

# 3000 Division of Long Term Care Residence Protection 3201 Skilled and Intermediate Care

## Nursing Facilities

### 1.0 Scope

- 1.1 A Nursing facility (NF) is a residential institution, as defined in 16 **Delaware Code**, §1102(4), which provides services to residents which include resident beds, continuous nursing services, and health and treatment services for individuals who do not currently require continuous hospital care. Care is given in accordance with a physician's orders and requires the competence of a registered nurse (RN).
- 1.2 Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.

### 13 DE Reg. 1322 (04/01/10)

## 2.0 Definitions

- 2.1 Activities of Daily Living (ADLs) - Normal daily activities including but not limited to ambulating, transferring, range of motion, grooming, bathing, dressing, eating and toileting.
- 2.2 Advance Directive - Written instructions such as a living will or durable power of attorney for health care, in accordance with 16 **Delaware Code**, Chapter 25, relating to the provision of health care should the individual become incapacitated.
- 2.3 Associated Entity - The partially or wholly owned subsidiary, parent company or partner of the applicant for licensure or any other entity identified on the corporation formation documents.
- 2.4 Department/DHSS - Department of Health and Social Services
  - 2.5 Division - Division of Long Term Care Residents Protection
  - 2.6 Extensive Remodeling - Renovations or alterations within the facility that modify the square footage of any room intended for resident use.
- 2.7 Food Service Manager
  - 2.7.1 For facilities subject to 16 **Delaware Code**, §1164, an individual who meets the statutory requirements for a food service manager. A facility may seek a waiver of the statutory requirements if an insufficient pool of applicants exists. The facility must demonstrate the inability to hire a person who meets the requirements after a recruitment process of at least 90 days duration that included advertising in at least two newspapers of general circulation and one trade journal, offering a competitive salary. If those conditions are met, the Division may waive the education requirement for an applicant who meets the requirements of a "person in charge" as defined in the current Delaware Food Code.
  - 2.7.2 For facilities not subject to 16 **Delaware Code**, §1164, an individual who, at a minimum, meets the requirements of a "person in charge" as defined in the current Delaware Food Code.
- 2.8 Full-time - Forty hours per week or the standard workweek established by the facility.
  - 2.9 Incident - An occurrence or event, a record of which must be maintained in facility files, which includes all reportable incidents and the additional occurrences or events listed in Section 9.7 of these regulations.
  - 2.10 Nursing Home Administrator - A licensee of the Delaware Board of Examiners of Nursing Home Administrators who manages the facility on a full-time basis, and is responsible for the delivery quality care to its residents and for the implementation of the policies and procedures of the facility.
  - 2.11 Nursing Services - Those curative, restorative, preventive or palliative health care services provided by certified nursing assistants, licensed practical nurses and registered nurses to

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

assist a resident to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being as determined by the resident's assessment and individual care plan.

- 2.12 Pediatric resident - A person residing in a nursing facility who is under 18 years of age and for who there is a care plan including medical care, treatment and other related services in accordance with the Regulations for Nursing Homes Admitting Pediatric Residents.
- 2.13 Physician - A medical doctor or doctor of osteopathy licensed to practice medicine in the State of Delaware.
- 2.14 Rehabilitation - The actions and services such as physical therapy, occupational therapy, speech therapy and psychosocial services provided or required to restore an ill or injured person to self-sufficiency at his or her highest attainable level.
- 2.15 Reportable Incident - An occurrence or event which must be reported immediately to the Division and for which there is reasonable cause to believe that a resident has been abused, neglected, mistreated or subjected to financial exploitation/misappropriation of their property as those terms are defined in 16 Delaware Code, §1131 and/or 42 CFR 483.13(c). Reportable incident also includes an occurrence or event listed in Section 9.8 of these regulations.
- 2.16 Resident - A person admitted to a nursing facility because of illness or impairment, under a physician's care, for whom there is planned continuing health care directed toward improvement in health or for whom palliative medical and nursing measures are required.
- 2.17 Restraint - A physical or chemical means of restricting or controlling a resident. Specifically, a mechanical device, material or equipment attached or adjacent to a resident's body that the resident cannot remove easily, and which restricts freedom of movement or normal access to the resident's body.
- 2.18 Satisfactory Compliance History -A sworn affidavit, as required by 16 Delaware Code, §1104(d), attesting to a licensure applicant's provision of quality care in a nursing facility, during the five years preceding the initial application, as determined by the absence of the following:
  - 2.18.1 Termination or denial of participation in the Medicare or Medicaid program
    - 2.18.2 State licensure revocation
    - 2.18.3 Financial insolvency
    - 2.18.4 Outstanding civil actions for debt
    - 2.18.5 Outstanding civil money penalty
- 2.19 Social worker - For facilities subject to 16 **Delaware Code**, §1165, with at least 100 beds, an individual with a bachelor's degree in social work, or a bachelor's degree in a human services field including, but not limited to, sociology, special education, rehabilitation counseling, and psychology; and one year of supervised social work experience in a health care setting working directly with individuals. For facilities with fewer than 100 beds, the facility may designate the director of admissions or a nurse to assume the duties of the social worker.
- 2.20 Supervision - The oversight and direction of personnel necessary to ensure the safety, comfort and well-being of residents.

### 13 DE Reg. 1322 (04/01/10)

### 3.0 General Requirements

- 3.1 The term "nursing home" or "nursing facility" shall not be used as part of the name of any facility in this State unless it has been so licensed by the Division.
- 3.2 Each nursing facility shall develop written policies pertaining to the services provided.
  - 3.3 A nursing facility shall not adopt any policy which conflicts with applicable statutes or regulations.
  - 3.4 Inspections and monitoring by the Division shall be carried out in accordance with 16 **Delaware Code**, §1107.
  - 3.5 Upon receipt of a report of any violation(s) of these regulations, the facility shall submit a written plan of action to correct cited deficiencies within 10 working days or such other time period as may be specified. The plan of action shall address corrective actions and include all measures and completion dates to prevent their recurrence as follows:

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 3.5.1 How the corrective action will be accomplished for a resident(s) affected by the deficient practice;
- 3.5.2 How the facility will identify other residents having the potential to be affected by the same deficient practice;
- 3.5.3 What measures or systemic changes will be put in place to ensure that the deficient practice will not recur;
- 3.5.4 What program will be put into place to monitor the continued effectiveness of the corrective actions.
- 3.6 The Division shall be notified, in writing, upon any changes in the administrator, assistant administrator or director of nursing positions.
- 3.7 The nursing facility shall comply with 42 CFR 483.10, 483.12, 483.13, 483.15 and/or 16 **Delaware Code**, §1121 regarding the rights of residents. Those rights shall be made available in writing to residents, guardians, representatives or next of kin.
- 3.8 Each facility shall provide, in writing, the refund and prepayment policy at the time of admission, and in the case of residents admitted while awaiting approval of third-party payment, an exact statement of responsibility in the event of retroactive denial. The facility shall notify residents, in writing, at least 30 days prior to a rate increase.
- 3.9 A facility may require an individual who has legal access to a resident's income or resources available to pay for facility care to sign a contract to provide for facility payment from the resident's income or resources. However, in doing so, the facility shall not require a third party to incur personal financial liability for the nursing facility expenses.

### 4.0 Licensing Requirements and Procedures

- 4.1 Licenses and renewals shall be issued to a nursing facility which meets the requirements of 16 **Delaware Code**, §1104. For initial licensure, the nursing facility shall also demonstrate during a physical inspection of the premises that the facility complies with all applicable regulations.
- 4.2 A new applicant for licensure shall substantiate a satisfactory compliance history as defined in these regulations.
- 4.3 The Division may consider sanctions or other information which, in combination, may impact licensure eligibility. Accordingly, the applicant shall disclose the following:
  - 4.3.1 The imposition of temporary management by the Centers for Medicare and Medicaid Services (CMS) or any state jurisdiction against the applicant or associated entity during the preceding five years
  - 4.3.2 The imposition of immediate jeopardy by CMS against the applicant or associated entity during the preceding five years
  - 4.3.3 A substandard survey by CMS or any state jurisdiction against the applicant or associated entity during the preceding five years
  - 4.3.4 The imposition of a civil money penalty by any state jurisdiction against the applicant or associated entity during the preceding five years
  - 4.3.5 A ban on admissions by any state jurisdiction against the applicant or associated entity during the preceding five years
  - 4.3.6 A list of all facilities managed, owned or controlled by the applicant or associated entity in any jurisdiction during the preceding five years
- 4.3.7 Information as required by 16 **Delaware Code**, §1104(e)
  - 4.4 Financial information disclosed to the Division as required by 16 **Delaware Code**, §1104(e) shall not be subject to Freedom of Information Act requests except as follows:
    - 4.4.1 Any information known to the Division regarding a civil action for debt owed by a facility
      - 4.4.2 Any information known to the Division regarding current facility bankruptcy proceedings
      - 4.4.3 The name of any facility currently under intensive Division review for potential financial incapability
- 4.5 Each license shall be renewed on the anniversary date of initial licensure. Each license holder shall file an application for renewal at least 30 days prior to the expiration of the current license and pay the applicable fee as established in 16 **Delaware Code**, §1106(a).

**TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE  
ADMINISTRATIVE CODE**

- 4.6 A new license shall be required in the event of a change in the nursing home management company, building owner or controlling person as defined in 16 **Delaware Code**, §1102(1).
- 4.7 Each license shall specify the number of licensed beds. A facility seeking to change the number of licensed beds shall apply to the Division for a modified license authorizing the revised number of beds.
- 4.8 Separate licenses are required for facilities maintained in separate locations, even though operated under the same management. A separate license is not required for separate buildings maintained by the same management on the same grounds.
- 4.9 When a facility plans to construct or extensively remodel a licensed facility or convert a building to a licensed facility, it shall submit one copy of properly prepared plans and specifications for the entire facility to the Division. An approval, in writing, shall be obtained before such work is begun. After the work is completed, in accordance with the plans and specifications, a modified license to operate shall be issued. All completed construction, extensive remodeling or conversions shall remain in accordance with the plans and specifications, as approved by the Division.

**5.0 Personnel/Administrative**

- 5.1 The administrator(s) shall be responsible for complying with all applicable laws and regulations.
- 5.2 Each nursing facility shall have a full-time administrator. When an administrator will be temporarily absent for a period of two weeks or more, a management employee shall be designated to be in charge. The Division shall be notified in writing upon such designation.
- 5.3 The nursing facility shall designate a physician to serve as the medical director who shall be responsible for implementation of resident care policies and the coordination of medical care in the facility.
- 5.4 Nursing facilities shall provide professional nursing, nursing services direct care and other services as follows:
  - 5.4.1 Nursing facilities subject to 16 **Delaware Code**, §1161 to §1165 shall provide professional nursing, nursing services direct care and other services in accordance with statutory requirements.
  - 5.4.2 Nursing facilities not subject to 16 **Delaware Code**, §1161 to §1165 shall provide professional nursing, nursing services direct care and other services as follows:
    - 5.4.2.1 The facility shall provide a sufficient number of nursing services direct care staff to provide a minimum of 2.25 hours of direct care and treatment per resident per day.
    - 5.4.2.2 In addition to the requirement above, the nursing facility shall have a full-time director of nursing who is a registered nurse. The director of nursing shall have overall responsibility for the coordination, supervision and provision of nursing services.
    - 5.4.2.3 At a minimum, a registered nurse or licensed practical nurse shall be on duty at all times during the first and second shifts.
    - 5.4.2.4 At a minimum, in the absence of a nurse on the third shift, a registered nurse or licensed practical nurse shall be on call.
    - 5.4.2.5 Facilities not subject to 16 **Delaware Code**, §1164 may increase the level of care and services for a current resident whose condition requires such an increase in the level of care and services as an alternative to discharge to another facility. Such increased care and services shall be provided by a qualified caregiver(s) whose scope of practice includes the provision of such care and services, and shall be available during any shift when the resident's needs require such care and services.
- 5.4.2.6 All other nursing services direct caregivers shall be certified nursing assistants.
  - 5.4.2.7 The facility shall employ an activities director who shall ensure the provision of activities as described in these regulations.

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

5.5 The facility shall have written personnel policies and procedures. Personnel records shall be kept current and available for each employee, and include the following:

- 5.5.1 Results of tuberculosis screening
- 5.5.2 Documentation of annual influenza vaccination or refusal.
- 5.5.3 Results of criminal background check
- 5.5.4 Results of mandatory drug testing
- 5.5.5 Result of Adult Abuse Registry check
- 5.5.6 Titles and hours of in-service training
- 5.5.7 If applicable, license number and expiration date
- 5.5.8 If applicable, certification expiration date

**13 DE Reg. 1322 (04/01/10)**

### 6.0 Services To Residents

6.1 General Services. Any nursing facility not providing skilled services shall implement each resident's physician's orders obtained on the day of admission and renewed or revised every 60 days thereafter.

#### 6.2 Medical Services

- 6.2.1 All persons admitted to a nursing facility shall be under the care of a physician licensed to practice in Delaware.
- 6.2.2 All nursing facilities shall arrange for one or more licensed physicians to be called in an emergency. Names, telephone and fax numbers of these physicians shall be posted at all nurses' stations.
- 6.2.3 For a resident admitted or readmitted from the hospital with orders for nine or more medications (excluding over-the-counter medications), the attending physician or designee or medical director shall conduct a comprehensive medication review and reconciliation of past and present medications within 5 days.
- 6.2.4 All written or verbal physician orders shall be signed by the attending physician or prescriber within 10 days.
- 6.2.5 After the initial physician visit, an advanced practice nurse or physician's assistant, affiliated with the physician, may alternate with the physician, making every other required visit.
- 6.2.6 A progress note shall be written and signed by the physician or designee (an advanced practice nurse or physician's assistant) after examining the resident at each visit

#### 6.3 Nursing Administration

6.3.1 The facility's director of nursing shall:

##### 6.3.1.1 Develop and/or maintain nursing policy and procedure manuals

- 6.3.1.2 Assign duties to and supervise all levels of nursing services direct caregivers
- 6.3.1.3 Coordinate nursing services with medical, therapy, dietary, pharmaceutical, recreational, and other ancillary services
- 6.3.1.4 Coordinate orientation programs for new nursing services direct caregivers (including temporary staff) and in-service education, as appropriate, for such staff. Written records of the content of each in-service program and the attendance records shall be maintained for two years
- 6.3.1.5 Participate in the selection of prospective residents by evaluating the nursing services required and the facility's ability to competently provide those required services or ensure that such an evaluation is conducted by a designated registered nurse

6.3.2 Treatments and medications ordered by a physician shall be administered using professionally accepted techniques in accordance with 24 **Delaware Code**, Chapter 19.

6.3.3 Within 14 days of admission, the facility shall make a comprehensive assessment of each resident's needs. This assessment shall include, at a minimum, the following information:

##### 6.3.3.1 Identification, background and demographic information

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 6.3.3.2 Customary routine
- 6.3.3.3 Cognitive patterns
- 6.3.4 The 6.3.3.4 Communication
- 6.3.3.5 Vision
- 6.3.3.6 Mood and behavior patterns
- 6.3.3.7 Psychosocial well-being
- 6.3.3.8 Physical functioning and structural problems
- 6.3.3.9 Continence
- 6.3.3.10 Disease diagnoses and health conditions
- 6.3.3.11 Dental and nutritional status
- 6.3.3.12 Skin condition
- 6.3.3.13 Activity pursuits
- 6.3.3.14 Medications
- 6.3.3.15 Special treatments and procedures
- 6.3.3.16 Discharge potential

resident assessment shall include a screening instrument for mental illness, mental retardation, and developmental disabilities to assess if an individual has an active treatment need for one of these conditions.

- 6.3.5 Based on the physician's admission orders and the admission information for each resident, an interim individual nursing care plan shall be developed within 24 hours of admission pending the completion of a comprehensive resident assessment.
- 6.3.6 A comprehensive care plan shall be developed to address medical, nursing, nutritional and psychosocial needs within 7 days of completion of the comprehensive assessment. Care plan development shall include the interdisciplinary team that includes the attending physician, an RN/LPN and other appropriate staff as determined by the resident's needs. With the resident's consent, the resident, the resident's family or the resident's legal representative may attend care plan meetings.
- 6.3.7 The assessment and care plan for each resident shall be reviewed/revised as needed when a significant change in physical or mental condition occurs, and at least quarterly. A complete comprehensive assessment shall be conducted and a comprehensive care plan shall be developed at least yearly from the date of the last full assessment.
- 6.3.8 The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.
- 6.3.8.1 The resident's comprehensive assessment shall document the medical symptom(s) potentially requiring the use of restraints.
- 6.3.8.2 The facility shall follow a comprehensive, systematic process of evaluation and care planning to ameliorate medical and psychosocial indicators prior to restraint use.
- 6.3.8.3 The resident's care plan shall document the facility's use of interventions, such as modifying the resident's environment to increase safety, and use of assistive devices to enhance monitoring in order to avoid the use of restraints.
- 6.3.8.4 Should such interventions and assistive devices fail to provide for the resident's safety, a physician's written order permitting the use of restraints shall be required and shall specify the type of restraint ordered.
- 6.3.8.5 The facility shall be accountable for the safe and effective implementation of the physician's order permitting the use of restraints.
- 6.3.8.6 When the use of restraints has been implemented, the facility shall initiate a systematic process, on an ongoing basis, documented in the care plan, in an effort to employ the least restrictive restraint.
- 6.3.8.7 In an emergency, when the resident's unanticipated violent or aggressive behavior places him/her or others in imminent danger, restraints may be used as a last

**TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE  
ADMINISTRATIVE CODE**

resort to protect the safety of the resident or others, and such use shall not extend beyond the immediate episode.

