

COLORADO

Part 7. NURSING SERVICES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.6.1 A rural facility is one that is located in:

- (1) a county of fewer than fifteen thousand population; or
- (2) a municipality of fewer than fifteen thousand population that is located ten miles or more from a municipality of fifteen thousand population or over; or
- (3) the unincorporated part of a county ten miles or more from a municipality of fifteen thousand population or more.

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

- (1) The facility is located in a rural area as defined in Subsection 7.6.1;
- (2) The facility has at least one full-time registered nurse who is regularly on duty 40 hours per week;
- (3) The facility has only residents whose attending physicians have indicated in orders or admission notes that each resident does not require the services of a registered nurse for a 48-hour period or the facility has made arrangements for a professional nurse or physician to spend such time at the facility as is determined necessary by the resident's attending physician to provide needed services on days when the regular full-time registered nurse is not on duty; and
- (4) The facility has made and continues to make a good faith effort to comply with the more than 40-hour registered nurse requirement, but registered nurses are unavailable in the area.

7.7 SUPPLIES AND EQUIPMENT. The facility shall provide the supplies and equipment necessary to conduct the preventive, therapeutic, and rehabilitative nursing program. Equipment includes devices to assist residents to perform activities of daily living.

7.7.1 Equipment shall be maintained in clean and proper functioning condition.

7.7.2 The facility shall provide or assist residents to obtain walkers, crutches, canes, and wheelchairs (with appropriate padding), all of which shall fit residents properly.

7.7.3 Nursing staff shall be trained in rehabilitative nursing procedures, including preventive nursing care measures, and in the proper use of prosthetic devices and equipment.

7.8 CARE POLICIES. The facility shall have written resident care policies approved by the governing body, which staff shall follow.

7.9 RESIDENT SOCIALIZATION. Except where contraindicated by physician order or resident preference, residents shall be dressed, encouraged to be active, be out of bed for reasonable periods of time each day, and encouraged to eat in a dining room.

7.10 MEDICATION ADMINISTRATION. Medications shall be identified as provided in Subsection 16.3.2. Staff shall verify identification of the medication when the medication is prepared as well as when it is administered.

7.10.1 Medications and treatments shall be given only as ordered by a physician.

7.10.2 Medication shall be administered in a form that can be most easily tolerated by, the resident. Staff shall not mask the medication or alter its form, through crushing or dissolving or other means, if to do so would be hazardous and not without first informing the resident or responsible party.

7.10.3 Medications that are prepared but unused shall be disposed of in accordance with state law and the facility's written procedures.

7.10.4 All administered medications shall be recorded in the resident's health record, indicating the name, strength, dosage, and mode of administration of the medication, the date and time of administration, and the signature of the person administering the medication.

7.10.5 To encourage independence and prepare residents for discharge, the facility shall permit self-administration of medications in appropriate cases upon the order of the attending physician and under the guidance of a registered or a licensed practical nurse.

7.10.6 If facility policy permits medications to be kept at the bedside, the pharmaceutical advisory committee shall approve such types of medications. The facility shall assure that each such medication is ordered by the physician to be kept at the bedside, it is used properly, use is documented, and it is stored in a secure manner that protects all residents.

7.10.7 Drug reactions and significant medication errors shall be reported within thirty minutes to the resident's physician. A call to the office or answering service does not meet the facility's responsibility to provide emergency care. The resident's condition shall be monitored for 72 hours and observations documented in the health record.

7.10.8 If a resident is administered psychoactive medications, he or she shall be evaluated for symptoms of tardive dyskinesia at least every three months.

7.11 RESTRAINTS.

(A) A PHYSICAL RESTRAINT is any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.

(B) A CHEMICAL RESTRAINT is anything that is used for discipline or convenience and not required to treat medical symptoms. Any medication that can be used both to treat a medical condition and to alter or control behavior shall be evaluated to determine its use for the resident. If a medication is used solely or primarily to treat a medical condition, it is not a chemical restraint.

7.11.1 Linen shall not be used as restraints.

7.11.2 The facility shall establish written policies and procedures governing the use of physical and chemical restraints and shall assure that they are followed by all staff members.

7.11.3 Physical and chemical restraints shall only be used upon the order of a physician and only when necessary to prevent injury to the resident or others, based on a physical, functional, emotional and medication assessment.

7.11.4 Restraints shall not be used for disciplinary purposes, for staff convenience or to reduce the need for care of residents during periods of understaffing.

7.11.5 Whenever restraints are used, a call signal switch or similar device within reach or other appropriate method of communication shall be provided to the resident.

7.11.6 If the resident needs emergency care, restraints may be used for brief periods to permit medical treatment to proceed, unless the resident or legal representative has previously made a valid refusal of the treatment in question. A resident whose unanticipated violent or aggressive behavior places the resident or others in imminent danger does not have the right to refuse the use of restraints as long as those restraints are used as a last resort to protect the safety of the resident or others and use is limited to the immediate episode.

7.11.7 Residents in physical restraints shall be monitored at least every 15 minutes to assure that the resident is properly positioned, blood circulation is not restricted, and other resident needs are met.

7.11.8 At least every two hours during waking hours, residents shall have the physical restraint removed and shall have the opportunity to: drink fluids, be toileted, and be exercised, moved, or repositioned, which activity shall be documented in the health record.

7.12 SAFETY DEVICES. A safety device such as an alarm, helmet or pillow is used to protect the resident from injury to self, maintain body alignment, or facilitate comfort. Prior to using any safety device, the facility shall assess the resident to properly identify the resident's needs and medical symptom/s that the safety device is being employed to

address. The facility shall also evaluate whether any safety device being used meets the definition of a physical restraint as defined at section 7.11(A).

7.12.1 Linen shall not be used as safety devices.

7.12.2 Safety devices shall not be used for disciplinary purposes, for the convenience of staff, or to reduce the need for care of residents during periods of understaffing.

7.12.3 The facility shall establish written policies and procedures governing the use of safety devices and shall assure that they are followed by all staff members.

7.12.4 If a safety device meets the definition of a restraint, then all regulations under section 7.11 apply. A registered nurse may order a safety device after assessing and determining the need exists. Through the nursing assessment, if the need is ongoing, a comprehensive, documented physical and functional assessment shall be completed no less often than after the first 24 hours, at the end of the week, and monthly thereafter.

7.12.5 At least every two hours residents with safety devices shall be monitored and such monitoring shall be documented.

7.12.6 Residents with safety devices shall have either a call signal switch or similar device within reach or some other appropriate means of communication provided.

7.13 PHYSICIAN NOTIFICATION. Facility staff shall notify the attending physician promptly in cases of significant change in resident status and any incident or accident involving the resident.