Shift Direct Care Staff			Evening Shift Direct Care Staff			Night Shift Direct Care Staff		
		Total	Licensed	Other	Total	Licensed	Other	Total	Licensed	Other
1										
2										
3										
4										
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## 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.

Date \_\_\_\_\_

# DAILY STAFFING LOG

Facility \_\_\_\_\_

Hall, Wing or Corridor \_\_\_\_\_

## SHIFT SIGN-IN SHEET

Staff	Day Shift – sign name below			Evening Shift – sign name below			Night Shift – sign name below		
	Time In	Signature	Time Out	Time In	Signature	Time Out	Time In	Signature	Time Out
RNs									
LPNs									
CNAs									
RNA									

<p><b>NUMBER OF RESIDENTS ON HALL, WING OR CORRIDOR AS OF MIDNIGHT CENSUS:</b></p> <p>_____</p>
---

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reviewed: Admin/DON/Designee

Date

## 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.

## **521 TUBERCULOSIS SURVEILLANCE**

Upon admission to the nursing home, physician orders shall be obtained to administer a PPD (intermediate strength) tuberculosis skin test to the resident and to repeat in ten (10) to fourteen (14) days if necessary. If this initial test reacts positively, the physician should be notified and a chest X-ray obtained and read. The record of this X-ray should be placed on the resident's chart. If it is not possible to obtain a chest X-ray, a sputum sample should be taken and forwarded for culture. If treatment is indicated, orders are obtained from the attending physician.

If the result of the initial skin test is negative, the skin test should be repeated in ten (10) to fourteen (14) days. If the result of this test is positive, the physician should be notified and a chest X-ray or sputum culture obtained. If treatment is indicated as a result of these tests, orders are obtained from the attending physician.

Once a resident has shown a positive skin test (regardless of whether or not further testing indicated treatment), he/she must be re-evaluated yearly. Either a chest X-ray or sputum culture should be obtained. If neither of these is possible, the resident should be evaluated for any visible signs of the disease such as productive cough or weight loss. Alternatively, if a nurse familiar with the resident finds no fever, no weight loss and no significant cough, this can be recorded in the medical record and will suffice for annual surveillance; if any symptoms are present, then a chest film should be indicated on medical grounds, and should be noted in the medical record. There should be evidence in the medical record of this yearly re-evaluation. If, however, the second skin test after admission is also negative, there need be no further testing of this resident unless an active case of tuberculosis is identified in the facility.

The medical record of all residents who have shown a positive skin test should be flagged to note that this resident does need to be re-evaluated yearly and that a sputum culture should be obtained following any pulmonary infection.

Recordation of tuberculin information shall be maintained in each resident's medical record and shall be recorded on forms provided by the Arkansas Department of Health.

## **530 SPECIALIZED REHABILITATIVE SERVICES**

### **531 SERVICES BASED ON RESIDENT NEEDS**

In addition to rehabilitative nursing, the facility shall, as ordered by a physician, provide, according to the needs of each patient, specialized and supportive services, i.e., physical therapy, speech pathology, audiology and occupational therapy, either directly, by referral, or through arrangements with qualified personnel.

### **532 WRITTEN PLAN OF CARE**

If provided, specialized rehabilitative services shall be provided under a written plan of care, initiated by the attending physician, and developed in consultation with appropriate therapist(s) and nursing services.

### **533 REVIEW OF RESIDENT PROGRESS**

A report of the patient's progress shall be communicated to the attending physician within two (2) weeks of the initiation of the specialized rehabilitative services and regularly thereafter.

### **534 RE-EVALUATION OF PLAN**

The plan of specialized rehabilitative care shall be re-evaluated as necessary, but at least every thirty (30) days by the physician and/or the therapist.

### **535 DOCUMENTATION OF SERVICES**

The physician's orders, the plan of specialized rehabilitative care, services rendered, evaluation of progress and other pertinent information shall be recorded in the patient's medical record and dated and signed by the physician ordering the service and the person who provided the service.

### **540 PHARMACEUTICAL SERVICES**

#### **541 RESPONSIBILITY FOR PHARMACY COMPLIANCE**

The administrator shall be responsible for full compliance with Federal and State laws governing procurement, control, and administration of all drugs. Full compliance is expected with the Comprehensive Drug Abuse Prevention and Control Act of 1970, Public Law 91-513, and all amendments to this set and all regulations and rulings passed down by the Federal Drug Enforcement Agency (DEA), Ark. Code Ann. § 5-64-101 *et seq.* and all amendments to it and these rules and regulations.

#### **542 PHARMACY CONSULTANTS PERMIT**

Each nursing home shall have a formal arrangement with a licensed pharmacist to provide supervision and consultation on methods and procedures for ordering, storing, administering, disposition, and record keeping of drugs and biologicals.

A consultant pharmacist's permit shall be obtained yearly from the Arkansas State Board of Pharmacy and shall be displayed in a conspicuous place in the facility.

The consultant pharmacist shall visit the nursing home at least monthly to perform his consultant duties.

Before a nursing home consultant's permit shall be issued, the pharmacist must certify to the Board of Pharmacy that he has attended a seminar or meeting explaining pharmaceutical duties and responsibilities in a nursing home as approved by the Board of Pharmacy and that he has

read and understands the regulations governing pharmaceutical services in a nursing home and will abide by them.