6.3.9 The facility shall ensure that each nursing and ancillary staff member providing care to a resident under 18 years of age meets the standards as defined in regulations for nursing facilities admitting pediatric residents.

6.3.10 The facility shall ensure that all licensed or certified direct care staff receive CPR certification and shall ensure that at least one staff person with current CPR certification is present in the facility during all shifts.

6.4 Social Services

6.4.1 The facility shall identify each resident's need for social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident; and shall assist each resident to obtain all required services to meet the individual resident's needs. These social services shall include, but not be limited to:

6.4.1.1 Making arrangements for obtaining needed adaptive equipment, clothing and personal items

6.4.1.2 Making referrals and obtaining services from outside entities

6.4.1.3 Assisting residents with financial and legal matters, according to facility policy

6.4.1.4 Discharge planning services

6.4.1.5 Assisting residents to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions

6.4.1.6 Meeting the needs of residents who are grieving

6.5 Food Service

6.5.1 Meals. Therapeutic diets, mechanical alterations and changes in either must be prescribed by an attending physician within 72 hours of implementation. All meals and snacks shall be served in accordance with the therapeutic diet, if prescribed.

6.5.2 Menus

6.5.2.1 Menus shall be planned in advance and a copy of the current week's menu shall be posted in the kitchen and in a public area. Portion sizes shall be listed on a menu in the food service area.

6.5.2.2 Menus showing food actually served each day shall be kept on file for at least 3 months. When changes in the menu are necessary, substitutions of similar nutritive value shall be provided.

6.5.2.3 A 3-day supply of food shall be kept on the premises at all times.

6.5.2.4 A copy of a recent dietary manual shall be available for planning therapeutic menus and as a resource for staff.

6.5.3 Nutritional Assessment

6.5.3.1 The immediate nutritional needs of each resident shall be addressed upon admission.

6.5.3.2 A comprehensive nutritional assessment which includes an evaluation of each resident's caloric, protein, and fluid requirements shall be completed within 14 days of admission in consultation with a dietitian.

6.5.3.3 The facility shall have an ongoing evaluation and assessment program to meet the nutritional needs of all residents.

6.5.3.4 The facility shall obtain and document each resident's weight at least monthly.

6.6 Housekeeping and Laundry Services

6.6.1 The facility shall maintain a safe, clean, and orderly environment, free from offensive odors, for the interior and exterior of the facility.

6.6.2 A full-time employee shall be designated responsible for housekeeping services and for supervision and training of personnel.

6.9.3 The facility shall have written policies and procedures and schedules for cleaning all areas of the facility.

**TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE  
ADMINISTRATIVE CODE**

- 6.9.4 The facility shall maintain a supply, in the amount of 3 sets per resident, of towels, washcloths, sheets and pillowcases changed weekly or whenever soiled.
- 6.9.5 The facility's handling, storage, processing and transporting of linens shall comply with facility infection control policies and procedures.
- 6.9.6 The facility shall contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin.

6.7 Pharmacy Services

- 6.7.1 Each nursing facility shall have a consultant pharmacist who shall be responsible for the general supervision of the nursing facility's pharmaceutical services.
- 6.7.2 For a resident admitted or readmitted from the hospital with orders for nine or more medications (excluding over-the-counter medications), the facility shall complete an on-site or off-site pharmacy review within 10 days of admission or readmission.

6.8 Medications

6.8.1 Medication Administration

- 6.8.1.1 All medications (prescription and over-the-counter) shall be administered to residents in accordance with orders which are signed and dated by the ordering physician or prescriber. Each medication shall have a documented supporting diagnosis. Verbal or telephone orders shall be written by the nurse receiving the order and then signed by the ordering physician or prescriber within 10 days.
- 6.8.1.2 Standing orders may be established for over-the-counter medications that have been approved by the resident's attending physician.
- 6.8.1.3 Standing orders shall be initiated by licensed nurses, but shall not be used for more than 72 hours without approval by the physician.
- 6.8.1.4 When any standing order is initiated, it shall be written as a complete order on the MAR for the specified time period and charted when administered.
- 6.8.1.5 Medications shall be given only to the individual resident for whom the prescription or order was issued, and shall be given in accordance with the prescriber's instructions.
- 6.8.1.6 An individual resident may self-administer medications upon the written order of the physician, following determination by the interdisciplinary team that this practice is safe. The facility shall establish policies and procedures pertaining to the security of self-administered medication.
- 6.8.1.7 The facility's policies and procedures shall not prohibit or restrict a resident from receiving medications from the pharmacy of the resident's choice. However, the resident and/or his representative shall be informed of any ramifications of ordering medications from other than the facility's pharmacy, such as cost differences, responsibility for delivery of medication to the facility and length of ordering time.
- 6.8.1.8 Only licensed nurses shall administer medications and then record the administration on the resident's Medication Administration Record (MAR) immediately after administration to that resident.
- 6.8.1.9 The facility shall ensure that licensed nurses administering medications count controlled substances at the beginning and end of each shift. The on-coming medication nurse shall conduct, verify, and document the controlled substance count in the presence of the off-going medication nurse.
- 6.8.1.10 Any medications removed but not administered to the resident shall not be returned to the original container. In circumstances such as refusal of drugs by the resident, the drugs shall be discarded and the refusal recorded on the resident's Medication Administration Record (MAR). If the medication is a controlled substance, the signature of the administering nurse is required on the record of the controlled substance count.
- 6.8.1.11 Each nursing home shall have available a current edition of at least one drug reference text for the nursing staff.



## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 6.8.1.12 Medication shall be released to residents on discharge or transfer only by the written authorization of the resident's physician. A resident who leaves the nursing facility on a short leave may be issued a quantity of medication to meet his/her needs, with the approval of the resident's physician.
  - 6.8.1.13 The barrel, plunger, needle and contents of disposable hypodermic syringes shall be properly discarded in accordance with OSHA regulations immediately after use.
  - 6.8.1.14 The administrator or designee shall notify the Office of Controlled Substances in the Division of Professional Regulation and the Division of Long Term Care Residents Protection of any unexplained loss of controlled substances, syringes, needles, or prescription pads within 8 hours of discovery of such loss or theft.
- 6.8.2 Medication Storage and Stocks
- 6.8.2.1 Stock supplies of drugs available without a prescription (over-the-counter drugs such as antacids, aspirin, laxatives) may be kept in the facility. These over-the-counter drugs shall be labeled "house stock".
  - 6.8.2.2 All medications shall be stored in a locked cabinet. The key to the cabinet shall be kept in the control of the licensed nurse responsible for the administration of medications.
  - 6.8.2.3 Prescription medications for emergency or interim use may be stocked by the facility subject to Board of Pharmacy regulations.
- 6.8.3 Medication Labeling
- 6.8.3.1 Medications shall be labeled in accordance with 24 **Delaware Code**, §2522 and the regulations of the Board of Pharmacy.
  - 6.8.3.2 Medications dispensed using a unit dose system shall be pharmacy-prepared or manufacturer-prepared in individually packaged and sealed doses that are identifiable and properly labeled. The label shall include, at a minimum, the brand and/or generic name of the medication, strength, and lot number and expiration date.
- 6.9 Communicable Diseases
- 6.9.1 General Requirements
- 6.9.1.1 The facility shall follow Division of Public Health regulations for the Control of Communicable and Other Disease Conditions and Centers for Disease Control guidelines for communicable diseases.
  - 6.9.1.2 The facility shall establish written policies and procedures implementing the Division of Public Health regulations and Centers for Disease Control guidelines for communicable diseases.
  - 6.9.1.3 The nursing facility shall ensure that the necessary precautions stated in the policies and procedures are followed.
  - 6.9.1.4 A resident, when suspected or diagnosed as having a communicable disease, shall be placed on the appropriate precautions as recommended for that disease by the Centers for Disease Control. Residents infected or colonized with the same organism may share a room based on current standard of practice.
  - 6.9.1.5 The admission of a resident with or the occurrence of a disease or condition on the Division of Public Health List of Notifiable Diseases/Conditions within a nursing facility shall be reported to the resident's physician and the facility's medical director. The facility shall also report such an admission or occurrence to the Division of Public Health's Health Information and Epidemiology office.
- 6.9.2 Specific Requirements for Tuberculosis
- 6.9.2.1 A resident diagnosed with active tuberculosis in an infectious stage shall not continue to reside in a nursing facility unless that facility has a room with negative pressure ventilation and staff trained to care for residents requiring respiratory isolation.
  - 6.9.2.2 A resident of any facility unable to provide care as described above who is diagnosed with active tuberculosis in an infectious stage shall be transferred to an

**TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE  
ADMINISTRATIVE CODE**

acute care hospital, and the facility shall notify the Division of Public Health's Health Information and Epidemiology office immediately.

6.9.2.3 The facility shall have on file the results of tuberculin testing performed on all newly admitted residents.

6.9.2.4 Minimum requirements for pre-employment and annual tuberculosis (TB) testing are those currently recommended by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services.

6.9.2.4.1 No person, including volunteers, found to have active tuberculosis in an infectious stage shall be permitted to give care or service to residents.

6.9.2.4.2 Any person having a positive skin test but a negative X-ray must complete a statement annually attesting that they have experienced no symptoms which may indicate active TB infection.

6.9.2.4.3 Persons with a prior BCG vaccination are required to be tested as set forth in 6.9.2.4.

**6.9.3 Immunizations**

6.9.3.1 All facilities shall have on file evidence of annual vaccination against influenza for all residents, as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control, unless medically contraindicated.

6.9.3.2 All facilities shall have on file evidence of vaccination against pneumococcal pneumonia for all residents older than 65 and as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control unless medically contraindicated.

6.9.3.3 A resident who refuses to be vaccinated against influenza or pneumococcal pneumonia shall be informed by the facility of the health risks involved. The reason for the refusal(s) shall be documented in the resident's medical record annually.

**6.9.4 Employee Health**

6.9.4.1 All employees shall receive education and training on standard precautions, use of personal protective equipment, the importance of hand hygiene, the facility's infection control policies and reporting of exposures to blood or other potentially infectious materials.

6.9.4.2 Personal protective equipment, as required by Centers for Disease Control guidelines, shall be made available by the facility for employee use.

6.9.4.3 If an accidental exposure to blood or other potentially infectious materials occurs (specifically to eye, mouth, other mucous membrane or non-intact skin), appropriate first aid treatment shall be given immediately and follow-up testing and counsel inginitiated. A copy of the exposure incident and follow-up treatment shall be maintained in the employee's personnel file.

6.9.4.4 Facilities shall establish procedures in accordance with Division of Public Health requirements and Centers for Disease Control guidelines for exclusion from work and authorization to return to work for staff with communicable diseases.

**6.10 Infection Control**

**6.10.1 Infection Control Committee**

6.10.1.1 The nursing facility shall establish an infection control committee (or a subcommittee of an overall quality control program) of professional staff whose responsibility shall be to manage the infection control program in the facility. One member of the committee shall be designated the infection control coordinator.

6.10.1.2 The infection control committee shall consist of members of the medical and nursing staffs, administration, dietetic department, pharmacy, housekeeping, maintenance, and therapy services.

6.10.1.3 The infection control committee shall establish written policies and procedures that describe the role and scope of each department/service in infection prevention and control activities.

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 6.10.1.4 The committee is responsible for the development and coordination of policies and procedures to accomplish the following:
  - 6.10.1.4.1 Prevent the spread of infections and communicable diseases
    - 6.10.1.4.2 Promote early detection of outbreaks of infection
    - 6.10.1.4.3 Ensure a sanitary environment for residents, staff and visitors
    - 6.10.1.4.4 Establish guidelines for the implementation of isolation/precautionary measures
  - 6.10.1.4.5 Monitor the rate of nosocomial infection
    - 6.10.1.5 The infection control coordinator shall maintain records of all nosocomial infections and corrective actions related to those infections to enable the committee to analyze clusters or significant increases in the rate of infection and to make recommendations for the prevention and control of additional cases.
    - 6.10.1.6 The infection control committee shall establish the infection control training of staff and volunteers, and disseminate current information on health practices.
- 6.10.2 Infectious Waste
  - 6.10.2.1 The facility shall establish and implement policies and procedures for the collection, storage, handling and disposition of all pathological and infectious wastes within the facility as well as for those to be removed from the facility including the following:
    - 6.10.2.1.1 Needles, syringes and other solid, sharp, or rigid items shall be placed in a puncture resistant container prior to disposal by an infectious waste hauler approved by the Department of Natural Resources and Environmental Control (DNREC).
    - 6.10.2.1.2 Non-rigid items, such as blood tubing and disposable equipment and supplies, shall be placed in double, heavy duty, impervious plastic bags prior to disposal by an infectious waste hauler approved by DNREC.

### 13 DE Reg. 1322 (04/01/10)

## 7.0 Plant, Equipment and Physical Environment

- 7.1 All new construction, extensive remodeling or conversions to a nursing facility shall comply with the standards and guidelines set forth under the "Nursing Facilities" section of the current edition of Guidelines for Design and Construction of Health Care Facilities, a publication of the American Institute of Architects Committee on Architecture for Health with assistance of the U.S. Department of Health and Human Services.
- 7.2 The facility shall be handicapped accessible and meet applicable American National Standards Institute (A.N.S.I.) standards.
- 7.3 Facility Systems Requirements
  - 7.3.1 Water Supply and Sewage Disposal
    - 7.3.1.1 The facility water supply and sewage disposal system shall comply with Division of Public Health and Department of Natural Resources and Environmental Control standards, respectively.
    - 7.3.1.2 The water system shall supply hot and cold water under sufficient pressure to satisfy facility needs at peak demand.
  - 7.3.1.3 Hot water accessible to residents shall not exceed 110° F.
  - 7.3.2 Heating, Ventilation, Air Conditioning. The HVAC system for all areas used by residents shall be safe and easily controlled.
  - 7.3.3 Facility lighting shall meet current standards of the Guidelines for Design and Construction of Health Care Facilities.
  - 7.3.4 The facility shall be equipped with a resident call system which meets the current standards of the Guidelines for Design and Construction of Health Care Facilities. An intermediate care facility serving only developmentally disabled residents shall be exempt from this regulation.
- 7.4 Physical Environment Requirements

**TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE  
ADMINISTRATIVE CODE**

- 7.4.1 Safety Requirements
  - 7.4.1.1 Stairs shall have stair treads and handrails.
  - 7.4.1.2 Hallways shall have handrails on both sides of corridors. An intermediate care facility serving only developmentally disabled residents shall be exempt from this regulation.
  - 7.4.1.3 Non-skid flooring materials shall be used and maintained in good condition.
- 7.4.2 Bedrooms
  - 7.4.2.1 Each resident shall be provided with a reading light. At least one bedroom light shall be controlled by a switch at the bedroom entrance.
  - 7.4.2.2 The facility shall provide at least one room with private toilet and hand washing sink for residents who require isolation.
- 7.4.3 Bathrooms
  - 7.4.3.1 Bathroom walls and floors shall be impervious to water. Bathrooms shall have at least one window or mechanical ventilation exhausted to the outside.
  - 7.4.3.2 A minimum of one bathtub or shower shall be provided for every 20 residents not otherwise served by bathing facilities within residents' rooms. Each nursing unit shall have at least one bathtub.
  - 7.4.3.3 Each tub or shower in a central bathing facility shall be in an individual room or enclosure with space for the private use of the tub or shower, for drying and dressing, and for a wheelchair and attendant. Showers shall be at least four feet square without curbs. Toilets in central bathing facilities shall have provisions for privacy.
- 7.4.3.4 Each resident's room shall have direct access to a hand washing sink and a toilet.
- 7.4.3.5 A wall-mounted hand grip shall be provided at each resident toilet, bath tub and shower.
- 7.4.3.6 Separate bathroom and hand washing sinks shall be provided for the staff.
- 7.4.4 Resident Common Areas
  - 7.4.4.1 Areas for resident recreational and social activities shall provide at least 30 square feet per bed for the first 100 beds and 27 square feet per bed for beds in excess of 100.
  - 7.4.4.2 The dining areas shall accommodate all residents.
  - 7.4.4.3 Facilities for resident hair care and grooming shall be separate from resident rooms.
  - 7.4.4.4 Equipment and materials for resident hair care and grooming shall comply with facility infection control policies and procedures.
- 7.5 Kitchen and Food Storage Areas. Facilities shall comply with the Delaware Food Code.
- 7.6 Sanitation and Laundry
  - 7.6.1 The facility shall provide for the safe storage of cleaning materials, pesticides and other potentially toxic materials.
  - 7.6.2 Each facility shall have a janitor's closet containing a service sink.
    - 7.6.3 For on-site laundry processing, the facility shall:
      - 7.6.3.1 Provide a room under negative air pressure for receiving, sorting, and washing soiled linen.
        - 7.6.3.1.1 If hot water is used for destroying micro-organisms, washers must be supplied with water heated to a minimum of 160° F.
        - 7.6.3.1.2 If low temperature laundry cycles are used, a total available chlorine residual of 50-150 ppm must be present and monitored during the wash cycle.
      - 7.6.3.2 Provide a room under positive air pressure for drying and folding clean linen, equipped with a hand washing sink.
  - 7.6.4 For off-site laundry processing, the facility shall:
    - 7.6.4.1 Contract with a commercial laundry.

