

COLORADO

Part 01. STATUTORY AUTHORITY AND APPLICABILITY

01.1 The statutory authority for the promulgation of these rules is set forth in sections 25-1-107.5, 25-1.5-103 and 25-3-101, et. seq., C.R.S.

01.2 A long term care facility shall comply with all applicable federal and state statutes and regulations, including but not limited to, the following:

- (a) This Chapter V;
- (b) 6 CCR 1011-1, Chapter II, General Licensure Standards; and
- (c) 6 CCR 1010-2, Colorado Retail Food Establishment Rules and Regulations.

Part 1. GOVERNING BODY

Definitions

Department – The Department of Public Health and Environment.

LONG-TERM CARE FACILITY. A long-term care facility is a health facility that holds itself out as a nursing home, nursing facility, nursing care facility or intermediate care facility or a health facility that is planned, organized, operated, and maintained to provide supportive, restorative, and preventive services to persons who, due to physical and/or mental disability, require continuous or regular inpatient care.

(a) a long-term care facility is a nursing care facility, or a nursing facility serving residents who require continuous medical and nursing care and supervision.

(b) a long-term care facility is an intermediate care facility serving residents who require regular, but not continuous nursing care and supervision.

PLAN REVIEW – the review by the Department, or its designee, of new construction, previously unlicensed space, or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety Code and with this Chapter V. Plan review consists of the analysis of construction plans/documents and onsite inspections, where warranted. For the purposes of the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure.

STRUCTURAL ELEMENT – for the purposes of plan review, means an element relating to load bearing or to the scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of a building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns and foundations.

1.1 GOVERNING BODY. The governing body is the individual, group of individuals, or corporate entity that has ultimate authority and legal responsibility for the operation of the long-term care facility.

1.1.1 The governing body shall provide the necessary facilities, qualified personnel, and services to meet the total needs of the facility's residents.

1.1.2 The governing body shall appoint for the facility a full-time administrator, qualified as provided in Section 2.1, and delegate to that officer the executive authority and full responsibility for day-to-day administration of the facility.

1.1.3 The governing body is responsible for the performance of all persons providing services within the facility.

1.2 STRUCTURE. If the governing body includes more than one individual, the group shall be formally organized with written constitution or articles of incorporation and by-laws; hold regular, periodic meetings; and maintain meeting records.

1.2.1 The facility shall disclose its ownership as required in Part 2, chapter II of these regulations.

1.2.2 The governing body shall provide a formal means of obtaining local community involvement and opportunity to communicate with the administrator on issues of residents' rights. The means of community input shall provide opportunity for regular input and such input shall be documented.

(a) The input may come through a formally organized community advisory committee that is given the opportunity to comment and advise the governing body on matters of facility policy; is composed of members, a majority of whom reside in the facility's service area, and none of whom are owners or employees of or consultants to the facility.

(b) The input may come through membership of at least 25% of the governing body representing citizens in the facility's service area, none of whom are owners or employees of or consultant? to the facility.

(c) The facility may request Department approval of an alternative means of obtaining community input on residents' rights.

1.3 QUALITY ASSURANCE. The governing body shall assure that there is an effective quality assurance program to evaluate the availability, appropriateness, effectiveness, and efficiency of resident care, including without limitation, a continuous program of evaluating medical, nursing care, social services, activities, dietary, housekeeping, maintenance, infection control, and pharmacy services.

1.3.1 The quality assurance plan shall be in writing and shall include objectives; personnel involved; responsibility for reviewing critical incidents; methods for monitoring and evaluating care; and methods for monitoring effectiveness of actions taken to improve quality of resident care.

1.3.2 The facility shall maintain evidence of actions taken in response to quality assurance activity and their effectiveness and shall report annually to the governing body.

1.4 EXCEPTIONS TO RULES. The requirements of these regulations do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, or personnel

qualifications or conducting pilot projects. A facility may request waivers or exceptions to these regulations pursuant to 6 CCR 1011-1, Chapter II, General Licensure Standards, Part 4, waiver of regulations for health care entities.

1.5 POSTING DEFICIENCIES. The facility shall post conspicuously in public view either the statement of deficiencies following its most recent survey or a notice stating the location and times at which the statement can be reviewed.