The consultant pharmacist shall submit a written report at least monthly to the administrator of the facility. This monthly report should be a summary of the duties performed by the consultant pharmacist that month, any error or problems found in the facility, delivery of pharmaceutical services, and a detailed listing of any discrepancies and/or irregularities noted by the pharmacist during his drug regimen reviews. The pharmacist, in cooperation with the facility staff, should develop and implement policies and procedures to govern all aspects of the drug distribution system. The pharmacist may also agree to abide by and function with those policies and procedures already being used by the facility at the time of his employment.

### **543 PRESCRIPTIONS ON INDIVIDUAL BASIS**

All drugs prescribed for each patient shall be on an individual prescription basis. Medications prescribed for one patient shall not be administered to another patient.

### **544 ADMINISTRATION OF MEDICATION**

**544.1** No medication shall be given without a written order by a Physician or dentist.

**544.2** All medications shall be given by authorized nursing personnel. The administrator or his appointed assistant shall be responsible for ensuring that authorized nursing personnel administer all medications ordered by a physician or dentist.

**544.3** Caution shall be observed in administering medication so that the exact dosage of the prescribed medication is given as is ordered by the doctor or dentist.

**544.4** Each resident must have an individual container, bin, compartment, or drawer for the storage of his medications in the medication room except for stock medication and approved unit dose systems.

**544.5** The PRN medications on current doctor's orders can be handled in one of four ways in a facility:

- Use medication from the emergency box.
- Have it as stock medication if it is a non-legend drug.
- Have it on an individual patient basis.
- Have pharmacist maintain a policy and procedure for twenty-four (24) hour emergency service from pharmacy.

**544.6** Nursing personnel cannot transfer more than one dose of medication from container to container. Loading narcotic counters, preparing take-home supply of medications, incorporating supplies, etc., by nursing personnel are not permitted.

## **545 EQUIPMENT FOR ADMINISTERING MEDICATIONS**

There shall be calibrated medicine containers to correctly measure liquid medications. Calibrated medicine containers include calibrated syringes when used to measure odd liquid dosages, such as 4cc, 8cc, etc. Disposable items shall not be reused. Disposable syringes and needles must be disposed of by breaking and incineration.

## **546 MEDICINE CARDS**

In administering medications, medication cards current with the physician's orders must be used. Medicine cards shall be provided to include:

- Name of patient.
- Rooms or bed number.
- Medication and dosage.
- Hours to be given.

## **547 STOP ORDER POLICY**

Medications not specifically limited as to time or number of doses when ordered by the physician shall be controlled by the facility's policy regarding automatic stop orders.

The facility's automatic stop order policy, at a minimum, shall cover the following categories of medications:

- C II Narcotics.
- C II Non-narcotics.
- C III, C IV, and C V medications.
- Anticoagulants.
- Antibiotics.

## **548 STORAGE OF DRUGS**

**548.1** All drugs on the premises of a nursing home, except for the emergency tray, as defined by the Arkansas State Board of Health and the Arkansas State Board of Pharmacy, shall be properly labeled containers dispensed upon prescription by the pharmacy.

**548.2** All medications shall be kept in a locked cabinet or locked room at all times. Only the nurse responsible for administering the medication, Director of Nursing, and the Administrator shall have a key.

**548.3** All controlled drugs shall be stored in a separately locked, permanently affixed substantially constructed cabinet within a locked drug room or cabinet. When mobile medication carts for unit-dose or multiple day card systems are used, the condition for security will be considered met provided that the mobile cart is in a locked room when unit contains controlled drugs and is not in actual use, and provided the controlled substances are in a separately locked compartment within

the cart unless the quantity stored is minimal and a missing dose can readily be detected. A minimal quantity shall be considered to be a quantity of a twenty-four (24) hour supply or less.

**548.4** All drugs for external use shall be kept in a safe place accessible only to employees and in a special area apart from other medication and prescriptions.

**548.5** Medicines requiring cold storage shall be refrigerated. A locked container placed below food level in a home refrigerator is considered satisfactory storage space.

**548.6** Each patient's prescription medication shall be kept in the original container and shall be clearly and adequately labeled by the pharmacist. Label shall include:

- Prescription number.
- Patient's name.
- Name and strength of medicine.
- Physician's or dentist's name.
- Date of issue.
- Name of pharmacy.
- Appropriate, accessory and cautionary labels.
- Expiration date of drug where applicable.
- The quantity of tablets or capsules dispensed.
- Directions for administration.

**548.7** Labels should be affixed to the immediate container. The immediate container is that which is in direct contact with the drug at all times.

**548.8** O.T.C. medications (medications not requiring a prescription for purchase) that are the private property of the patient do not have to be labeled by a pharmacist. However, they must be identified with at least the patient's name.

**548.9** Drug rooms shall be supplied with adequate lighting so that medications can be safely prepared for administration.

**548.10** Drug room shall be properly ventilated so that the temperature requirements set by the U.S.P. are met: 59 (fifty-nine) degrees to 86 (eighty-six) degrees F.