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 7.6.4.2 Provide a soiled linen holding room (or a designated area in the soiled utility room) under negative air pressure for the storage of soiled linen.
- 7.6.4.3 Provide a clean linen storage area.
  - 7.6.5 The facility shall have a soiled utility room under negative pressure for storage of infectious waste and for disposal of body fluids. The room shall have a work counter, hand washing sink, and clinical sink or other bed pan cleaning device.
- 7.7 Equipment and Supplies
  - 7.7.1 The facility shall supply sufficient equipment and supplies for nursing care to meet the needs of each resident. The facility shall obtain specific items when indicated for individual residents and approved by the attending physician or director of nursing.
  - 7.7.2 The facility shall provide each resident with:
    - 7.7.2.1 A hospital bed of appropriate size with a mattress covered with non-porous material. Modifications or attachments to the bed shall conform to manufacturer's specifications.
    - 7.7.2.2 A bedside stand with a drawer and storage space for a bedpan, urinal, emesis basin and washbasin.
    - 7.7.2.3 A minimum of two drawers in a dresser or chest of drawers.
      - 7.7.2.4 A closet or wardrobe.
      - 7.7.2.5 A chair suitable for resident relaxation.
      - 7.7.2.6 An over-bed table.
    - 7.7.3 The facility shall provide cubicle curtains around each bed in bedrooms occupied by more than one resident.
    - 7.7.4 The facility shall provide sufficient storage space on each nursing unit for nursing supplies and equipment.
  - 7.7.5 The facility shall provide safe storage for residents' valuables.
    - 7.7.6 The facility shall maintain a functioning scale, calibrated quarterly, capable of accurately weighing each resident.

### 13 DE Reg. 1322 (04/01/10)

#### 8.0 Emergency Preparedness

- 8.1 Nursing facilities shall comply with the rules and regulations adopted and enforced by the State Fire Prevention Commission or the municipality with jurisdiction.
- 8.2 Regular fire drills shall be held at least quarterly on each shift. Written records shall be kept of attendance at such drills.
- 8.3 Each facility shall develop and maintain all-hazard emergency plans for evacuation and sheltering in place.
- 8.4 The staff on all shifts shall be trained on emergency and evacuation plans. Evacuation routes shall be posted in a conspicuous place at each nursing station.
- 8.5 In the event of a facility evacuation, the evacuation plan shall, at a minimum, provide for the transfer or availability of resident medications and records.
- 8.6 Each facility shall submit with their annual license renewal an updated Division of Public Health Residential Health Care Facilities Emergency Planning Checklist, electronically if possible.

#### 9.0 Records and Reports

- 9.1 There shall be a separate clinical record maintained on each resident as a chronological history of the resident's stay in the nursing facility. Each resident's record shall contain current and accurate information including the following:
  - 9.1.1 Admission record which shall include the resident's name, birth date, home address prior to entering the facility, identification numbers (including Social Security), date of admission, physician's name, address and telephone number, admitting diagnoses,

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- name, address and telephone number of resident's representative, the facility's medical record number, and advance directive(s) if applicable.
- 9.1.2 History and physical examination prepared by a physician within 14 days of the resident's admission to the nursing facility. If the resident has been admitted to the facility from a hospital, the resident's summary and history prepared at the hospital and the resident's physical examination performed at the hospital, if performed within 14 days prior to admission to the facility, may be substituted. A record of subsequent annual medical evaluations performed by a physician must be contained in each resident's file.
- 9.1.3 A record of post-admission diagnoses.
- 9.1.4 Physician's orders which include a complete list of medications, dosages, frequency and route of administration, indication for usage, treatments, diets, restrictions on level of permitted activity if any, and use of restraints if applicable.
- 9.1.5 Physician's progress notes.
- 9.1.6 Nursing notes, which shall be recorded by each person providing professional nursing services to the resident, indicating date, time, scope of service provided and signature of the provider of the service. Nursing notes shall include care issues, nursing observations, resident change of status and other significant events.
- 9.1.7 Medication administration record (MAR) including medications, dosages, frequency, route of administration, and initials of the nurse administering each dose. The record shall include the signature of each nurse whose initials appear on the MAR.
- 9.1.8 Inventory of resident's personal effects upon admission.
- 9.1.9 Results of laboratory tests, x-ray reports and results of other tests ordered by the physician.
- 9.1.10 Discharge record which includes date and time, discharge location, and condition of resident.
- 9.1.11 Special service notes, e.g., social services, activities, specialty consultations, physical therapy, dental, podiatry.
- 9.1.12 Interagency transfer form, if applicable.
- 9.1.13 Copies of power(s) of attorney and guardianship, if applicable.
- 9.1.14 Nutrition progress notes and record of resident weights.
- 9.1.15 CNA flow sheets.
- 9.2 Confidentiality of resident records shall be maintained in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA) and 16 **Delaware Code**, §1121(6).
- 9.3 Records shall be retained for 6 years after discharge. For a minor, records shall be retained for three years after age of majority.
- 9.4 Electronic Record keeping
- 9.4.1 Where facilities maintain residents' records in electronic format by computer or other devices, electronic signatures shall be acceptable.
- 9.4.2 The facility shall have a written attestation policy.
- 9.4.3 The computer network and all devices used to maintain resident medical records shall have safeguards to prevent unauthorized access and alteration of records.
- 9.4.4 All data entry devices shall require user authentication to access the computer network.
- 9.4.5 The computer program shall control each person's extent of access to residents' records based on that individual's personal identifier.
- 9.4.6 The computer's internal clock shall record the date and time of each entry.
- 9.4.7 An entry, once recorded, shall not be deleted. Alterations or corrections shall supplement the original record.
- 9.4.8 All entries shall have the date and time of the entry and the individual's personal identifier logged in a file which is accessible to designated administrative staff only.
- 9.4.9 The computer system shall back up all data to ensure record retention.
- 9.4.10 The facility shall provide independent computer access to electronic records to satisfy the requirements of the survey and certification process.

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 9.5 Incident reports, with adequate documentation, shall be completed for each incident. Adequate documentation shall consist of the name of the resident(s) involved; the date, time and place of the incident; a description of the incident; a list of other parties involved, including witnesses; the nature of any injuries; resident outcome; and follow-up action, including notification of the resident's representative or family, attending physician and licensing or law enforcement authorities, when appropriate.
- 9.6 All incident reports whether or not required to be reported shall be retained in facility files for three years. Reportable incidents shall be communicated immediately, which shall be within eight hours of the occurrence of the incident, to the Division of Long Term Care Residents Protection. The method of reporting shall be as directed by the Division.
- 9.7 Incident reports which shall be retained in facility files are as follows:
- 9.7.1 All reportable incidents as detailed below.
  - 9.7.2 Falls without injury and falls with minor injuries that do not require transfer to an acute care facility or neurological reassessment of the resident.
  - 9.7.3 Errors or omissions in treatment or medication.
  - 9.7.4 Injuries of unknown source.
  - 9.7.5 Lost items which are not subject to financial exploitation.
  - 9.7.6 Skin tears.
  - 9.7.7 Bruises of unknown origin.
- 9.8 Reportable incidents are as follows:
- 9.8.1 Abuse as defined in 16 **Delaware Code**, §1131.
    - 9.8.1.1 Physical abuse with injury if resident to resident and physical abuse with or without injury if staff to resident or any other person to resident.
    - 9.8.1.2 Any sexual act between staff and a resident and any non-consensual sexual act between residents or between a resident and any other person such as a visitor.
    - 9.8.1.3 Emotional abuse whether staff to resident, resident to resident or any other person to resident.
  - 9.8.2 Neglect, mistreatment or financial exploitation as defined in 16 **Delaware Code**, §1131.
  - 9.8.3 Resident elopement under the following circumstances:
    - 9.8.3.1 A resident's whereabouts on or off the premises are unknown to staff and the resident suffers harm.
    - 9.8.3.2 A cognitively impaired resident's whereabouts are unknown to staff and the resident leaves the facility premises.
    - 9.8.3.3 A resident cannot be found inside or outside a facility and the police are summoned.
  - 9.8.4 Significant injuries.
    - 9.8.4.1 Injury from an incident of unknown source in which the initial investigation or evaluation supports the conclusion that the injury is suspicious. Circumstances which may cause an injury to be suspicious are: the extent of the injury, the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma), the number of injuries observed at one particular point in time, or the incidence of injuries over time.
    - 9.8.4.2 Injury which results in transfer to an acute care facility for treatment or evaluation or which requires periodic neurological reassessment of the resident's clinical status by professional staff for up to 24 hours.
    - 9.8.4.3 Areas of contusions or bruises caused by staff to a dependent resident during ambulation, transport, transfer or bathing.
    - 9.8.4.4 Significant error or omission in medication/treatment, including drug diversion, which causes the resident discomfort, jeopardizes the resident's health and safety or requires periodic monitoring for up to 48 hours.
    - 9.8.4.5 A burn greater than first degree.
    - 9.8.4.6 Any serious unusual and/or life-threatening injury.

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 9.8.5 Entrapment which causes the resident injury or immobility of body or limb or which requires assistance from another person for the resident to secure release.
- 9.8.6 Suicide or attempted suicide.
- 9.8.7 Poisoning.
- 9.8.8 Fire within a facility.
- 9.8.9 Utility interruption lasting more than eight hours in one or more major service including electricity, water supply, plumbing, heating or air conditioning, fire alarm, sprinkler system or telephones.
- 9.8.10 Structural damage or unsafe structural conditions.
- 9.8.11 Water damage which impacts resident health, safety or comfort.
- 9.9 The facility shall maintain written policies and procedures, in accordance with 16 **Delaware Code** Chapter 25, regarding health care decisions including advance directives. The facility shall provide written information to all residents explaining such policies and procedures.  
**13 DE Reg. 1322 (04/01/10)**

### 10.0 Facility Closure

- 10.1 In the event of the closing of a facility, the facility shall:
  - 10.1.1 Notify the Division of Long Term Care Residents Protection, the Ombudsman, the Division of Public Health and, if applicable, the Division of Medicaid and Medical Assistance and the Centers for Medicare and Medicaid Services at least 90 days before the planned closure.
  - 10.1.2 Notify each resident directly and his/her attending physician and, if applicable, his/her responsible party by telephone and in writing at least 90 days before the planned closure.
  - 10.1.3 Give the resident or the resident's responsible person an opportunity to designate a preference for relocation to a specific facility or for other arrangements.
  - 10.1.4 Arrange for relocation to other facilities in accordance with the resident's preference, if possible.
  - 10.1.5 Ensure that all resident records, medications, and personal belongings are transferred with the resident and, if to another facility, accompanied by the interagency transfer form.
  - 10.1.6 Provide an accounting of resident trust fund accounts which shall be transferred to each resident's possession or to the facility to which the resident relocates. A record of the accounting of the funds shall be maintained by the closing facility for audit purposes.
  - 10.1.7 Advise any applicant for admission to a facility which has a planned closure date in writing of the planned closure date prior to admission.**13 DE Reg. 1322 (04/01/10)**

### 11.0 Waivers and Severability

- 11.1 Waivers may be granted by the Division of Long Term Care Residents Protection for good cause.
- 11.2 Should any section, sentence, clause or phrase of these regulations be legally declared unconstitutional or invalid for any reason, the remainder of said regulations shall not be affected thereby.  
**12 DE Reg. 960 (01/01/09) 13 DE Reg. 1322 (04/01/10)**



**DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION**

**5200 Board of Examiners of Nursing Home Administrators**

**1.0 Source of Authority: 24 Del.C. Ch. 52**

- 1.1 The Rules and Regulations herein contained constitute, comprise, and shall be known as the Rules and Regulations of the Board of Examiners of Nursing Home Administrators of the State of Delaware, and are hereby promulgated, pursuant to the authority granted to and imposed upon the said Board under and pursuant to the provisions of the State Licensing Statute, 24 Del.C. Ch. 52.

**2.0 General Definitions**

Whenever used in these Rules and Regulations unless expressly otherwise stated, or unless the context or subject matter requires a different meaning, the following terms shall have the respective meanings hereinafter set forth or indicated.

**“Board”** means the Delaware State Board of Examiners of Nursing Home Administrators.

**“Direct Supervision”** shall mean oversight on the premises by the licensed nursing home administrator serving as preceptor. The licensed nursing home administrator shall be responsible and available to provide direction, observation, aid, training and instruction to the administrator-in-training, including the submission of progress reports. It is an interactive process between the preceptor and the AIT intended to insure the extent, quality and scope of experience of the duties performed as a nursing home administrator.

**“Nursing Home”** means any institution, building or agency in which accommodation is maintained, furnished or offered for any fee, gift, compensation or reward, for the care of more than four aged, infirm, chronically ill or convalescent persons, that is duly licensed by the State Division of Public Health.

**“Nursing Home Administrator”** means the individual responsible for planning, organizing, directing and controlling the operation of a nursing home, or who in fact performs such functions, whether or not such functions are shared by one or more other persons, and who is duly licensed by the Board.

**“Nursing Home Administrator-In-Training”** means an individual registered as such with the Board, under direct supervision of a currently licensed Delaware Nursing Home Administrator in the Sponsoring Facility (Spons), and/or Skilled Nursing Facility (SNF), and/or Assisted Living Facility (AL).

**“Person”** means an individual and does not include the terms: firm, corporation, association, partnership, institution, public body, joint stock association or any other group of individuals.

**“Practice of Nursing Home Administration”** means the performance of any act or the making of any decision involved in the planning, organizing, directing and/or controlling of a nursing home.

**“Preceptor”** means an individual who currently has a Delaware Nursing Home Administrator license and is employed in a Skilled Nursing Facility (SNF) or Assisted Living Facility (ALF).

**3 DE Reg. 1060 (2/1/00)**

**3.0 Board Meetings**

- 3.1 The Board may meet at least every other month, with location and dates set by the President, in accordance with the Freedom of Information Act.
- 3.2 The President, or other presiding officer of the Board, may call special meetings of the Board when necessary, upon a minimum of 24 hours notice.

**4.0 General Powers**

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**4.0 General Powers**

## **TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE**

- 4.1 The Board shall exercise such powers as provided by the Laws of this State pertaining to the licensing and registration of Nursing Home Administrators. A majority of the Board shall constitute a quorum and no action shall be taken without the affirmative vote of five members of the Board.
- 4.2 The Board may seek counsel and advice from appropriate State Agencies, as needed.
- 4.3 From time to time, the Board shall make and publish such Rules and Regulations, not inconsistent with the Law, as it may deem necessary and proper for the execution and enforcement of the Law and Rules and Regulations governing the licensing and registration of Nursing Home Administrators.
- 4.4 The Board shall exercise quasi-judicial powers, not inconsistent with the law.

### **5.0 Officers and Duties**

- 5.1 The Board shall elect annually from its membership a President, Vice President, and Secretary.
- 5.2 The President shall preside at all meetings of the Board and shall sign all official documents of the Board. In the absence of the President, the Vice President shall preside at meetings and perform all duties usually performed by the President.

### **6.0 Scheduling of Examinations and Re-Examinations**

Examinations will be administered on the second Thursday of January, April, July and October of each year in Dover.

### **7.0 Pre-Examination Requirements; Conditions Precedent**

- 7.1 The Board shall admit to examination for licensure as a Nursing Home Administrator, any candidate who meets the qualifications or demonstrates to the satisfaction of the Board that within 30 days after the examination he/she will meet the following standards:
  - 7.1.1 Is at least 18 years of age.
  - 7.1.2 Shall meet the requirements of either 7.1.2.1, 7.1.2.2, or 7.1.2.3 as set forth below:
    - 7.1.2.1 Possesses a baccalaureate or graduate degree in Health & Human Services, Hospital Administration or Business Administration, and
      - 7.1.2.1.1 has three months experience as a Nursing Home Administrator, or
      - 7.1.2.1.2 has successfully completed six months in a pre-approved Nursing Home Administrator-In-Training Program under Direct supervision of the applicant's Preceptor(s) (this program will include all subjects as listed in Rule 10, Content of the Administrator-In-Training Program), or
      - 7.1.2.1.3 has demonstrated administrative experience as the Board deems sufficient.
    - 7.1.2.2 Possesses a baccalaureate or graduate degree in a specialty other than Health & Human Services, Hospital Administration or Business Administration, and
      - 7.1.2.2.1 has six months experience as a Nursing Home Administrator, or
      - 7.1.2.2.2 has successfully completed nine months in a pre-approved Nursing Home Administrator-In-Training Program under Direct supervision of the applicant's Preceptor(s) (this program will include all subjects as listed in Rule 10, Content of the Administrator-In-Training Program), or
      - 7.1.2.2.3 has demonstrated administrative experience as the Board deems sufficient.
    - 7.1.2.3 Possesses an associate degree or a current Delaware license as a Registered Nurse, and
      - 7.1.2.3.1 has twelve months experience as a Nursing Home Administrator, or
      - 7.1.2.3.2 has successfully completed twelve months in a pre-approved Nursing Home Administrator-In-Training Program under Direct supervision of the applicant's

## **TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE**

Preceptor(s) (this program will include all subjects as listed in Rule 10.0, Content of the Administrator-In-Training Program), or

7.1.2.3.3 has demonstrated administrative experience as the Board deems sufficient to satisfy this requirement.