## **549 EMERGENCY DRUG BOX**

A container which contains emergency stimulants and drugs for life saving measures must be maintained. This box should be located where it can be readily available to nursing personnel but kept in a secure place and should have a breakaway lock. There should be a list on the box of the drugs which are contained in the box. The drugs in the box should be checked periodically with the list to make sure that these drugs have been replaced after use and are not outdated. Only drugs which have been approved for this purpose by the Pharmaceutical Services Committee or Medical Director, as applicable, and/or the physician, can be placed in this box. All



controlled substances assigned to the box must be kept with the other controlled substances and labeled "Emergency Box". All controlled substances assigned to the "Emergency Box" must be entered into the bound book. The location of these controlled substances should be noted on the list of drugs. The drug list should be signed by the physician member of the committee indicating his approval. The list and contents of the box shall be reviewed annually by the appropriate committee and/or physician and so noted on the emergency drug list.

## **550 RECORD OF CONTROLLED DRUGS**

A record shall be kept in a bound ledger book with consecutively numbered pages of all controlled drugs procured and administered. This record shall contain on each separate page:

- Name, strength, and quantity of drug received.
- Date received.
- Patient's name.
- Prescribing physician.
- Name of pharmacy.
- Date and time of dosage given.
- Quantity of drug remaining.
- Signature of person administering the drug.

The person responsible for entering the controlled drug into the bound ledger should be the same person who signs for it in the drug ordering and receiving record. This record shall be retained by the facility as a permanent record and be readily available.

## **551 CONTROLLED DRUG ACCOUNTABILITY**

There shall be a count of all C II controlled medications at each change of shift. All C III, IV, and V controlled medications should be counted at least once daily unless a true unit dose system is used. This count shall be made by the off-going charge nurse and the on-coming charge nurse. If licensed personnel are not available on a shift, a non-licensed employee can co-sign as a witness with the off-going nurse, and co-sign as a witness again with the oncoming nurse. This count shall be documented. This documentation shall include the date and time of the count, a statement as to whether or not the count was correct, and if it was incorrect, an explanation of the discrepancy. This record shall be retained by the facility as a permanent record and be readily retrievable.

When loss, suspected theft, or an error in the administration of controlled drugs occurs, it must be reported to the Director of Nursing Services and an incident report filled out; also, a copy of the form for reporting theft or lost controlled substances should be mailed to the Arkansas Department of Health, Division of Drug Control.

All documentation must be retained in the facility as a permanent record.

When a dose of a controlled drug is dropped or broken, two people should make a statement in the bound ledger as to what occurred, and both must sign their names. These two people shall be licensed nursing personnel whenever possible.

## **552 REVIEW OF MEDICATION BY THE NURSE AND/OR PHARMACIST**

There shall be for each patient a separate medication/drug regimen review sheet. This sheet is to be used to document the performance of a medication/drug regimen review by the pharmacist and/or registered nurse. This monthly review must be dated and signed by the person making the review. Any discrepancy, interaction, etc., should be entered on the review sheet.

## **553 REVIEW OF MEDICATIONS BY CONSULTANT PHARMACISTS**

In an Intermediate Care Facility, the review of the medication/drug regimen of the skilled care patients must be done at least each month, and at least quarterly on the Intermediate and Minimum care patients. In Skilled Nursing Facilities, the review of medication/drug regimen must be done monthly on all patients.

In reviewing the medication/drug regimens of the patients, the pharmacist and registered nurse should, as a minimum, compare the doctor's orders with the medication administration record, the medication cards, cardex, actual medications, and prescription labels. Any discrepancies, interactions, irregularities, contraindications, errors, and incompatibilities will be noted on the medication/drug regimen review sheet, and if medication/drug review is being performed by the pharmacist, on the pharmacist's monthly written report to the administrator. Irregularities observed by the pharmacist that would warrant immediate action should be brought to the Director of Nursing Services' attention immediately upon their finding.

The person delegated the responsibility of correcting or following through on the errors, irregularities, and discrepancies listed on the pharmacist's monthly report should document their actions on their report, date it, and sign it. A photocopy of the report may be used for this purpose, but both must be retained in the facility. If no irregularities or discrepancies are found during the medication/drug regimen review, the person performing the review must note on the review sheet that he has reviewed that drug regimen and found no irregularities. This notation must be dated and signed.

## **554 CYCLE-FILL, PHARMACY NOTIFICATION AND DISPOSITION OF UNUSED DRUGS**

Schedule II, III, IV, and V drugs dispensed by prescription for a patient and no longer needed by the patient must be delivered in person or by registered mail to: Drug Control Division, Arkansas Department of Health, 4815 West Markham Street, Little Rock, Arkansas 72201 along with Arkansas Department of Health Form (PHA-DC-1) Report of Drugs Surrendered for Disposition According to Law. When unused portions of controlled drugs go with a patient who leaves the facility, the controlled drug record shall be signed by the person who assumes responsibility for the patient and the person in charge of the medication in the nursing home. This shall be done only on the written order of the physician and at the time the patient is discharged, transferred, or visits home.

Except as provided in Ark. Code Ann. § 17-92-1101 *et seq.* and subsection 554.4, below, all medications other than Schedule II, III, IV, and V not taken out of the home by the patient with the physician's consent when he or she is discharged from the home shall be destroyed. See Section 554.3, below, on handling medication when a resident enters a hospital or is transferred. All discontinued medications (except controlled drugs) shall be destroyed on the premises of the facility. Destruction shall be made by the consultant pharmacist and a nurse with a record made as to the date, quantity, prescription number, patient's name, and strength of medications destroyed. The destruction should be by means of incineration, garbage disposal, or flushing down the commode. This record shall be kept in a bound ledger with consecutively numbered pages. This record shall be retained by the facility as a permanent record and be readily retrievable.

**554.1** Only oral solid medications may be cycle-filled. Provided, however, that if an oral solid medication meets one of the categories below, then that oral solid medication may not be cycle-filled.

- a. PRN or “as needed” medications.
- b. Controlled drugs (CII – CV).
- c. Refrigerated medications.
- d. Antibiotics.
- e. Anti-infectives

**554.2** A facility shall notify the pharmacy in writing of any change of condition that affects the medication status of a resident. For purposes of this section, *change of condition* includes death, discharge or transfer of a resident, as well as medical changes of condition that necessitate a change to the medication prescribed or the dosage given. The notification shall be made within twenty-four (24) hours of the change of condition. If the notification would occur after 4:30 p.m. Monday through Friday, or would occur on a weekend or holiday, the facility shall notify the pharmacy by no later than 11:00 a.m. the next business day. Documentation for drugs ordered, changed or discontinued shall be retained by the facility for a period of no less than fifteen (15) months.

**554.3** When a resident is transferred or enters a hospital, a facility shall hold all medication until the return of the resident, unless otherwise directed by the authorized prescriber. All continued or re-ordered medications will be placed in active medication cycles upon the return of the resident. Except as provided in Ark. Code Ann. § 17-92-1101 *et seq.* and subsection 554.4, below, if the resident does not return to the facility, any medications held by the facility shall be placed with other medications or drugs for destruction or return as permitted by State Board of Pharmacy regulations.

**554.4** Pursuant to Ark. Code Ann. § 17-92-1101 *et seq.*, facilities may elect to donate designated medications to charitable clinics. If a facility elects to donate medications, facilities shall:

- a. Obtain the written consent of the resident or the person who assumes responsibility for the resident through the execution of a donor form created by the Arkansas State Board of Pharmacy that states that the donor is authorized to donate the drugs and intends to voluntarily donate them to a charitable clinic pharmacy;
- b. Retains the donor form along with other acquisition records in accordance with section 604.2 of these regulations;
- c. Obliterate from the packaging before the nursing facility sends the drug to the charitable clinic the donor patient's name, prescription number, and any other marks that identify the resident;
- d. Ensure that the drug name, strength, and expiration date remain on the drug package label;
- e. Enter into a contract, approved by the Arkansas State Board of Pharmacy, with all charitable clinics to which the facility will donate drugs;
- f. Donate drugs only in their original sealed and tamper-evident packaging or, if acceptable to the charitable clinic, drugs packaged in single-unit doses or blister packs with the outside packaging opened if the single-unit dose packaging remains intact;
- g. Ensure that all drugs physically transferred from the nursing facility to a charitable clinic pharmacy is performed by a person authorized by the Arkansas State Board of Pharmacy to pick up the drugs for the charitable clinic;
- h. Provide all drug recall notices and information received by, or known to, the facility to all charitable clinics with which the facility has a contract to donate drugs;
- i. Donate only those medications permitted under Ark. Code Ann. § 17-92-1101 *et seq.*; and,
- j. Comply with all applicable regulations concerning donation of unused drugs to charitable clinics promulgated by the Arkansas State Board of Pharmacy.

**555 PHARMACY PREPARED MEDICATION CONTAINER SYSTEMS DESIGNED FOR ADMINISTRATION WITH THE USE OF MEDICATION CARDS (UNIT DOSE SYSTEM)**

All policies and procedures related to systems of this type must first be approved by OLTC before that system is put into operation.

The medication shall remain in the pharmacy-prepared container up to the point of administration to the patient.

The medication container must be properly labeled by a licensed pharmacist.

### **555.1 Freedom of Choice**

To ensure that each patient admitted to a long term care facility is allowed freedom of choice in selecting a provider pharmacy, at the time of admission the patient or responsible party must specify in writing the pharmacy that they desire to use. The patient or responsible party must also sign the statement, or form, and the signed form should be filed with the signed Resident Rights' statement. The patient must be allowed to change the provider pharmacy if he desires. If true unit dose system is used by the facility the patient will not be afforded the freedom of choice of pharmacy provider.

### **556-559 RESERVED**

### **560 DIETETIC SERVICES**

### **561 STAFFING**

Staff supervisory responsibility for the dietetic services is assigned to a full time, qualified dietetic service supervisor or Certified Dietary Manager. A qualified supervisor is one who has:

- a. Completed an approved food service supervisor's course; or,
- b. Been certified by the Certifying Board for Dietary Managers; or,
- c. For only those facilities having more than fifty (50) beds, is enrolled in a food service supervisor course approved by the Office of Long Term Care. For purposes of these regulations, the term *a food service supervisor course approved by the Office of Long Term Care* means a course of education and training in food service or food service supervision provided by an licensed and accredited educational institution.