7.1.3 In addition to the degree requirements listed in Rule 7.0:

7.1.3.1 has completed a course of study administered by an accredited educational institution, provided that both the course of study and the educational institution has been pre-approved by the Board as providing adequate academic preparation for nursing home administration, or

7.1.3.2 has demonstrated comprehensive experience and education which the Board deems sufficient to satisfy this requirement.

### **9 DE Reg. 1986 (06/01/06)**

#### **8.0 Application for Examination**

8.1 An applicant for examination and qualification for a license as a Nursing Home Administrator shall make application in writing, on forms provided by the Board, and shall furnish evidence satisfactory to the Board that he/she has met the pre-examination requirements as provided for in the State Licensing Statutes and Rule 7.0 of these Rules and Regulations.

8.2 To establish suitability and fitness to qualify for a license as a Nursing Home Administrator, as required by the State Licensing Statute, prior to being submitted to examination for licensure as a Nursing Home Administrator, the applicant shall furnish evidence satisfactory to the Board of ability to perform the essential functions of a licensed Nursing Home Administrator.

Some examples of essential functions of a Nursing Home Administrator are:

8.2.1 Ability to demonstrate understanding and communicate general and technical information necessary to the administration and operation of a nursing home with or without reasonable accommodation i.e., applicable health and safety regulations, and

8.2.2 Ability to assume responsibilities for the administration of a nursing home as evidenced by prior accredited activities and evaluation of prior services and evidence secured by the Board, and

8.2.3 Ability to relate the physical, psychological, spiritual, emotional and social needs of ill and/ or aged individuals to the administration of a nursing home and to create the compassionate climate necessary to meet the needs of the patients therein with or without reasonable accommodation, and

8.2.4 Thorough knowledge and demonstrated understanding of the subjects as incorporated in the list of 10.0.

8.3 The basic requirements for suitability set forth herein are to be considered minimal and may not be waived.

#### **9.0 Conditional Admission to Examination; Disqualification; Re-Examination**

9.1 An applicant for examination who has been disqualified shall be given written notification by certified mail of his/her disqualification and the reason therefore and the applicant's right to a hearing.

9.2 All proceedings shall be conducted according to the Administrative Procedures Act.

9.3 Where an applicant for examination has been disqualified, he/she may submit a new application for qualification for examination provided, however, that he/she shall be required to meet the requirements for licensing as shall be in force at the time of such reapplication.

#### **10.0 Content of the Administrator-In-Training Program**

10.1 Every Administrator-In-Training (AIT) program shall be approved by the Board and shall be conducted under the direct supervision of the Pre-Approved Preceptor(s), the start date for which shall be the date of the Board's notification of preceptor(s) approval and must be completed within the allotted time (an extension may be granted upon request by either the applicant or preceptor(s) for bonafide reason(s).)

## **TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE**

10.2 So as to encourage entry to qualified Nursing Home Administrator candidates, the following AIT program (see Addendum A attached) is split between a skilled nursing facility (SNF) and an assisted living facility (AL) and the sponsoring facility (Spons), so called because it is generally the applicant's employer and could be either SNF or AL. If the Spons is SNF, the Board will require at least 5% of the program be completed in an AL; if the Spons is AL, the Board will require at least 10% of the program be completed in a SNF, with the training for each subject of the program to be conducted in the facility identified by an "x" under the appropriate columnar heading. Since the AIT program is split between a SNF and an AL, each AIT Trainee will require a preceptor for each type of facility.

### **11.0 Grading Examinations**

11.1 Every candidate for a Nursing Home Administrator's license shall be required to pass the National Association of Boards examination (NAB).

11.2 In the event the national examination is failed, the applicant will be notified by the Administrative Assistant. The applicant for licensure will be permitted to retake the examination a maximum of two additional times. The fee for the examination will be set by Division of Professional Regulation. The first makeup examination must be taken within three months and the second, if necessary, within the following six month period. If an applicant must take the exam for a third time, it will be necessary for the applicant, prior to taking the third examination, to spend 40 hours working in a skilled care facility, previously approved by the Board, under a Delaware licensed administrator. A passing score of seventy five percent (75%) will be required on the examination. Passing grade will: National scale-113 correct out of 150

### **12.0 Approval of Programs of Study for Licensure of a Nursing Home Administrator**

Any program of study offered by an Educational Institute for the purpose of qualifying applicants for Nursing Home Administrator licensure and/or re-licensure shall be subject to the approval of the Board.

### **13.0 Programs for Continuing Education Credits**

13.1 Continuing education programs consisting of Board approved seminars, resident or extension courses, conferences and workshops totaling 48 classroom hours or more, on any of the subject areas enumerated in 13.2 below, are required for biennial licensure of a license as a Nursing Home Administrator. A maximum of 24 additional credit hours may be carried forward into the next licensure period, however, they must be earned within the last nine months of the preceding licensure period. The following are requirements for license renewal:

13.1.1 For licenses initially authorized during the first six months of the biennial period, 36 credit hours will be required for renewal.

13.1.2 For licenses initially authorized during the second six months of the biennial period, 24 credit hours will be required for renewal.

13.1.3 For licenses initially authorized during the third six months of the biennial period, 12 credit hours will be required for renewal.

13.1.4 For licenses initially authorized during the fourth six months of the biennial period, no credit hours will be required for renewal.

13.1.5 When continuing education units are not met, there will be no extensions, absent showing hardship.

13.2 Content of programs of continuing education shall include one or more of the following general subject areas or their equivalents:

13.2.1 Applicable standards of environmental health and safety,

## **TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE**

- 13.2.2 Local health and safety regulations,
  - 13.2.3 General Administration,
  - 13.2.4 Psychology of patient care,
  - 13.2.5 Principles of medical care,
  - 13.2.6 Personal and social care,
  - 13.2.7 Therapeutic and supportive care and services in long-term care,
  - 13.2.8 Department organization and management,
  - 13.2.9 Community interrelationships, and,
  - 13.2.10 Business or financial management.
- 13.3 Programs of continuing education:
- 13.3.1 Those conducted solely by accredited educational institutions.
  - 13.3.2 Those conducted jointly by educational institutions and associations, professional societies or organizations other than accredited colleges or universities.
  - 13.3.3 Those conducted solely by associations, professional societies and other professional organizations other than accredited educational institutions.
  - 13.3.4 Those self-instruction or home study courses, video computer-assisted programs, and teleconferences, pre-approved by the Board, may be accumulated at no more than twelve hours per renewal period.
- 13.4 Upon completion of an approved program of study the sponsor or sponsors of the program shall issue certificates of attendance or other evidence of attendance, satisfactory to the Board.
- 13.5 Nothing contained in this rule shall preclude the Board from providing for any program of study which excludes subjects which shall be in derogation of, or in conflict with, the teachings and practices of any recognized religious faith, providing however, any applicant seeking to be entitled to be admitted to such program of study hereinafter, shall submit evidence satisfactory to the Board that he/she is in fact an adherent of such recognized religious faith.

### **14.0 Licenses**

- 14.1 An Applicant for license as a Nursing Home Administrator who has successfully complied with the requirements of the licensing laws and standards provided herein, passed the examination provided for by the Board and, where applicable, complied with the requirements for Nursing Home Administrator-In-Training, shall be issued a license on a form provided for that purpose by the Board, certifying that such applicant has met the requirements of the laws, rules and regulations entitling the applicant to serve, act, practice and otherwise hold the applicant out as a duly licensed Nursing Home Administrator. Unless otherwise suspended or revoked as provided in Rule 16 of these Rules and Regulations, such license, once issued, shall remain valid and active until its official expiration date as noted on such license.
- 14.1.1 Any licensee requesting an inactive status shall be notified the Board has no provision for such status and, therefore, the license in question shall be considered active and valid, regardless of the place of residence and/or occupation of the license holder, until its official expiration date, after which any application for reinstatement will be addressed as provided in Rule 15 of these Rules and Regulations.
- 14.2 Board approval for Acting Nursing Home Administrator
- 14.2.1 In the event of a permanent loss of a regularly licensed Nursing Home Administrator by death, disability, resignation, dismissal and or any other unexpected cause, or due to change of ownership of the facility, the owner, governing body or other appropriate authority of the nursing home suffering such removal, may designate an Acting Nursing Home Administrator. The Board may at its discretion, issue without examination a permit for a period not to exceed nine months. Such permit will be issued to an applicant who fulfills the requirements of 14.2.1.1 and 14.2.1.2 as follows:
- 14.2.1.1 Rule 7.0
  - 14.2.1.2 Has been nominated to be the Acting Nursing Home Administrator in the particular facility which shall be identified in the application.

## **TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE**

- 14.2.2 In the event of a change in the ownership of the facility, resulting in the removal of the licensed Nursing Home Administrator, the new owner, governing body or other appropriate authority of the nursing home may designate an Acting Nursing Home Administrator under the criteria in 14.2.1 above.
- 14.3 No Board approval for acting Nursing Home Administrator shall be issued to an individual if that individual is employed by a facility whose administrator has operated under an acting permit within the previous year.
- 14.4 No facility may have concurrent acting permits.

### **15.0 Renewal of Licensure**

15.1 Every person who holds a valid license as a Nursing Home Administrator, issued by the Board, shall biennially apply to the Board for a new license, and report any facts requested by the Board.

15.2 On making application for renewal of license, the established fee shall be submitted and satisfactory evidence shall also be submitted to the Board that during the preceding two year period, the applicant has attended continuing education programs or courses of study as provided in Rule 13.0 of these Rules and Regulations.

15.3 A licensed Nursing Home Administrator whose license has expired may, within two years following the licensure period, have his/her license reinstated without examination upon payment of the renewal fee, plus a late fee. In addition, satisfactory evidence shall also be submitted to the Board that during the preceding two year period, the applicant has attended continuing education programs or courses of study as provided in Rule 13.0 of these Rules and Regulations. Any licensee whose license has expired for a period in excess of a two-year licensure period may have his/her license reinstated upon payment of the renewal fee, late fee and upon satisfying the Board as to the applicant's current qualifications by completing an application form as outlined in Rule 8.0 of these Rules and Regulations, providing, however, such applicant may attach a resume in lieu of completing sections 4 and 5 of the application form. Satisfactory evidence shall also be submitted to the Board that during the preceding two year period, the applicant has attended continuing education programs or courses of study as provided in Rule 13.0 of these Rules and Regulations.

15.4 Only an individual who has qualified as a licensed Nursing Home Administrator and who holds a valid, current registration certificate pursuant to the provisions of these Rules and Regulations, shall have the right and the privilege of using the abbreviation "N.H.A." after his/ her name. No other person shall use or shall be designated to such title or abbreviation or any other words, letters, sign, card or device, tending to or intended to indicate that such person is a licensed Nursing Home Administrator.

15.5 The Board shall maintain all approved applications for licensing of Nursing Home Administrators. The Board shall maintain a complete file of such other pertinent information as may be deemed necessary.

### **16.0 Refusal, Suspension and Revocation of License**

- 16.1 After due notice to the licensee with an opportunity to be heard at a formal hearing, the Board may suspend, revoke or refuse to issue a license for a Nursing Home Administrator, or may reprimand or otherwise discipline a licensee. Such license may be denied, revoked, or suspended if applicant or licensee has violated any of the following:
- 16.1.1 Willfully or repeatedly violated any of the provisions of the Law, Rules or Regulations pertaining to the licensing of a Nursing Home Administrator.
  - 16.1.2 Willfully or repeatedly violated any of the provisions of the Law, Rules or Regulations of the licensing or supervising authority or agency of the State or political subdivision thereof having jurisdiction over the operation and licensing of nursing homes;
  - 16.1.3 Been convicted of a felony;

## **TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE**

- 16.1.4 Has practiced fraud, deceit or misrepresentation in securing a Nursing Home Administrator's license;
- 16.1.5 Has practiced fraud, deceit or misrepresentation in his/her capacity as a Nursing Home Administrator;
- 16.1.6 Has exhibited acts or practices as a Nursing Home Administrator that show he/she is unfit or incompetent to practice by reason of negligence, habits or other causes, including but not limited to:
  - 16.1.6.1 Commission of acts of misconduct in the operation of a nursing home under his/ her jurisdiction;
  - 16.1.6.2 Is currently using, in the possession of or has been convicted of the unlawful sale of narcotic drugs, look-alike substances or illegal drugs or alcohol;
  - 16.1.6.3 Has wrongfully transferred or surrendered possession of either an acting or permanent license;
  - 16.1.6.4 Has been guilty of fraudulent, misleading or deceptive advertising;
  - 16.1.6.5 Has falsely impersonated another licensee of a like or different name;
  - 16.1.6.6 Has failed to exercise true regard for the safety, health and life of any resident;
  - 16.1.6.7 Has willfully permitted unauthorized disclosure of information relating to a resident of his/her records;
  - 16.1.6.8 Has discriminated in respect to residents, employees or staff on the basis of age, race, religion, sex, color, disability, or national origin; or
  - 16.1.6.9 Is unable to perform the essential requirements of a Nursing Home Administrator.

### **17.0 Complaints and Hearing Procedures**

The procedure for the investigation and prosecution of alleged violations of this chapter and these Rules and Regulations, shall be set forth in 29 **Del.C.** §8810.

### **18.0 Reciprocity**

- 18.1 The Board, at its discretion, and otherwise subject to the law pertaining to the licensing of a Nursing Home Administrator prescribing the qualifications for a Nursing Home Administrator license, may endorse a Nursing Home Administrator license issued by the proper authorities of any other State, upon payment of the regular established fee and upon submission of evidence satisfactory to the Board that:
  - 18.1.1 The applicant is at least 21 years of age,
  - 18.1.2 The applicant submits a letter of good standing from another state as a Nursing Home Administrator by a regulatory body whose purpose is to regulate the qualifications of Nursing Home Administrators,
  - 18.1.3 The applicant has taken the National Association of Boards of Examiners (NAB) examination and that the applicant's score on the NAB examination is equal to or exceeds the Board's requirement for this test,
  - 18.1.4 The applicant meets all current Delaware requirements as set forth in Rule 7.0,
  - 18.1.5 Such applicant for endorsement holds a valid license as a Nursing Home Administrator, which has not been revoked or suspended as such in each State from which he/she has ever received a Nursing Home Administrator license or reciprocal endorsement; provided, however, that the Board may waive this requirement if upon submission of evidence to the Board, the Board is satisfied that the applicant has been rehabilitated.
- 18.2 The Board shall also have the power after due notice and an opportunity to be heard at a formal hearing, to revoke or suspend the endorsement of a Nursing Home Administrator license issued to any person upon evidence satisfactory to the Board that the duly constituted authorities of any State have lawfully revoked or suspended the Nursing Home Administrator license issued to such person by such State.

### **19.0 Restoration and Reinstatement of License**



## **TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE**

19.1 Restoration of a license may be considered after a period of one year from the revocation or suspension date by the Board, at its discretion, upon submission of evidence satisfactory to the Board that the grounds for suspension or revocation has been removed, except where the grounds are for a felony or conviction of Medicaid or Medicare fraud.

19.2 Upon denial of such application for restoration of a license, the Board shall grant the applicant a formal hearing upon request, in accordance with the Administrative Procedures Act.

### **20.0 Display of Licenses**

Every person licensed as a Nursing Home Administrator shall display such license in a conspicuous place in the office or place of business or employment.

### **21.0 Duplicate Licenses**

Upon receipt of satisfactory evidence that a license has been lost, mutilated or destroyed, the Board may issue a duplicate license. The duplication fee is set by the Delaware Division of Professional Regulation.

### **22.0 Applicability, Legal Effect, Severability**

22.1 The Rules and Regulations of the Board shall be supplemental to the law providing for the licensing of Nursing Home Administrators and shall have the force and effect of Law.

22.2 Every rule, regulation, order and directive adopted by the Board shall state the date on which it takes effect and a copy thereof signed by the President of the Board and the Secretary of the Board shall be filed as a public record in the office of the Board and as may be required by Law.

22.3 The Rules and Regulations of the Board are intended to be consistent with the applicable Federal and State Law and shall be reviewed, whenever necessary, to achieve such consistency.