Certified Dietary Managers and food service supervisors shall complete fifteen (15) hours per year of continuing education courses approved by the Office of Long Term Care. For purposes of these regulations, the term *continuing education courses approved by the Office of Long Term Care* means continuing education courses offered by the Dietary Managers Association or comparable body, and approved by the Office of Long Term Care.

### **562 HYGIENE OF STAFF**

All food service employees shall wear appropriate, light-colored clothing including hairnet and shall keep themselves and their clothing clean.

All persons working as food handlers in nursing homes shall have in their possession or on file in the home in which they are employed, a current, approved health card.

Persons having symptoms of communicable or infectious diseases or lesions shall not be allowed to work in the dietetic services. Food service employees shall not be assigned duties outside dietetic services.

### **563 MINIMUM DAILY FOOD REQUIREMENTS**

All patients shall be served an approved, appetizing, adequate diet that conforms to the recommended dietary allowances of the Food and Nutrition Board, National Research Council or with, "Food for Fitness - a Daily Guide" leaflet #424, United States Department of Agriculture.

Facilities are permitted to serve commodity foods provided that the facility is registered as a non-profit organization and the foods were legally obtained directly from USDA sources. Commodity foods obtained from an individual may not be used. Commodity foods shall be utilized pursuant to USDA regulations. Facilities utilizing commodity foods shall maintain documentation, or be able to provide evidence, that the foods were obtained through proper channels. Failure to meet this requirement may result in a deficiency finding and a report to federal authorities.

The daily food allowances for each patient shall include, unless contraindicated by the patient's physician:

#### **563.1 Milk - two (2) or more eight (8) ounce portions**

1. Milk and milk products shall be obtained from a source approved by the Arkansas Department of Health. They must be produced and handled in accordance with regulations set forth by the Arkansas Department of Health.
2. Milk shall be served in the original individual containers or from a dispenser approved by the Arkansas Department of Health.
3. Cartoned milk or milk products shall be stored so that the tops are not covered with ice or water.
4. Milk and cream shall be kept in tightly covered containers and refrigerated until served or used.

#### **563.2 Meat - five (5) ounces of protein, i.e., lean meat, fish, poultry, eggs, or cheese.**

1. Count as a serving: two (2) to three (3) ounces of lean cooked meat, poultry, or fish all without bones; two (2) eggs; two (2) ounces of cheese; one (1) cup cooked dried beans or peas; four (4) tablespoons of peanut butter.

2. Dried beans, dried peas, or peanut butter may be served once a week in place of lean meat if one-half (1/2) pint of milk is served at the same meal. If milk is refused by the resident, one (1) ounce of meat or meat substitute such as cheese or eggs shall be served in its place.
3. Meat shall be obtained from an approved source.
4. No raw eggs shall be served.

**563.3 Fruits and Vegetables - four (4) or more servings.**

1. Count as a serving: one-half (1/2) cup or portion as ordinarily served, such as one medium apple, banana, pear, peach or potato.
2. Include a citrus fruit or other fruit or vegetable rich in Vitamin C every day and a dark green or deep yellow vegetable for Vitamin A at least every other day.
3. No hermetically sealed low acid or non-acid food which has been processed in a place other than a commercial food processing establishment shall be used.

**563.4 Breads and Cereal four (4) or more servings, whole grain, enriched or restored.**

**563.5 Other foods to round out meals and snacks and to satisfy individual appetites and provide additional calories.**

**564 FREQUENCY OF MEALS**

**564.1** At least three (3) meals are served daily.

**564.2** There shall be at least a five (5) hour span between breakfast and the noon meal and between noon meal and supper. The meals shall be served at approximately the same hours each day.

**564.3** There shall not be more than fourteen (14) hours between a substantial supper and breakfast. Supper shall include as a minimum: two (2) ounces of a substantial protein food, a starch (or substitute) or soup, vegetable or fruit, dessert and beverage, preferably milk.

**564.4** Bedtime snacks of nourishing quality shall be routinely offered to all patients whose diets do not prohibit the service of this night feeding. Milk, juices, cookies, or crackers shall be offered.

**565 MEAL SERVICE**

**565.1** All foods shall be served at the proper temperatures and procedures established and implemented to serve the patient cold foods between (forty-five to fifty-five

(45 - 55) degrees Fahrenheit, and hot foods should register one-hundred forty (140) degrees Fahrenheit on the steam table and should reach the patient at no less than one-hundred fifteen (115) degrees Fahrenheit.

- 565.2** Table service shall be provided for all who can and will eat at the table, including wheelchair patients.
- 565.3** An over-bed table shall be provided for bed patients. Patients who are served meals in their rooms shall be provided with an over-bed table or an over-patient table of sturdy construction.
- 565.4** The public, personnel, or patients shall not be permitted to eat or drink in the kitchen, dishwashing area, or store room.
- 565.5** Only dietetic services and administrative personnel shall be allowed in the kitchen.
- 565.6** Only dietetic services personnel shall be allowed to portion out food for patients or personnel.
- 565.7** Trays shall not be set up until the meal is ready to be served. Foods shall not be at the patient's place in the dining room until the patient is at the table.
- 565.8** Nursing home residents will not be permitted to work in the dietetic services. If a patient is to be allowed to scrape trays, there must be a physician's order.
- 565.9** All food transported to patient rooms or to dining rooms which are not adjacent to the kitchen must be covered. If hot and cold carts are not used to deliver trays, carts must be completely cleaned before the next use.