22.4 In the event that any provision of these Rules and Regulations is declared unconstitutional or invalid, or the application thereof to any person or circumstance is held invalid, the applicability of such provision to other persons and circumstances and the constitutionality or validity of every other provision of these Rules and Regulations shall not be affected thereby.

22.5 These Rules and Regulations shall not affect pending actions or proceedings, civil or criminal, but the same may be prosecuted or defended in the same manner and with the same effect as though these Rules and Regulations had not been promulgated.

22.6 The Board shall furnish copies of these Rules and Regulations and Amendments thereof for a fee set by the Delaware Division of Professional Regulation, except, the Board may, at its discretion, provide one free copy to each nursing home, health related organization, educational institutions, State or Federal Government units and other public or noncommercial agencies or concerns.

22.7 Amendments to these Rules and Regulations of the Board shall be made only at a regularly called meeting thereof by a majority vote of all members of the Board. No amendment shall be acted upon unless said amendment was presented at a prior meeting and unless notice has been given to the members of the Board that said amendment is to be acted upon at a particular meeting of the Board.

22.8 These Rules and Regulations shall take effect the first day of December, 1982.

### **23.0 Voluntary Treatment Option for Chemically Dependent or Impaired Professionals**

23.1 If the report is received by the chairperson of the regulatory Board, that chairperson shall immediately notify the Director of Professional Regulation or his/her designate of the report. If the Director of Professional Regulation receives the report, he/she shall immediately notify the chairperson of the regulatory Board, or that chairperson's designate or designates.

## **TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE**

- 23.2 The chairperson of the regulatory Board or that chairperson's designate or designates shall, within 7 days of receipt of the report, contact the individual in question and inform him/her in writing of the report, provide the individual written information describing the Voluntary Treatment Option, and give him/her the opportunity to enter the Voluntary Treatment Option.
- 23.3 In order for the individual to participate in the Voluntary Treatment Option, he/she shall agree to submit to a voluntary drug and alcohol screening and evaluation at a specified laboratory or health care facility. This initial evaluation and screen shall take place within 30 days following notification to the professional by the participating Board chairperson or that chairperson's designate(s).
- 23.4 A regulated professional with chemical dependency or impairment due to addiction to drugs or alcohol may enter into the Voluntary Treatment Option and continue to practice, subject to any limitations on practice the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or his/her designate may, in consultation with the treating professional, deem necessary, only if such action will not endanger the public health, welfare or safety, and the regulated professional enters into an agreement with the Director of Professional Regulation or his/her designate and the chairperson of the participating Board or that chairperson's designate for a treatment plan and progresses satisfactorily in such treatment program and complies with all terms of that agreement. Treatment programs may be operated by professional Committees and Associations or other similar professional groups with the approval of the Director of Professional Regulation and the chairperson of the participating Board.
- 23.5 Failure to cooperate fully with the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or his/her designate in regard to the Voluntary Treatment Option or to comply with their requests for evaluations and screens may disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board chairperson or that chairperson's designate or designates shall cause to be activated an immediate investigation and institution of disciplinary proceedings, if appropriate, as outlined in subsection 23.8 of this section.
- 23.6 The Voluntary Treatment Option may require a regulated professional to enter into an agreement which includes, but is not limited to, the following provisions:
- 23.6.1 Entry of the regulated professional into a treatment program approved by the participating Board. Board approval shall not require that the regulated professional be identified to the Board. Treatment and evaluation functions must be performed by separate agencies to assure an unbiased assessment of the regulated professional's progress.
- 23.6.2 Consent to the treating professional of the approved treatment program to report on the progress of the regulated professional to the chairperson of the participating Board or to that chairperson's designate or designates or to the Director of the Division of Professional Regulation or his/her designate at such intervals as required by the chairperson of the participating Board or that chairperson's designate or designates or the Director of the Division of Professional Regulation or his/her designate, and such person making such report will not be liable when such reports are made in good faith and without malice.
- 23.6.3 Consent of the regulated professional, in accordance with applicable law, to the release of any treatment information from anyone within the approved treatment program.
- 23.6.4 Agreement by the regulated professional to be personally responsible for all costs and charges associated with the Voluntary Treatment Option and treatment program(s). In addition, the Division of Professional Regulation may assess a fee to be paid by the regulated professional to cover administrative costs associated with the Voluntary Treatment Option. The amount of the fee imposed under this subparagraph shall approximate and reasonably reflect the costs necessary to defray the expenses of the participating Board, as well as the proportional expenses incurred by the Division of Professional Regulation in its services on behalf of the Board in addition to the administrative costs associated with the Voluntary Treatment Option.
- 23.6.5 Agreement by the regulated professional that failure to satisfactorily progress in such treatment program shall be reported to the participating Board's chairperson or his/her designate or designates or to the Director of the Division of Professional Regulation or his/

## **TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE**

her designate by the treating professional who shall be immune from any liability for such reporting made in good faith and without malice.

- 23.6.6 Compliance by the regulated professional with any terms or restrictions placed on professional practice as outlined in the agreement under the Voluntary Treatment Option.
- 23.7 The regulated professional's records of participation in the Voluntary Treatment Option will not reflect disciplinary action and shall not be considered public records open to public inspection. However, the participating Board may consider such records in setting a disciplinary sanction in any future matter in which the regulated professional's chemical dependency or impairment is an issue.
- 23.8 The participating Board's chairperson, his/her designate or designates or the Director of the Division of Professional Regulation or his/her designate may, in consultation with the treating professional at any time during the Voluntary Treatment Option, restrict the practice of a chemically dependent or impaired professional if such action is deemed necessary to protect the public health, welfare or safety.
- 23.9 If practice is restricted, the regulated professional may apply for unrestricted licensure upon completion of the program.
- 23.10 Failure to enter into such agreement or to comply with the terms and make satisfactory progress in the treatment program shall disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board shall be notified and cause to be activated an immediate investigation and disciplinary proceedings as appropriate.
- 23.11 Any person who reports pursuant to this section in good faith and without malice shall be immune from any civil, criminal or disciplinary liability arising from such reports, and shall have his/her confidentiality protected if the matter is handled in a nondisciplinary matter.
- 23.12 Any regulated professional who complies with all of the terms and completes the Voluntary Treatment Option shall have his/her confidentiality protected unless otherwise specified in a participating Board's rules and regulations. In such an instance, the written agreement with the regulated professional shall include the potential for disclosure and specify those to whom such information may be disclosed.

### **24.0 Crimes substantially related to the practice of nursing home administration:**

- 24.1 Conviction of any of the following crimes, or of the attempt to commit or of a conspiracy to commit or conceal or of solicitation to commit any of the following crimes, is deemed to be substantially related to the practice of nursing home administration in the State of Delaware without regard to the place of conviction:
- 24.1.1 Offensive touching. 11 **Del.C.** §601.
- 24.1.2 Aggravated menacing. 11 **Del.C.** §602(b)
- 24.1.3 Reckless endangering in the second degree. 11 **Del.C.** §603.
- 24.1.4 Reckless endangering in the first degree. 11 **Del.C.** §604
- 24.1.5 Abuse of a pregnant female in the second degree. 11 **Del.C.** §605.
- 24.1.6 Abuse of a pregnant female in the first degree. 11 **Del.C.** §606.
- 24.1.7 Assault in the third degree. 11 **Del.C.** §611.
- 24.1.8 Assault in the second degree. 11 **Del.C.** §612
- 24.1.9 Assault in the first degree. 11 **Del.C.** §613.
- 24.1.10 Abuse of a sports official. 11 **Del.C.** §614.
- 24.1.11 Assault by abuse or neglect. 11 **Del. C.** § 615.
- 24.1.12 Gang participation. 11 **Del.C.** §616
- 24.1.13 Terroristic threatening. 11 **Del.C.** §621.
- 24.1.14 Unlawfully administering drugs. 11 **Del.C.** §625.
- 24.1.15 Unlawfully administering controlled substance or counterfeit substance or narcotic drugs. 11 **Del.C.** §626.

## TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE

- 24.1.16 Vehicular assault in the first degree. 11 **Del.C.** §629.
- 24.1.17 Vehicular homicide in the second degree. 11 **Del.C.** §630.
- 24.1.18 Vehicular homicide in the first degree. 11 **Del.C.** §630A.
- 24.1.19 Criminally negligent homicide. 11 **Del.C.** §631.
- 24.1.20 Manslaughter. 11 **Del.C.** §632.
- 24.1.21 Murder by abuse or neglect in the second degree. 11 **Del.C.** §633
- 24.1.22 Murder by abuse or neglect in the first degree. 11 **Del.C.** §634.
- 24.1.23 Murder in the second degree; class A felony. 11 **Del.C.** §635.
- 24.1.24 Murder in the first degree. 11 **Del.C.** §636.
- 24.1.25 Promoting suicide. 11 **Del.C.** §645.
- 24.1.26 Abortion. 11 **Del.C.** §651.
- 24.1.27 Self-abortion. 11 **Del.C.** §652.
- 24.1.28 Issuing abortifacient articles. 11 **Del.C.** §653.
- 24.1.29 Indecent exposure in the second degree. 11 **Del.C.** §764.
- 24.1.30 Indecent exposure in the first degree. 11 **Del.C.** §765.
- 24.1.31 Incest. 11 **Del.C.** §766.
- 24.1.32 Unlawful sexual contact in the third degree. 11 **Del.C.** §767.
- 24.1.33 Unlawful sexual contact in the second degree. 11 **Del.C.** §768.
- 24.1.34 Unlawful sexual contact in the first degree. 11 **Del.C.** §769.
- 24.1.35 Rape in the fourth degree. 11 **Del.C.** §770.
- 24.1.36 Rape in the third degree. 11 **Del.C.** §771.
- 24.1.37 Rape in the second degree. 11 **Del.C.** §772.
- 24.1.38 Rape in the first degree. 11 **Del.C.** §773.
- 24.1.39 Sexual extortion. 11 **Del.C.** §776.
- 24.1.40 Bestiality. 11 **Del.C.** §777.
- 24.1.41 Continuous sexual abuse of a child. 11 **Del.C.** §778.
- 24.1.42 Dangerous crime against a child. 11 **Del.C.** §779.
- 24.1.43 Female genital mutilation. 11 **Del.C.** §780.
- 24.1.44 Unlawful imprisonment in the second degree. 11 **Del.C.** §781.
- 24.1.45 Unlawful imprisonment in the first degree. 11 **Del.C.** §782.
- 24.1.46 Kidnapping in the second degree. 11 **Del.C.** §783.
- 24.1.47 Kidnapping in the first degree. 11 **Del.C.** §783A.
- 24.1.48 Interference with custody. 11 **Del.C.** §785.
- 24.1.49 Acts constituting coercion. 11 **Del.C.** §791.
- 24.1.50 Arson in the third degree. 11 **Del.C.** §801.
- 24.1.51 Arson in the second degree. 11 **Del.C.** §802.
- 24.1.52 Arson in the first degree. 11 **Del.C.** §803.
- 24.1.53 Reckless burning or exploding; felony. 11 **Del.C.** §804.
- 24.1.54 Cross or religious symbol burning. 11 **Del.C.** §805.
- 24.1.55 Criminal mischief. 11 **Del.C.** §811.
- 24.1.56 Trespassing with intent to peep or peer. 11 **Del.C.** §820.
- 24.1.57 Burglary in the third degree. 11 **Del.C.** §824.
- 24.1.58 Burglary in the second degree. 11 **Del.C.** §825.
- 24.1.59 Burglary in the first degree. 11 **Del.C.** §826.
- 24.1.60 Possession of burglar's tools or instruments facilitating theft. 11 **Del.C.** §828.
- 24.1.61 Robbery in the second degree. 11 **Del.C.** §831.
- 24.1.62 Robbery in the first degree. 11 **Del.C.** §832.
- 24.1.63 Carjacking in the second degree. 11 **Del.C.** §835.
- 24.1.64 Carjacking in the first degree. 11 **Del.C.** §836.

## TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE

- 24.1.65 Shoplifting. 11 **Del.C.** §840.
- 24.1.66 Use of illegitimate retail sales receipt or Universal Product Code Label. 11 **Del.C.** §840A.
- 24.1.67 Theft. 11 **Del.C.** §841.
- 24.1.68 Theft; lost or mislaid property. 11 **Del.C.** §842.
- 24.1.69 Theft; false pretense. 11 **Del.C.** §843.
- 24.1.70 Theft; false promise. 11 **Del.C.** §844.
- 24.1.71 Theft of services. 11 **Del.C.** §845.
- 24.1.72 Extortion. 11 **Del.C.** §846.
- 24.1.73 Misapplication of property. 11 **Del.C.** §848.
- 24.1.74 Theft of rented property. 11 **Del.C.** §849.
- 24.1.75 Use, possession, manufacture, distribution and sale of unlawful telecommunication and access devices; felony. 11 **Del.C.** §850.
- 24.1.76 Receiving stolen property; felony. 11 **Del.C.** §851
- 24.1.77 Identity theft. 11 **Del.C.** §854.
- 24.1.78 Possession of shoplifters tools or instruments facilitating theft. 11 **Del.C.** §860.
- 24.1.79 Forgery. 11 **Del.C.** §861.
- 24.1.80 Possession of forgery devices. 11 **Del.C.** §862.
- 24.1.81 Falsifying business records. 11 **Del.C.** §871.
- 24.1.82 Tampering with public records in the second degree 11 **Del.C.** §873.
- 24.1.83 Tampering with public records in the first degree. 11 **Del.C.** §876.
- 24.1.84 Offering a false instrument for filing. 11 **Del.C.** §877.
- 24.1.85 Issuing a false certificate. 11 **Del.C.** §878.
- 24.1.86 Bribery. 11 **Del.C.** §881.
- 24.1.87 Bribe receiving. 11 **Del.C.** §882.
- 24.1.88 Defrauding secured creditors. 11 **Del.C.** §891.
- 24.1.89 Fraud in insolvency. 11 **Del.C.** §892.
- 24.1.90 Interference with levied-upon property. 11 **Del.C.** §893.
- 24.1.91 Issuing a bad check. 11 **Del.C.** §900.
- 24.1.92 Unlawful use of credit card. 11 **Del.C.** §903.
- 24.1.93 Reencoder and scanning devices. 11 **Del.C.** §903A.
- 24.1.94 Deceptive business practices. 11 **Del.C.** §906.
- 24.1.95 Criminal impersonation. 11 **Del.C.** §907.
- 24.1.96 Criminal impersonation, accident related. 11 **Del.C.** §907A.
- 24.1.97 Criminal impersonation of a police officer. 11 **Del.C.** §907B.
- 24.1.98 Unlawfully concealing a will. 11 **Del.C.** §908.
- 24.1.99 Securing execution of documents by deception. 11 **Del.C.** §909.
- 24.1.100 Fraudulent conveyance of public lands. 11 **Del.C.** §911.
- 24.1.101 Fraudulent receipt of public lands. 11 **Del.C.** §912.
- 24.1.102 Insurance fraud. 11 **Del.C.** §913.
- 24.1.103 Health care fraud. 11 **Del.C.** §913A.
- 24.1.104 Home improvement fraud. 11 **Del.C.** §916.
- 24.1.105 New home construction fraud. 11 **Del.C.** §917.
- 24.1.106 Transfer of recorded sounds. 11 **Del.C.** §920.
- 24.1.107 Sale of transferred recorded sounds. 11 **Del.C.** §921.
- 24.1.108 Improper labeling 11 **Del.C.** §922
- 24.1.109 Theft of computer services. 11 **Del.C.** §933.