## **566 MENUS**

- 566.1** Menus shall be planned and written two (2) weeks in advance and posted at least one (1) week in advance. Menus for each level shall be written. Arrows, etc., are not acceptable.
- 566.2** Weekly menus shall not be repeated more often than a three (3) week cycle. Identical meals shall not be repeated more often than once every three (3) weeks.
- 566.3** Changes shall be recorded on both the regular and therapeutic diet menus.
- 566.4** Menus which have been posted in the kitchen shall not be redated and reused.
- 566.5** Meals served shall correspond essentially with the posted menus and shall be served in sequential order as planned and approved by the dietetic services consultant.



**566.6** Records of menus as served shall be on file and maintained for thirty (30) days.

**566.7** When substitutions are made they should be of the same food groups and of equal nutritional value.

## **567 THERAPEUTIC DIETS**

**567.1** There shall be a system of written communications between dietetic services and nursing services, i.e., diet order forms. Nursing services should send a written patient diet list monthly and diet change slips as diets are changed by the physician.

**567.2** Therapeutic diets shall be served only to those patients for whom there is a physician's or dentist's written order.

**567.3** Diet orders shall be reviewed by the physician every one hundred and twenty (120) days for intermediate and minimum care patients and every sixty (60) days for skilled care patients.

**567.4** A current manual approved by an affiliate of the American Dietetic Association, such as the Arkansas Diet Manual, shall be used, and a copy of the approved manual shall be available at one nurses' station and in the dietetic services.

**567.5** In the event that the calorie controlled menu patterns in use in the facility are other than those in the approved manual, the calculations and the patterns shall be in the policy and procedure manual on file in the dietary services and posted in the kitchen.

**567.6** A copy of diets as ordered by the physicians shall be posted in the kitchen and shall correspond to the diet as ordered on the medical chart and shall be kept current. Patient diet lists shall include the patient's name, room number, and diet, and shall be signed by licensed personnel.

**567.7** Therapeutic diets that vary in the time specified for regular meals shall be provided for the patients as ordered by the physician.

**567.8** There shall be a system of patient identification for each tray served which includes the following information:

1. Resident's Name.
2. Resident's Diet.
3. Resident's Room Number.
4. Resident's Beverage Preference.
5. Any allergies the resident may have to certain foods.
6. Any major dislikes, for which there should be a substitution provided.

**567.9** The hour of sleep feedings for the calorie controlled diets shall be recorded in nurses' notes as served and should include patient acceptance.

## **568 PREPARATION AND STORAGE OF FOOD**

**568.1** An adequately-sized storage room shall be provided with adequate shelving. Seamless containers with tight-fitting lids, clearly labeled, shall be provided for bulk storage of dry foods. (It is recommended that these containers be placed on dollies for easy moving.) The storage room shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust or water leakage, or any other contamination. The room shall be clean, orderly, well ventilated and without condensation of moisture on the walls. Food in any form shall not be stored on the floor. If the bottom shelf is open it shall be of sufficient height to clean underneath.

**568.2** All food prepared in the nursing home shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption. All food stored in the refrigerators shall be stored in covered containers. Leftover foods shall be labeled and dated with the date of preparation. Foods stored in freezers shall be wrapped in air tight packages, labeled and dated.

**568.3** Fresh fruits and vegetables shall be thoroughly washed in clean, safe water before use. Vegetables subject to dehydration during storage shall be wrapped or bagged in plastic.

**568.4** All readily perishable foods, including eggs or fluids, shall be stored at or below forty-five (45) degrees Fahrenheit. A reliable and visible thermometer shall be kept in the refrigerator.

**568.5** All frozen foods shall be stored at zero (0) degrees Fahrenheit or lower. A reliable and visible thermometer shall be kept in the freezer. Frozen foods which have been thawed shall not be refrozen.

**568.6** Potentially hazardous frozen foods shall be thawed at refrigerator temperatures of forty-five (45) degrees Fahrenheit or below.

**568.7** Eggs shall be stored below all other foods. Fresh whole eggs shall not be cracked more than two (2) hours before use.

**568.8** All toxic compounds shall be used with extreme caution and shall be stored in an area separate from food preparation, storage and service areas.

**568.9** Work areas and equipment shall be adequate for the efficient preparation and service of foods.

**568.10** Supplies of perishable foods for a one (1) day period and of nonperishable foods for a three (3) day period shall be on the premises at all times to meet the requirements of the planned menus. If the facility consistently does not have the required one (1) day perishable and three (3) day nonperishable foods, the OLTC will require that the facility alter its food delivery schedule to meet regulations.

**568.11** Food served in any nursing home must have been prepared on the premises or in an establishment approved by, and meeting regulatory standards of, the Arkansas Department of Health.

**568.12** The use of tobacco in any form is prohibited where food or drink is prepared, stored, cooked, or where dishes or pots and pans are washed or stored.