## **TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE**

- 24.1.110 Interruption of computer services. 11 **Del.C.** §934.
- 24.1.111 Misuse of computer system information. 11 **Del.C.** §935.
- 24.1.112 Destruction of computer equipment. 11 **Del.C.** §936.
- 24.1.113 Failure to promptly cease electronic communication upon request. 11 **Del.C.** §920.
- 24.1.114 Bigamy. 11 **Del.C.** §1001.
- 24.1.115 Bigamous marriage contracted outside of the State. 11 **Del.C.** §1002.
- 24.1.116 Dealing in children. 11 **Del.C.** §1100.
- 24.1.117 Endangering the welfare of a child. 11 **Del.C.** §1102.
- 24.1.118 Endangering the welfare of an incompetent person. 11 **Del.C.** §1105.
- 24.1.119 Sexual exploitation of a child. 11 **Del.C.** §1108.
- 24.1.120 Unlawfully dealing in child pornography. 11 **Del.C.** §1109.
- 24.1.121 Possession of child pornography. 11 **Del.C.** §1111.
- 24.1.122 Sexual offenders; prohibitions from school zones. 11 **Del.C.** §1112.
- 24.1.123 Sexual solicitation of a child. 11 **Del.C.** §1112A.
- 24.1.124 Body-piercing, tattooing or branding. 11 **Del.C.** §1114.
- 24.1.125 Tongue-splitting. 11 **Del.C.** §1114A.
- 24.1.126 Bribery. 11 **Del.C.** §1201.
- 24.1.127 Receiving a bribe; class E felony. 11 **Del.C.** §1203.
- 24.1.128 Improper influence. 11 **Del.C.** §1207.
- 24.1.129 Official misconduct. 11 **Del.C.** §1211.
- 24.1.130 Profiteering. 11 **Del.C.** §1212.
- 24.1.131 Perjury in the second degree. 11 **Del.C.** §1222.
- 24.1.132 Perjury in the first degree. 11 **Del.C.** §1223.
- 24.1.133 Making a false written statement. 11 **Del.C.** §1233.
- 24.1.134 Terroristic threatening of public officials or public servants. 21 **Del.C.** §1240.
- 24.1.135 Hindering prosecution; felony. 11 **Del.C.** §1244.
- 24.1.136 Falsely reporting an incident; felony. 11 **Del.C.** §1245.
- 24.1.137 Obstructing the control and suppression of rabies; felony. 11 **Del.C.** §1248.
- 24.1.138 Abetting the violation of driver's license restrictions; felony. 11 **Del.C.** §1249.
- 24.1.139 Offenses against law-enforcement animals; felony. 11 **Del.C.** §1250.
- 24.1.140 Escape in the second degree. 11 **Del.C.** §1252.
- 24.1.141 Escape after conviction. 11 **Del.C.** §1253.
- 24.1.142 Assault in a detention facility. 11 **Del.C.** §1254.
- 24.1.143 Promoting prison contraband; felony. 11 **Del.C.** §1256.
- 24.1.144 Use of an animal to avoid capture; felony 11 **Del.C.** §1257A.
- 24.1.145 Sexual relations in detention facility. 11 **Del.C.** §1259.
- 24.1.146 Bribing a witness. 11 **Del.C.** §1261.
- 24.1.147 Bribe receiving by a witness. 11 **Del.C.** §1262.
- 24.1.148 Tampering with a witness. 11 **Del.C.** §1263.
- 24.1.149 Interfering with child witness. 11 **Del.C.** §1263A.
- 24.1.150 Bribing a juror. 11 **Del.C.** §1264.
- 24.1.151 Bribe receiving by a juror. 11 **Del.C.** §1265.
- 24.1.152 Tampering with a juror. 11 **Del.C.** §1266.
- 24.1.153 Misconduct by a juror. 11 **Del.C.** §1267.
- 24.1.154 Tampering with physical evidence. 11 **Del.C.** §1269.
- 24.1.155 Riot. 11 **Del.C.** §1302.
- 24.1.156 Hate crimes. 11 **Del.C.** §1304.
- 24.1.157 Aggravated harassment. 11 **Del.C.** §1312.
- 24.1.158 Stalking. 11 **Del.C.** §1312A.

**TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE  
ADMINISTRATIVE CODE**

- 24.1.159 Malicious interference with emergency communications. 11 **Del.C.** §1313.
- 24.1.160 Criminal nuisance. 11 **Del.C.** §1322.
- 24.1.161 Cruelty to animals. 11 **Del.C.** §1325.
- 24.1.162 The unlawful trade in dog or cat by-products. 11 **Del.C.** §1325A
- 24.1.163 Animals; fighting and baiting prohibited; felony. 11 **Del.C.** §1326.
- 24.1.164 Maintaining a dangerous animal; felony. 11 **Del.C.** §1327.
- 24.1.165 Abusing a corpse. 11 **Del.C.** §1332.
- 24.1.166 Trading in human remains and associated funerary objects. 11 **Del.C.** §1333.
- 24.1.167 Violation of privacy. 11 **Del.C.** §1335.
- 24.1.168 Bombs, incendiary devices, Molotov cocktails and explosive devices. 11 **Del.C.** §1338.
- 24.1.169 Adulteration. 11 **Del.C.** §1339.
- 24.1.170 Promoting prostitution in the third degree. 11 **Del.C.** §1351.
- 24.1.171 Promoting prostitution in the second degree. 11 **Del.C.** §1352.
- 24.1.172 Promoting prostitution in the first degree. 11 **Del.C.** §1353.
- 24.1.173 Permitting prostitution. 11 **Del.C.** §1355.
- 24.1.174 Obscenity. 11 **Del.C.** §1361.
- 24.1.175 Carrying a concealed deadly weapon. 11 **Del.C.** §1442.
- 24.1.176 Possessing a destructive weapon. 11 **Del.C.** §1444.
- 24.1.177 Unlawfully dealing with a dangerous weapon. 11 **Del.C.** §1445.
- 24.1.178 Possession of a deadly weapon during commission of a felony. 11 **Del.C.** §1447.
- 24.1.179 Possession of a firearm during commission of a felony. 11 **Del.C.** §1447A.
- 24.1.180 Possession and purchase of deadly weapons by persons prohibited. 11 **Del.C.** §1448.
- 24.1.181 Criminal history record checks for sales of firearms; felony. 11 **Del.C.** §1448A.
- 24.1.182 Receiving a stolen firearm. 11 **Del.C.** §1450.
- 24.1.183 Theft of a firearm. 11 **Del.C.** §1451.
- 24.1.184 Giving a firearm to person prohibited. 11 **Del.C.** §1454.
- 24.1.185 Engaging in a firearms transaction on behalf of another. 11 **Del.C.** §1455.
- 24.1.186 Unlawfully permitting a minor access to a firearm. 11 **Del.C.** §1456.
- 24.1.187 Possession of a weapon in a Safe School and Recreation Zone; felony. 11 **Del.C.** §1457.
- 24.1.188 Removing a firearm from the possession of a law enforcement officer. 11 **Del.C.** §1458.
- 24.1.189 Prohibited acts. cheating devices(a)-(e). 11 **Del.C.** §1471.
- 24.1.190 Organized Crime and Racketeering. 11 **Del.C.** §1504.
- 24.1.191 Victim or Witness Intimidation. 11 **Del.C.** §3532 & 3533.
- 24.1.192 Abuse, neglect, mistreatment or financial exploitation of residents or patients 16 **Del.C.** §1136(a), (b) and (c).
- 24.1.193 Prohibited acts A under the Uniform Controlled Substances Act. 16 **Del.C.** §4751(a), (b) and (c).
- 24.1.194 Prohibited acts B under the Uniform Controlled Substances Act. 16 **Del.C.** §4752(a) and (b).
- 24.1.195 Unlawful delivery of noncontrolled substance. 16 **Del.C.** §4752A.
- 24.1.196 Prohibited acts C under the Uniform Controlled Substances Act. 16 **Del.C.** §4753.

## TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE

24.1.197 Trafficking in marijuana, cocaine, illegal drugs, methamphetamines, Lysergic Acid Diethylamide

24.1.19 Prohibited acts D under the Uniform Controlled Substances Act. 16 **Del.C.** §4754.

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24.1.19 Possession and delivery of noncontrolled prescription drug. 16 **Del.C.** §4754A.

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(L.S.D.), designer drugs, or 3,4-methylenedioxymethamphetamine (MDMA). 16 **Del.C.** §4753A (a)(1)-(9).

4755.(a)(1) and (2)

24.1.201 Prohibited acts under the Uniform Controlled Substances Act. 16 **Del.C.** §4756(a)(1)

(5) and (b).

24.1.202 Hypodermic syringe or needle; delivering or possessing; disposal; 16 **Del.C.** §4757.

24.1.203 Keeping drugs in original containers. 16 **Del.C.** §4758.

24.1.204 Distribution to persons under 21 years of age. 16 **Del.C.** §4761.

24.1.205 Purchase of drugs from minors. 16 **Del.C.** §4761A

24.1.206 Distribution, delivery, or possession of controlled substance within 1,000 feet of school property; penalties; defenses. 16 **Del.C.** §4767

24.1.207 Distribution, delivery or possession of controlled substance in or within 300 feet of park, recreation area, church, synagogue or other place of worship. 16 **Del.C.** §4768

24.1.208 Drug paraphernalia. 16 **Del.C.** §4771 (a) and (b).

24.1.209 Possession, manufacture and sale, delivery to a minor and advertising of drug paraphernalia. 16 **Del.C.** §4774(a), (b), (c) (d)

24.1.210 Operation of a vessel or boat while under the influence of intoxicating liquor and/or drugs; felony. 23 **Del.C.** §2302(a) and § 2305 (3) and (4).

24.1.211 Attempt to evade or defeat tax. 30 **Del.C.** §571.

24.1.212 Failure to collect or pay over tax. 30 **Del.C.** §572.

24.1.213 Fraud and false statements [taxes]. 30 **Del.C.** §574.

24.1.214 Understatement or evasion [taxes]. 30 **Del.C.** §576.

24.1.215 Obtaining benefit under false representation. 31 **Del.C.** §1003.

24.1.216 Reports, statements and documents. 31 **Del.C.** §1004(1), (2), (3), (4), (5)

24.1.217 Kickback schemes and solicitations. 31 **Del.C.** §1005.

24.1.218 Conversion of payment. 31 **Del.C.** §1006.

24.1.219 Unlawful possession or manufacture of proof of insurance. 21 **Del.C.** §2118A.

24.1.220 Temporary registration violations related to providing false information. 21 **Del.C.** §2133(a) (1)-(3).

24.1.221 False statements. 21 **Del.C.** §2315.

24.1.222 Altering or forging certificate of title, manufacturer's certificate of origin, registration card, vehicle warranty or certification sticker or vehicle identification plate. 21 **Del.C.** §2316.

24.1.223 False statements; incorrect or incomplete information. 21 **Del.C.** §2620.

24.1.224 License to operate a motorcycle, motorbike, etc. 21 **Del.C.** §2703.

24.1.225 Issuance of a Level 1 Learner's Permit and Class D operator's license to persons under 18 years of age. 21 **Del.C.** §2710.

24.1.226 Unlawful application for or use of license or identification card. 21 **Del.C.** §751.

24.1.227 False statements. 21 **Del.C.** §2752.

24.1.228 Employment of unlicensed person. 21 **Del.C.** §2754.

24.1.229 Authorizing or permitting the operation of a motor ny another. 21 **Del.C.** §2755.

24.1.230 Duplication, reproduction, altering, or counterfeiting of driver's licenses or identification cards. 21 **Del.C.** §2760(a) and (b).

24.1.231 Driving after judgment prohibited. 21 **Del.C.** §2810.

24.1.232 False statements. 21 **Del.C.** §3107.

24.1.233 Driving a vehicle while under the influence or with a prohibited alcohol content; felony. 21 **Del.C.** §4177 (3) and (4).



## TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE

- 24.1.234 Duty of driver involved in accident resulting in injury or death to any person. 21 **Del.C.** §4202.
- 24.1.235 Duty to report accidents; evidence. 21 **Del.C.** §4203.
- 24.1.236 Possession of motor vehicle master keys, manipulative keys, key-cutting devices, lock picks or lock picking devices and hot wires. 21 **Del.C.** §4604(a).
- 24.1.237 Receiving or transferring stolen vehicle. 21 **Del.C.** §6704.
- 24.1.238 Removed, falsified or unauthorized identification number on vehicle, bicycle or engine; removed or affixed license/registration plate with intent to misrepresent identity; felony. 21 **Del.C.** §6705(b) and (d).
- 24.1.239 Possession of blank title; blank registration card; vehicle identification plate; warranty sticker and registration card. 21 **Del.C.** §6708(a) and (b).
- 24.1.240 Removal of warranty or certification stickers; vehicle identification plates; confidential vehicle identification numbers. 21 **Del.C.** §6709(a).
- 24.1.241 Unlawful possession of assigned titles, assigned registration cards, vehicle identification plates and warranty stickers. 21 **Del.C.** §6710(a).
- 24.1.242 Obstructing person in performance of duty. 3 **Del.C.** §1044.
- 24.1.243 Unlawful Acts. 3 **Del.C.** §1224.
- 24.1.244 Offenses [involving meat and poultry inspection including bribery or attempted bribery or assaulting or impeding any person in the performance of his duties] (felony) 3 **Del.C.** §8713.
- 24.1.245 Fraud or distribution or attempted distribution of adulterated article. 3 **Del.C.** §8715
- 24.1.246 Fraudulent Written Statements. 3 **Del.C.** §10049
- 24.1.247 Fraudulent Certificate of Registration or Eligibility Documents 3 **Del.C.** §10050.
- 24.1.248 Interference with officer or inspector. 4 **Del.C.** §907.
- 24.1.249 Prohibited trade practices against infirm or elderly. 6 **Del.C.** §2581
- 24.1.250 Prohibition of intimidation [under the Fair Housing Act]; felony. 6 **Del.C.** §4619
- 24.1.251 Auto Repair Fraud victimizing the infirm or elderly. 6 **Del.C.** §4909A
- 24.1.252 Hindering or obstructing [DOA] officer. 6 **Del.C.** §5132.
- 24.1.253 Impersonation of [DOA] officer. 6 **Del.C.** §5133.
- 24.1.254 Violations of the Securities Act. 6 **Del.C.** §7322.
- 24.1.255 Poisoning of dogs. 7 **Del.C.** §1710.
- 24.1.256 Unauthorized acts against a service guide or seeing eye dog. 7 **Del.C.** §1717.
- 24.1.257 Interference with department personnel. 7 **Del.C.** §6015.
- 24.1.258 Improper disposal of solid waste. 7 **Del.C.** §6025.
- 24.1.259 Failure to report discharge of pollutant or contaminant. 7 **Del.C.** §6028.
- 24.1.260 Prohibitions [relating to generation, storage, disposal, transportation, and treatment of hazardous waste]. 7 **Del.C.** §6304.
- 24.1.261 Interference with department [DNREC] personnel. 7 **Del.C.** §6315.
- 24.1.262 Interception of Communications Generally; Divulging Contents of Communications 11 **Del.C.** §2402
- 24.1.263 Manufacture, Possession or Sale of Intercepting Device. 11 **Del.C.** §2403
- 24.1.264 Breaking and Entering, Etc. to Place or Remove Equipment. 11 **Del.C.** §2410
- 24.1.265 Obstruction, Impediment or Prevention of Interception. 11 **Del.C.** §2412
- 24.1.266 Obtaining, Altering or Preventing Authorized Access. 11 **Del.C.** §2421
- 24.1.267 Divulging Contents of Communications. 11 **Del.C.** §2422
- 24.1.268 Installation and Use Generally [of pen trace and trap and trace devices]. 11 **Del.C.** §243.
- 24.1.269 Attempt to Intimidate. 11 **Del.C.** §3534

## **TITLE 24 REGULATED PROFESSIONS AND OCCUPATIONS DELAWARE ADMINISTRATIVE CODE**

- 24.1.270 Disclosure of Expunged Records. 11 **Del.C.** §4374
- 24.1.271 Violation of reporting provisions re: SBI.; felony 11 **Del.C.** §8523.
- 24.1.272 Failure of child-care provider to obtain information required under §8561 or for those providing false information. 11 **Del.C.** §8562.
- 24.1.273 Providing false information when seeking employment in a public school. 11 **Del.C.** §8572.
- 24.1.274 Filing False Claim [under Victims' Compensation Fund]. 11 **Del.C.** §9016.
- 24.1.275 Alteration, theft or destruction of will. 12 **Del.C.** §210.
- 24.1.276 Failure of Physician to file report of abuse of neglect pursuant to 16 **Del.C.** §903.
- 24.1.277 Coercion or intimidation involving health-care decisions and falsification, destruction of a document to create a false impression that measures to prolong life have been authorized. 16 **Del.C.** §513.
- 24.1.278 Treatment of meats with unlawful drugs and preparations [prior to sale]. 16 **Del.C.** §3317.
- 24.1.279 Violations related to the sale, purchase, receipt, possession, transportation, use, safety and control of explosive materials other than 16 **Del.C.** §7103. 16 **Del.C.** §7112.
- 24.1.280 Violation of contractor trust provision of § 802 for Highway Construction Payments. 17 **Del.C.** §805.
- 24.1.281 Violation of deadly weapons dealers' license requirements. 24 **Del.C.** §901.
- 24.1.282 Sale [deadly weapons] to persons under 21 or intoxicated persons. 24 **Del.C.** §903.
- 24.1.283 [Failure to make] reports of persons who are subject to loss of consciousness. 24 **Del.C.** §1763.
- 24.1.284 False statements [State taxes motor fuel carriers]. 30 **Del.C.** §5215.
- 24.1.285 Abuse, neglect, exploitation or mistreatment of infirm adult. 31 **Del.C.** §3913(a), (b) and (c).
- 24.2 Crimes substantially related to the practice of nursing home administration shall be deemed to include any crimes under any federal law, state law, or valid town, city or county ordinance, that are substantially similar to the crimes identified in this rule.

**9 DE Reg. 104 (07/01/05)**

## 3000 Division of Long Term Care Residence Protection

### 3215 Training of Paid Feeding Assistants (Formerly Regulation No. 73)

#### 1.0 Introduction

These regulations allow for the use of Paid Feeding Assistants, as single task workers, to provide feeding assistance in nursing facilities and assisted living facilities. To ensure consistency in the training of Feeding Assistants, the Division of Long Term Care Residents Protection has developed minimum requirements for Feeding Assistant training programs. Each Feeding Assistant training program shall be approved by the Division of Long Term Care Residents Protection. The intent of these regulations is to provide more residents with help in eating and drinking, or encouraging the resident so that more of the meal is consumed, making mealtime a more pleasant experience, and potentially reducing the incidence of unplanned weight loss and dehydration. The determination of which residents may receive assistance from a Feeding Assistant shall be based on the needs and potential risks to a resident as observed and documented in the resident's plan of care and the comprehensive assessment of the resident's functional capacity. While these regulations are not applicable to volunteers and family members, those individuals are encouraged to complete a Feeding Assistant training program.