**568.13** Foods shall be cut, chopped, ground, or pureed to meet the individual needs of the patient.

**568.14** If a patient refuses foods served, substitutes of similar nutritive value shall be offered.

## **569 SANITARY CONDITIONS**

**569.1** Food shall be procured from sources approved or considered satisfactory by Federal, State and Local authorities.

**569.2** Floors shall be cleaned after each meal.

**569.3** Dishes, silverware, and glasses shall be free of breaks, tarnish, stain, cracks and chips. There shall be an ample supply to serve all patients. Patients will be furnished knives, forks, and spoons unless there is documentation to indicate the patient is incapable of using these implements.

**569.4** Vessels used in preparing, serving or storing food shall be made of seamless metal or a nonabsorbent material which can be easily cleaned and shall be used for no other purpose. Enamelware shall not be used.

**569.5** Rags from patient bedding or clothing or bath shall not be used in dietetic services for any purpose.

**569.6** Dishes, knives, forks, spoons, and other utensils used in the preparation and serving of foods must be stored in such a manner as to be protected from rodents, flies or other insects, dust, dirt, or other contamination. Silverware shall be stored in a clean container that can be thoroughly washed and sanitized.

**569.7** Paper or loose covering shall not be used on shelves, cabinets, cabinet drawers, refrigerators or stoves. Storage cabinets shall be kept clean. Cardboard boxes

shall not be saved and used for the storage of food or articles which were not packed in that original box.

**569.8** Dishes, trays, silverware, glasses and food preparation dishes shall be cleaned, washed, and sanitized by only the following methods:

**569.8.1**            **Manual Dishwashing**

Facilities may wash and sanitize such items in a three-compartment sink. Items shall be first thoroughly cleaned and washed in warm water, one-hundred to one-hundred-twenty (100 to 120) degrees Fahrenheit, containing an adequate amount of an effective soap or detergent to remove grease and solids. The wash water shall be changed often enough to keep it reasonably clean. Next, they shall be rinsed in clean water which is heated to a temperature of at least one-hundred-and-forty (140) degrees Fahrenheit. Next, they shall be completely submerged for at least two (2) minutes in clean hot water at a temperature of at least one-hundred-and-eighty (180) degrees Fahrenheit. A visible and reliable thermometer shall be conveniently available for testing the water temperature. Pots or pans which are used for preparing food which will be cooked need not be sanitized. All other utensils used in the preparing or serving of food shall be sanitized prior to use.

Dishes, trays, and glasses shall be allowed to air dry before storage; drying cloths shall not be used.

**569.8.2**            **Mechanical Dishwashing Machine**

Facilities may wash and sanitize such items in a mechanical spray type dishwashing machine as approved by the OLTC.

**569.9** All kitchen garbage, cans, trash and other waste materials shall be stored in water-tight containers provided with close-fitting lids. The kitchen garbage container shall be emptied and thoroughly washed after each meal and treated with a disinfectant if necessary.

**569.10** All equipment and utensils shall be so constructed as to be cleaned easily and shall be kept clean at all times.

**569.11** All mops, brushes, dustpans, and other housecleaning equipment shall be stored in a janitor's closet when not in use.

**569.12** Meat and other foods shall not be placed in direct contact with ice.

**569.13** Only ice of assured bacterial safety shall be permitted for use in drinks, or for the cooling of drinks by direct contact. A scoop shall be used for handling ice. Ice used to chill bottled drinks or salads, or in any food preparation, shall not be used for drinking purposes. Portable ice chests which can be sanitized shall be cleaned daily, and the ice machine shall be cleaned at least weekly.

**569.14** Hand-washing facilities shall be equipped with blade-action controls and hot and cold water. Soap and towel dispensers and a step-on trash can shall be located conveniently to the lavatory. The kitchen lavatory shall be equipped with a goose-necked spout.

**569.15** If table covers are used in the dining room they shall be of a fabric which can be laundered. They shall be kept clean and changed at least daily.

## **570 DIETETIC SERVICES STAFFING**

**570.1** Staffing shall be correlated to the size of the facility and the total patient meals served.

Facilities with fifty-nine (59) beds or less shall be staffed at ten (10) minutes for each meal served.

Facilities with sixty (60) to eighty (80) beds shall be staffed at eight and one-half (8.5) minutes for each meal served.

Facilities with eighty-one (81) to one-hundred twenty (120) beds shall be staffed at six (6) minutes for each meal served.

Facilities with one-hundred twenty-one (121) beds or more shall be staffed at five and one-half (5.5) minutes for each meal served.

**570.2** Method for determining dietary staffing:

Number (#) for minutes per meal times (x) three (3) equals (=) number of minutes per day, number of minutes per day times (x) number of patients divided by (/) 60 equals (=) number of hours required per day.

**570.3** Food Service Supervisors or Certified Dietary Managers in homes of fifty (50) beds or less may be assigned to duties in the department, such as cooking, for no more than fifty percent (50%) of their total work hours, but must be allowed adequate time for supervisory tasks. In homes of more than fifty (50) beds the Food Service Supervisor, Certified Dietary Manager, or an individual enrolled in a food service supervisor course approved by the Office of Long Term Care may be assigned to duties such as cooking no more than twenty-five percent (25%) of their total work hours, but must be allowed adequate time from these assignments for supervisory tasks.