#### 2.0 Definitions **"Division"** The Division of Long Term Care Residents Protection. **"Feeding Assistant"**

An unlicensed, uncertified person trained to assist residents with nutrition and hydration who has successfully completed an initial training program and has demonstrated competency. **"Feeding Assistant Program"** Policies and procedures established by a facility to provide supervision of Feeding Assistants, resident selection criteria, and implementation of Section

3.0 of these regulations. **"Instructors"** Registered nurses, advanced practice nurses, dietitians, speech pathologists, or a combination of such professionals, who train Feeding Assistants. Occupational therapists may be defined as instructors for purposes of training in special needs as described in Section 3.0 of these regulations

**"Resident"** A person admitted to a nursing facility or assisted living facility licensed pursuant to 16 Del.C. Ch. 11. **"Student"** A person enrolled in an approved Feeding Assistant training program.

**"Supervision"** Direct oversight by a registered nurse or licensed practical nurse who is in the unit or on the floor where feeding assistance is furnished. **"Supervisory Nurse"** The nurse who is responsible for a specific area of a facility such as a floor or unit.

#### 3.0 General Requirements

- 3.1 Facilities implementing Feeding Assistant programs shall have written policies and procedures in place that include each item in Section 3.1.
- 3.2 Facilities implementing Feeding Assistant Programs shall strictly limit the responsibilities of each Feeding Assistant.
  - 3.2.1 The facility shall ensure that each Feeding Assistant performs only those duties for which he/she has been specifically trained.
  - 3.2.2 The facility shall ensure that each Feeding Assistant seeks assistance from other members of the resident care team for all resident needs other than nutrition/hydration.
- 3.3 Each Feeding Assistant employed by any facility either as facility or contract/agency staff shall be required to meet the following:

**TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE  
ADMINISTRATIVE CODE**

- 3.3.1 Each unlicensed or uncertified individual who feeds and hydrates residents in a facility, with the exception of family members and volunteers, shall successfully complete a Feeding Assistant training program approved by the Division of Long Term Care Residents Protection.
- 3.3.2 Feeding Assistants shall be required to successfully complete an approved Feeding Assistant training program before providing nutrition/hydration to residents.
- 3.3.3 A Feeding Assistant may provide nutrition/hydration to a resident only under the supervision of a registered nurse or licensed practical nurse who is present in the unit or on the floor where the task is performed and is readily available to provide assistance to the Feeding Assistant when needed.
- 3.3.4 A Feeding Assistant may provide nutrition/hydration only for those residents who have been assessed and approved by the supervisory nurse for such assistance. The resident assessment shall be based on the needs of, and potential risks to, the resident as observed and documented in the resident's written plan of care and the latest comprehensive assessment of the resident's functional capacity.
- 3.3.5 A Feeding Assistant shall not feed residents who are assessed to have complicated feeding problems such as recurrent lung aspirations, difficulty swallowing, feeding tubes, parenteral/IV feedings, chronic coughing or choking.
- 3.4 Participating facilities shall maintain records regarding the following:
  - 3.4.1 The names of Feeding Assistants hired solely to provide nutrition and hydration.
    - 3.4.2 The names of Feeding Assistants performing additional paid tasks in the facility.
    - 3.4.3 The names of residents served by the Feeding Assistants.
  - 3.5 The facility shall have policies and procedures in place to assure that Feeding Assistants report and record appropriate observations made while providing nutrition and hydration to nursing staff.
  - 3.6 The resident's record shall have documentation that the residents may be fed by a Feeding Assistant. Examples of such documentation include care plans, minimum data sets, uniform assessment instruments and flow charts.
  - 3.7 The supervisory nurse shall request a physician referral to a speech pathologist for an assessment of a resident served by a Feeding Assistant when indicated, e.g., when there has been a change in the resident's swallowing ability.
- 3.8 The facility shall maintain a list of facility staff qualified to train Feeding Assistants.
  - 3.9 Feeding Assistants shall not be counted toward meeting any minimum staffing requirements.
- 4.0 Feeding Assistant Training Program Requirements**
  - 4.1 General Training Requirements
    - 4.1.1 Each Feeding Assistant training program shall be approved by the Division.
      - 4.1.2 To obtain approval, the curriculum content for the Feeding Assistant training programs shall meet each of the following requirements:
        - 4.1.2.1 The program shall be a minimum of 12 hours to include classroom instruction and demonstrated competency.
        - 4.1.2.2 Classroom instruction and demonstrated competency in each requirement shall be completed prior to students providing resident nutrition/hydration. Programs shall maintain documentation of completion of requirements.
        - 4.1.2.3 At the completion of training, each student who has satisfactorily completed a Feeding Assistant training program shall be provided with documentation of completion of a Delaware Feeding Assistant Program which shall be transferable among facilities with Feeding Assistant programs.
        - 4.1.2.4 The instructor shall directly supervise students at all times while students are demonstrating competency.
        - 4.1.2.5 Programs shall notify the Division in writing when changes to the program or the instructors are made.
  - 4.2 Curriculum Content

## **TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE**

### **4.2.1 Feeding Assistant Role and Function**

4.2.1.1 On-the-job conduct, appearance, grooming, personal hygiene and ethical behavior.

4.2.1.2 Responsibilities and limitations of a Feeding Assistant.

4.2.1.2.1 A Feeding Assistant shall perform only those duties for which he/she has been specifically trained.

4.2.1.2.2 A Feeding Assistant shall seek assistance from other members of the resident care team for all resident needs other than nutrition/hydration.

4.2.1.3 Reporting and documenting incidents.

4.2.1.4 Knowledge of the "chain of command" in the facility.

4.2.1.5 Importance of punctuality and commitment to the job.

### **4.2.2 Resident Rights**

4.2.2.1 Providing dignity and maintaining confidentiality.

4.2.2.2 Promoting the resident's right to make personal choices to accommodate individual needs.

4.2.2.3 Maintaining care and security of resident's personal possessions.

4.2.2.4 Providing care which ensures that the resident is free from abuse, mistreatment, neglect or financial exploitation.

### **4.2.3 Psychosocial Factors**

4.2.3.1 Verbal and non-verbal communication and interpersonal skills with residents, including those with dementia.

4.2.3.2 Religious, ethnic and personal food preferences.

### **4.2.4 Appropriate Responses to Resident Behaviors**

4.2.4.1 Identifying behaviors which require assistance from professional staff.

4.2.4.2 Recognizing and reporting changes in residents that are inconsistent with their normal behavior.

4.2.4.3 Distinguishing between normal eating and drinking behaviors and those which need to be reported.

### **4.2.5 Safety and Emergency Procedures**

4.2.5.1 Recognizing emergencies which require assistance from other members of the resident care team.

4.2.5.2 Learning appropriate use of the resident call system.

4.2.5.3 Identifying when a resident is choking.

4.2.5.4 Learning how to perform the Heimlich maneuver.

### **4.2.6 Nutrition/Hydration**

4.2.6.1 Understanding of therapeutic diets, supplements and dietary restrictions, including consistency restrictions.

4.2.6.2 Understanding of fluid needs and restrictions.

4.2.6.3 Understanding tips to encourage intake.

4.2.6.4 Understanding of food substitution policy.

4.2.6.5 Understanding use of special feeding devices, including use of straws when deemed appropriate and beneficial to a resident.

4.2.6.6 Understanding the components of a healthy diet.

4.2.6.7 Understanding factors that cause higher risk for nutrition and hydration problems.

### **4.2.7 Infection Control**

4.2.7.1 Knowledge of proper hand washing and hygiene.

4.2.7.2 Knowledge of disease transmission and infection prevention.

### **4.2.8 Monitoring and Reporting Intake**

4.2.8.1 Fluids

4.2.8.1.1 Identifying amounts consumed according to facility policy and procedures.

4.2.8.1.2 Identifying items that are liquid or classified as liquid.

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE

4.2.8.2.1 Identifying percentage of food consumed according to facility policy and procedure.

4.2.8.2.2 Recording amount eaten accurately.

4.2.8.2.3 Reporting food-related resident problems.

### 4.3 Competencies

#### ADMINISTRATIVE CODE

4.2.8.1.3 Recording liquid intake accurately.

4.2.8.2 Foods

#### 4.3.1 Feeding Techniques

4.3.1.1 Check resident's identification and diet card to ensure that resident has received the correct tray.

4.3.1.2 Provide resident with napkin and clothing protector, as needed.

4.3.1.3 Describe selection and location of foods on tray.

4.3.1.4 Assist resident with food preparation, as needed.

4.3.1.5 Observe to make sure each mouthful of food is swallowed before more is ingested.

4.3.1.6 Offer liquids at intervals with solid food.

4.3.1.7 Record food and fluid intake separately and accurately.

#### 4.3.2 Social/Environmental Factors

4.3.2.1 Encourage resident to eat independently, if appropriate.

4.3.2.2 Provide cuing and prompting during meals as needed.

4.3.2.3 Make pleasant conversation, but refrain from asking questions while the resident has food in his/her mouth or asking questions that require lengthy answers.

4.3.2.4 Never rush the resident while feeding.

4.3.2.5 Sit next to the resident to convey an unhurried feeling.

4.3.2.6 Keep the resident focused on eating. Avoid distractions.

4.3.2.7 Be aware of infection control techniques, including avoidance of blowing on hot food and sharing or sampling resident's meal.

#### 4.3.3 Special Needs

4.3.3.1 Use hand on hand to assist resident, as needed.

4.3.3.2 Help resident to grasp eating utensils and beverage containers.

4.3.3.3 Help resident with assistive devices such as plate guards and adaptive eating utensils.

**7 DE Reg. 1186 (3/1/04)**

## 3000 Division of Long Term Care Residence Protection

### 3220 Training and Qualifications for Nursing Assistants and Certified Nursing Assistants

- 1.0 Definitions** “**Advanced Practice Nurse**” shall mean an individual whose education and licensure meet the criteria outlined in 24 **Del.C.** Ch. 19 and who is certified in at least one of the following specialty areas: (1) Adult nurse practitioner; (2) Gerontological clinical nurse specialist; (3) Gerontological nurse practitioner; (4) Psychiatric/mental health clinical nurse specialist; (5) Family nurse practitioner. “**Assisted Living Facility**” Assisted living facility is a residential arrangement for fee licensed pursuant to 16 **Del.C.** Ch. 11. “**Certified Nursing Assistant (CNA)**” a duly certified individual under the supervision of a licensed nurse, who provides care which does not require the judgment and skills of a licensed nurse. The care may include, but is not limited to, the following: bathing, dressing, grooming, toileting, ambulating, transferring and feeding, observing and reporting the general well-being of the person(s) to whom they are providing care. “**Department**” the Department of Health and Social Services. “**Direct Supervision**” means actually observing students performing tasks. “**Division**” the Division of Long Term Care Residents Protection. “**General Supervision**” is providing necessary guidance for the program and maintaining ultimate responsibility.
- “**Intermediate Care Facility**” Facility licensed pursuant to 16 **Del.C.** Ch. 11 with a license designated for intermediate care beds.
- “**Licensed Nurse**” shall mean a licensed practical nurse, registered nurse and/or advanced practice nurse whose education and licensure meet the criteria in 24 **Del.C.** Ch. 19.
- “**Licensed Nursing Facility**” is a residential institution, as defined in 16 **Del.C.**, §1104(4), which provides services to residents which include resident beds, continuous nursing services, and health and treatment services for individuals who do not currently require continuous hospital care. Care is given in accordance with physician's orders and requires the competences of a registered nurse (RN).
- “**Licensed Practical Nurse (LPN)**” a nurse who is licensed as a practical nurse in Delaware or whose license is recognized to practice in the State of Delaware, and who may supervise LPN's, CNA's, NA's and other unlicensed personnel.
- “**Nursing Assistant (NA)**” an individual who has completed the requisite training to become a Certified Nursing Assistant but is awaiting certification.
- “**Nursing Related Services**” those health related services that include supervision of, and direct assistance to, individuals in their activities of daily living and/or those physical and psychosocial basic skills encompassed in the certified nursing assistant curriculum.
- “**Nursing Services Direct Caregivers**” those individuals, as defined in 16 **Del.C.**, §1161(e), assigned to the direct care of nursing facility residents.
- “**Physician**” a physician licensed to practice in the State of Delaware.
- “**Registered Nurse (RN)**” a nurse who is a graduate of an approved school of professional nursing and who is licensed in Delaware or whose license is recognized to practice in the State of Delaware.
- “**Rehabilitation**” the restoration or maintenance of an ill or injured person to self-sufficiency at his or her highest attainable level. “**Resident**” a person admitted to a nursing facility or similar facility licensed pursuant to 16 **Del.C.** Ch 11.
- “**Restraint**” “**Chemical Restraints**” are defined as a psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms.

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

“**Physical Restraints**” are defined as 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.

“**Senior Certified Nursing Assistant**” a Certified Nursing Assistant who has met the requirements and training specified in Section 4 of these regulations.

“**Skilled Care Facility**” Facility licensed pursuant to 16 **Del.C.** Ch. 11 with a license designated for skilled care beds.

“**Student**” a person enrolled in a course offering certification as a CNA.

**6 DE Reg. 1505 (5/1/03)**

**14 DE Reg. 169 (09/01/10)**

### 2.0 General Training Requirements And Competency Test

Each Nursing Assistant/Certified Nursing Assistant employed by any nursing facility either as contract/ agency or facility staff shall be required to meet the following:

- 2.1 An individual shall complete a nursing assistant training course approved by the Department on the recommendation of the CNA Training Curriculum Committee. The Committee shall consist of individuals with experience in the knowledge and skills required of CNAs.
  - 2.2 Nursing Assistants are required to pass a competency test provided by the Department or by a contractor approved by the Department.
  - 2.3 Nursing Assistants shall take the competency test within 30 days of completion of an approved program. Nursing assistants who fail to obtain a passing score may repeat the test two additional times. Nursing assistants who fail to obtain a passing score after testing three times must repeat the CNA training program before retaking the test. The certificate of completion of an approved program, a prerequisite to testing, must be dated within 24 months of the available testing date. Nursing assistants who are trained in a facility and are counted for staffing purposes pursuant to 16 **Del.C.** §1162(f) must pass the test within 90 days of completion of the facility program to continue to be counted in staffing calculations.
  - 2.4 In order to qualify for recertification, a CNA must, during each 24 month certification period: (1) complete 24 hours of approved continuing education, and (2) perform at least 64 hours of nursing related services for pay under the supervision of a licensed nurse or physician. A CNA who does not perform at least 64 hours of nursing related services in a certification period or fails to complete the required continuing education must pass the competency test again. Nursing assistants who fail to obtain a passing score after testing three times must repeat the CNA training program before additional testing will be permitted.
  - 2.5 A Certified Nursing Assistant trained and certified outside the State of Delaware in a program that equals or exceeds the federal nurse aide training program requirements in the Code of Federal Regulations §483.152 cannot work in Delaware without a Delaware certificate. Delaware certification is required prior to being employed as a CNA. The Department will grant reciprocity if the following conditions are met:
    - 2.5.1 The CNA must have a current certificate from the jurisdiction where he or she currently practices, except that candidates from the State of Maryland must hold a current Geriatric Nursing Assistant certificate.
    - 2.5.2 The CNA must have 3 months of full-time experience as a CNA performing nursing related services for pay under the supervision of a licensed nurse or physician, or have completed a training and competency evaluation program with the number of hours at least equal to that required by the State of Delaware.
- 2.5.3 The CNA must be in good standing in the jurisdiction where he/she is currently certified.
- 2.5.4 The CNA submits \$30 to the Department to cover the costs associated with granting the reciprocity.
- 2.6 Nursing students who are currently enrolled in a nursing program and have satisfactorily completed a Fundamentals/Basic Nursing course with a 75 hour clinical component in a long term care setting will be deemed to meet the training requirements. These individuals will be



## **TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE**

- approved to take the competency test upon submission of a letter from their school of nursing attesting to current enrollment status and satisfactory course completion as described.
- 2.7 Nursing students who have graduated from an RN or LPN program within 24 months prior to application for certification are deemed qualified to meet the Department's nurse aide training and competency evaluation program requirements and are eligible for certification upon submission of a sealed copy of their diploma. Individuals who have graduated from an RN or LPN program more than 24 months prior to application for certification are deemed qualified to meet the Department's nurse aide training program requirements and are eligible to take the competency test upon submission of a sealed copy of their diploma.
- 2.8 For the purpose of calculating minimum staffing levels, any individual who has completed all of the classroom training and half of the clinical training in a facility sponsored training program may be considered as a member of such facility's staff while undergoing the last 37.5 hours of clinical training at such facility.
- 2.9 A nursing assistant who is employed by, or who has received an offer of employment from, a federally certified nursing facility on the date on which the aide begins a nurse aide training and competency evaluation program may not be charged for any portion of the program including tuition, any tests taken and fees for textbooks or other required course materials.
- 2.10 If a Certified Nursing Assistant who is not employed, or does not have an offer to be employed as a nurse aide becomes employed by, or receives an offer of employment from, a federally certified nursing facility not later than 12 months after completing a nurse aide training and competency evaluation program, the federally certified nursing facility shall reimburse all documented personally incurred costs in completing the program. Facilities shall accept as documentation canceled checks, paid receipts, written verification from a training program or other written evidence which reasonably establishes the CNA's personally incurred costs. Such costs include tuition, tests taken and fees for textbooks or other required course materials. Such costs shall be reimbursed in equal quarterly payments with full reimbursement to coincide with the CNA's completion of one year of employment including the orientation period.
- 2.11 Any nursing facility which reimburses a Certified Nursing Assistant for documented personally incurred costs of a nurse aide training and competency evaluation program shall notify the Division of Long Term Care Residents Protection of such reimbursement. Notice of such reimbursement shall be entered in the CNA Registry database and information regarding such reimbursement shall be available to facilities upon request.