**570.4** The number of employees will be rounded off to the nearest whole number.

**570.5** If deficiencies are found that directly relate to shortage of personnel, additional personnel will be required.

**571-579 RESERVED**

**580 SOCIAL WORK SERVICES AND ACTIVITIES PROGRAMMING**

**581 POLICIES AND PROCEDURES**

**581.1** Separate policies must be written for social services and activity programs.

**581.2** They shall be individualized for the individual long-term care facility.

**581.3** They shall reflect the actual programs in operation at that facility.

**581.4** They shall provide for the social and emotional needs of the residents and provide activities that encourage restoration and normal activity.

**581.5** The policy manual shall include a statement of the range of social services provided. When all needed services are not provided directly, the manual shall state how needed services shall be arranged.

**581.6** Procedures shall clearly outline the steps for identification of social and emotional needs and the mechanism for meeting these needs.

**581.7** Procedures shall reflect, concerning resident social service records:

- Type of information to be obtained.
- Confidentiality of data and protection.
- Availability of data: who, when, how, and why.
- Transmittal of data on referral.

**582 JOB DESCRIPTION**

Separate for social services designee/worker.

Include actual functions of position.

Include other duties that may be assigned to designee/worker.

**583 SOCIAL SERVICES RECORDS**

**583.1 Social History/Assessment**

Should give clear picture of individual over life span to date. Incomplete information should specify reason for such. Reflects current functioning level, limitations, strengths, and weaknesses.

### **583.2 Progress Notes**

Important happenings shall be entered promptly into social services' progress record. At least a quarterly update shall be done.

### **583.3 Referral Form**

Pertains to referrals for social/emotional needs rather than medical. May be a separate form or reflected in progress notes.

### **583.4 Resident Rights**

1. Appropriately signed:

- Resident capable of understanding: signs with one witness.
- Resident incompetent: legal documentation of such; guardian and one witness sign patient's rights.
- Resident incapable because of illness: Doctor must write statement saying why resident cannot understand; responsible party and two witnesses sign.
- Resident mentally retarded: Rights read and if he/she understands, resident signs along with staff member and outside disinterested party. If he/she cannot understand, rights explained to and signed by guardian and witness.

2. Copies posted around the facility.

3. Staff members who administer rights must understand them fully.

4. Facility staff must understand patients' rights and respect them.

## **584 STAFFING AND CONSULTATION FOR SOCIAL SERVICES/ACTIVITIES**

**584.1** The social services designee shall comply with the qualification requirements as set forth in Federal Regulations.

**584.2** There shall be one (1) full-time social services designee/activities director for the first one-hundred five (105) patients and one (1) additional worker for every fifty (50) patients thereafter.

**584.3** The social service designee shall:

- Have an office or space and privacy in which he/she can talk with residents and/or family.
- Be aware of policies and procedures for social services and the other relevant policies of the long term care facility.
- Be knowledgeable of community and government resources.
- Be familiar with the residents and their needs, limitations, and strengths.
- Possess the skills to deal with families and their needs as they relate to the resident and the long term care facility.
- Be able to identify problems and needs and plan accordingly.

## **585 PROGRAM OPERATIONS**

**585.1** There shall be adequate staff to provide activity/recreational programs daily, including Saturdays and Sundays. There should be at least two (2) group activities scheduled daily.

**585.2** Activities shall be varied in nature and shall be designed to meet the needs, interests, limitations of residents. This is to include all residents: bedfast, ambulatory, and disabled. These activities should provide for the mental, physical, social, and spiritual stimulation of the residents.

**585.3** Residents and patients will be informed of events and given opportunities to participate. A calendar of events shall be posted in obvious places throughout the facility. The calendar should reflect the actual activity program.

**585.4** The utilization of community volunteers is encouraged, but they must work under the direction of the facility's activity director.

**585.5** The activity director shall be aware of the limitations, strengths, and weaknesses of residents.

**585.6** Plans for activity involvement both on individual and group basis shall be developed for all residents.

**585.7** Activity supplies as a minimum:

- A. Television
- B. Dominoes
- C. Checkers
- D. Outside furniture (50% of ambulatory patients)



- E. Two daily newspapers (one local and one having state-wide circulation) for each thirty-five (35) patients and current copies of four (4) popular magazines.

**586 PET THERAPY**

- 586.1** Animals will be allowed to be brought into the nursing home for a short period of time on a limited basis for therapy sessions.
- 586.2** These therapy sessions must be supervised at all times to see that the patients are not in danger at any time during the session.
- 586.3** Animals brought into the facility for these sessions should be animals that will present no danger to the patients.
- 586.4** These sessions shall be sponsored by organizations, groups, or family members that are familiar with the actions and habits of the animals being used in the therapy session.
- 586.5** Animals used in therapy sessions shall be properly vaccinated, and records of the vaccinations maintained by the facility.
- 586.6** Pets must be maintained outside the building, and the area in which they are kept must be clean and sprayed on a regular basis to prevent rodents and insects.

**587-599 RESERVED**