**6 DE Reg. 1505 (5/1/03) 8 DE Reg. 1014 (1/1/05) 14 DE Reg. 169 (09/01/10)**

### **3.0 CNA Training Program Requirements**

- 3.1 General. Program approval must be obtained from the Division prior to operating a CNA program. To obtain approval, the curriculum content for the Certified Nursing Assistant training programs shall meet each of the following requirements:
- 3.1.1 The curriculum shall include material that will provide a basic level of both knowledge and demonstrable skills for each individual completing the program.
- 3.1.2 The program shall be a minimum of 150 hours in length, consisting of: (1) classroom instruction including laboratory time of 75 hours, and (2) clinical skills training of 75 hours in a long term care setting. Additional hours may be added in either of these areas or both.
- 3.1.3 Classroom instruction and demonstrated proficiency in each skill shall be completed prior to students' performing direct resident care. Programs shall maintain documentation of required skills that each student has successfully demonstrated to the RN instructor.
- 3.1.4 The training of nursing assistant must be done by or under the general supervision of a RN who possesses a minimum of two years of nursing experience, at least 1 year of which must be in the provision of long term care facility services. The required one year of full-time (35-hours per week) long term care experience can be met by work experience in, or

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

supervision or teaching of students in a certified skilled nursing facility or nursing facility defined in 42 CFR § 483.5(a).

- 3.1.5 All instructors (classroom and clinical) must have completed a course in teaching adults or have experience teaching adults or in the case of high school programs, be a state licensed high school teacher. Instructors do not have to have one year of long term care experience if the school has identified a RN supervisor as described in 3.1.4. The RN supervisor shall be available to all instructors, shall assist in developing lesson plans based on experience in taking care of nursing home residents, shall periodically ensure and document that instructors are operating effectively and that the program is operating in accordance with all state and federal regulations. Classroom ratios of student to instructor shall not exceed 24:1
  - 3.1.6 LPN instructors must have at least three years of nursing experience and must work under the general supervision of a RN.]
  - 3.1.7 Clinical instructors shall provide general supervision of students at all times during clinical instruction. Clinical instructors shall provide direct supervision to students in the clinical setting while the student is learning a competency until proficiency has been both demonstrated and documented. Clinical and laboratory ratios of student to Registered Nurse or Licensed Practical Nurse instructor shall not exceed 8:1.
  - 3.1.8 Other personnel from the health profession may supplement the instructor, including but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dieticians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activity specialist, speech/language/hearing therapists and resident rights experts. Supplemental personnel must have at least 1 year of experience in their respective fields.
  - 3.1.9 Programs must notify the Division in writing (which may be faxed) at least 21 days prior to implementing permanent and/or substantial changes to the program or the program's personnel. Examples of substantial changes include, but are not limited to, instructor(s), clinical or classroom site, major revision of course structure, change in textbook. The 21 day time period may be waived by the Division for good cause shown.
- 3.2 Equipment All programs shall have available at a minimum the following equipment:
- 3.2.1 Audio/Visual (Overhead projector and/or TV with VCR)
    - 3.2.2 Teaching Mannequin, Adult, for catheter and perineal care
    - 3.2.3 Hospital Bed
    - 3.2.4 Bedpan/Urinal
    - 3.2.5 Bedside commode
    - 3.2.6 Wheelchair
    - 3.2.7 Scale
    - 3.2.8 Overbed Table
    - 3.2.9 Sphygmomanometer
    - 3.2.10 Stethoscope
    - 3.2.11 Resident Gowns
    - 3.2.12 Thermometers
    - 3.2.13 Crutches
    - 3.2.14 Canes (Variety)
    - 3.2.15 Walker
    - 3.2.16 Miscellaneous Supplies: i.e., Bandages, Compresses, Heating Pad, Hearing Aid, Dentures, Toothbrushes, Razors.
    - 3.2.17 Foley Catheter Drainage Bag
    - 3.2.18 Hydraulic Lift
    - 3.2.19 Adaptive eating utensils/equipment
- 3.3 Curriculum Content

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

The following material identifies the minimum competencies that the curriculum content shall develop. Nursing assistants being prepared to work in skilled, intermediate, or assisted living facilities either as direct or contract staff shall master each competency. All demonstrable competencies for each student must be documented as mastered by the RN instructor in order for a student to qualify as successfully having completed that section of programming.

- 3.3.1 The Nursing Assistant Role And Function Introduces the characteristics of an effective nursing assistant: personal attributes, on-the-job conduct, appearance, grooming, health and ethical behavior. Also presented are the responsibilities of the nursing assistant as a member of the resident care team. Legal aspects of resident care and resident rights are presented. Relevant Federal and State statutes are also reviewed. Competencies:
  - 3.3.1.1 Function as a nursing assistant within the standards described below:
    - 3.3.1.1.1 Define the role and functions of the nursing assistant and provide awareness of the legal limitations of being a nursing assistant.
    - 3.3.1.1.2 Recognize the responsibilities of the nursing assistant as a member of the health care team. Understand the relevant State and Federal regulations for long term care and legalities of reporting and documenting incidents and accidents.
    - 3.3.1.1.3 Understand the role of Long Term Care advocates, investigators and surveyors.
    - 3.3.1.1.4 Identify the "chain of command" in the organizational structure of the health care agency.
    - 3.3.1.1.5 Maintain personal hygiene and exhibit dress practices which meet professional standards.
    - 3.3.1.1.6 Recognize the importance of punctuality and commitment to the job.
    - 3.3.1.1.7 Differentiate between ethical and unethical behavior on the job.
    - 3.3.1.1.8 Understand the role, responsibility and functional limitations of the nursing assistant.
  - 3.3.1.2 Demonstrate behavior that maintains resident's rights.
    - 3.3.1.2.1 Provide privacy and maintenance of confidentiality.
    - 3.3.1.2.2 Promote the resident's right to make personal choices to accommodate individual needs.
    - 3.3.1.2.3 Give assistance in resolving grievances.
    - 3.3.1.2.4 Provide needed assistance in going to and participating in resident and family groups and other activities.
    - 3.3.1.2.5 Maintain care and security of resident's personal possessions as per the resident's desires.
    - 3.3.1.2.6 Provide care which ensures that the residents are free from abuse, mistreatment, neglect or financial exploitation and report any instances of such poor care to the Division of Long Term Care Residents Protection. Discuss the psychological impact of abuse, neglect, mistreatment, misappropriation of property of residents and/or financial exploitation.
    - 3.3.1.2.7 Maintain the resident's environment and care through appropriate nursing assistant behavior so as to keep the resident free from physical and chemical restraints.
    - 3.3.1.2.8 Discuss the potential negative outcomes of physical restraints, including side rails.
- 3.3.2 Environmental Needs Of The Resident Key Concepts: Introduces the nursing assistant to the need to keep residents safe from injury and infection in the long-term care setting. The nursing assistant is taught why and how to use infection control and isolation techniques. Safety through prevention of fires and accidents, and emergency procedures for fire and other disasters are presented.

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

### Competencies:

- 3.3.2.1 Apply the basic principles of infection control.
  - 3.3.2.1.1 Identify how diseases are transmitted and understand concepts of infection prevention.
  - 3.3.2.1.2 Demonstrate proper hand washing technique.
  - 3.3.2.1.3 Demonstrate appropriate aseptic techniques in the performance of normal duties and understand the role of basic cleaning, disinfecting, and sterilization tasks.
  - 3.3.2.1.4 Demonstrate proper isolation and safety techniques in the care of the infectious resident and proper handling and disposal of contaminated materials.
- 3.3.2.2 Assist with basic emergency procedures.
  - 3.3.2.2.1 Follow safety and emergency procedures.
  - 3.3.2.2.2 Identify safety measures that prevent accidents to residents.
  - 3.3.2.2.3 Recognize signs when a resident is choking or may have an obstructed airway.
  - 3.3.2.2.4 Assist with clearing obstructed airway.
  - 3.3.2.2.5 Call for help when encountering convulsive disorders, loss of consciousness, shock, hemorrhage, and assist the resident until professional help arrives.
  - 3.3.2.2.6 Follow disaster procedures.
  - 3.3.2.2.7 Report emergencies accurately and immediately.
  - 3.3.2.2.8 Identify potential fire hazards.
- 3.3.2.3 Provide a safe, clean environment.
  - 3.3.2.3.1 Identify the resident's need for a clean and comfortable environment. Describe types of common accidents in the nursing home and their preventive measures. Be aware of the impact of environmental factors on the resident in all areas including but not limited to light and noise levels.
  - 3.3.2.3.2 Report unsafe conditions to appropriate supervisor. Use the nurse call system effectively.
- 3.3.2.3.3 Report evidence of pests to appropriate supervisory personnel.
  - 3.3.2.3.6 Make arrangement of furniture and equipment for the resident's convenience and to keep environment safe.
- 3.3.3 Psychosocial Needs Of The Resident Key Concepts: Focus is placed on the diverse social, emotional, recreational and spiritual needs of residents in a long term care setting. The curriculum shall describe some of the physical, mental, and emotional changes associated with aging and institutionalization, and present ways in which the nursing assistant may effectively communicate with residents and their families.

### Competencies:

  - 3.3.3.1 3.3.2.3.4 Report nonfunctioning equipment to appropriate supervisory/charge personnel.
  - 3.3.3.1.1 Demonstrate basic skills by identifying the psychosocial characteristics of the populations being served in the nursing facility including persons with mental retardation, mental illness and persons with dementia, Alzheimer's disease, developmental disabilities and other related disorders.
  - 3.3.3.1.1 Indicate the ways to meet the resident's basic human needs for life and mental well being.
  - 3.3.3.1.2 Modify his/her own behavior in response to resident's behavior. Respect the resident's beliefs recognizing cultural differences in holidays, spirituality, clothing, foods and medical treatments.

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 3.3.3.1.3 Identify methods to ensure that the resident may fulfill his/her maximum potential within the normal aging process.
- 3.3.3.1.4 Provide training in, and the opportunity for, self-care according to the resident's capabilities.
- 3.3.3.1.5 Demonstrate principles of behavior management by reinforcing appropriate behavior and reducing or eliminating inappropriate behavior. For persons with dementia, recognize that cognitive functions are impaired, determine what the resident is trying to communicate and respond appropriately.
- 3.3.3.1.6 Demonstrate skills which allow the resident to make personal choices and promote the resident's dignity.
- 3.3.3.1.7 Utilize resident's family as a source of emotional support and recognize the family's need for emotional support.
- 3.3.3.1.8 Recognize how age, illness and disability affect memory, sexuality, mood and behavior, including wandering.
- 3.3.3.1.9 Recognize aggressive behavior and learn management techniques. Recognize that certain behaviors, such as wandering, are a form of communication. Learn to apply strategies to promote safe behaviors.
- 3.3.3.1.10 Discuss how appropriate activities are beneficial to residents with cognitive impairments.
- 3.3.3.1.11 Recognize and utilize augmentative communication devices and methods of nonverbal communication.
- 3.3.3.2 Demonstrate appropriate and effective communication skills.
  - 3.3.3.2.1 Demonstrate effective verbal and nonverbal communications in keeping with the nursing assistant's role with residents, their families and staff.
  - 3.3.3.2.2 Observe by using the senses of sight, hearing, touch and smell to report resident behavior to the licensed nurse.
  - 3.3.3.2.3 Document observations using appropriate terms and participate in the care planning process.
  - 3.3.3.2.4 Recognize the importance of maintaining the resident's record accurately and completely.
  - 3.3.3.2.5 Communicate with residents according to their state of development. Identify barriers to effective communication. Recognize the importance of listening to residents.
  - 3.3.3.2.6 Participate in sensitivity training in order to understand needs of residents with physical or cognitive impairments.
- 3.3.4 Physical Needs of the Resident Key Concepts: Presents the basic skills which nursing assistants use in the physical care of residents. The nursing assistant will learn basic facts about body systems and what is needed to promote good functioning. The nursing assistant will learn to provide physical care to residents safely and to keep the resident nourished, hydrated, clean, dry and comfortable. The nursing assistant will also learn to make observations regarding residents and to record and/or report observations. The nursing assistant will be introduced to the basics of range of motion and learn to integrate range of motion into routine personal care activities. Competencies:
  - 3.3.4.1 Apply the principles of basic nutrition in the preparation and serving of meals.
    - 3.3.4.1.1 Incorporate principles of nutrition and hydration in assisting residents at meals.
    - 3.3.4.1.2 Understand basic physiology of nutrition and hydration.
      - 3.3.4.1.3 Understand basic physiology of malnutrition and dehydration.
      - 3.3.4.1.4 Identify risk factors for poor nutritional status in the elderly:
        - 3.3.4.1.4.1 compromised skin integrity
          - 3.3.4.1.4.2 underweight or overweight

**TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE  
ADMINISTRATIVE CODE**

- 3.3.4.1.4.3 therapeutic or mechanically altered diet
- 3.3.4.1.4.4 poor dental status
- 3.3.4.1.4.5 drug-nutrient interactions
- 3.3.4.1.4.6 acute/chronic disease
- 3.3.4.1.4.7 depression or confusion
- 3.3.4.1.4.8 decreased appetite
- 3.3.4.1.5 Recognize how the aging process affects digestion.
  - 3.3.4.1.6 Accurately calculate and document meal intake and report inadequate intake or changes in normal intake.
  - 3.3.4.1.7 Accurately calculate and document fluid intake and report inadequate intake or changes in normal intake.
- 3.3.4.1.8 Recognize and report signs and symptoms of malnutrition and dehydration.
  - 3.3.4.1.9 Understand concepts of therapeutic diets including dysphagia diets and the related risks associated with dysphagia including aspiration and aspiration pneumonia.
- 3.3.4.1.10 Incorporate food service principles into meal delivery including:
  - 3.3.4.1.10.1 distributing meals as quickly as possible when they arrive from the kitchen to maintain food temperature.
  - 3.3.4.1.10.2 assisting residents with meal set-up if needed (i.e., opening packets or cartons, buttering bread if desired).
  - 3.3.4.1.10.3 serving meals to all residents seated together at the same time.
  - 3.3.4.1.10.4 offering appropriate substitutions if the residents don't like what they have received.
  - 3.3.4.1.11 Utilize tray card or other mechanism to ensure the resident is served his/her prescribed diet and identify who to notify if a resident receives the wrong diet.
- 3.3.4.1.12 Demonstrate understanding of how to read menus.
  - 3.3.4.1.13 Assist residents who are unable to feed themselves.
  - 3.3.4.1.14 Demonstrate techniques for feeding someone who:
    - 3.3.4.1.15 Demonstrate proper positioning of residents at mealtime.
- 3.3.2.3.4 Report nonfunctioning equipment to appropriate supervisory/charge personnel.
- 3.3.2.3.5 Prepare soiled linen for laundry.
- 3.3.4.1.14.1 bites down on utensils
- 3.3.4.1.14.2 can't or won't chew
- 3.3.4.1.14.3 holds food in mouth
- 3.3.4.1.14.4 pockets food in cheek
- 3.3.4.1.14.5 has poor lip closure
- 3.3.4.1.14.6 has missing or no teeth
- 3.3.4.1.14.7 has ill fitting dentures
- 3.3.4.1.14.8 has a protruding tongue or tongue thrust
- 3.3.4.1.16 Demonstrate skills for feeding residents who:
  - 3.3.4.1.16.1 are cognitively impaired
  - 3.3.4.1.16.2 have swallowing difficulty
  - 3.3.4.1.16.3 have sensory problems
  - 3.3.4.1.16.4 have physical deformities
  - 3.3.4.1.17 Demonstrate positioning techniques for residents who:
    - 3.3.4.1.17.1 have poor sitting balance
    - 3.3.4.1.17.2 must take meals in bed
    - 3.3.4.1.17.3 fall forward when seated
    - 3.3.4.1.17.4 lean to one side
    - 3.3.4.1.17.5 have poor neck control
    - 3.3.4.1.17.6 have physical deformities

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 3.3.4.1.18 Demonstrate use of assistive devices.
- 3.3.4.1.19 Identify signs and symptoms that require alerting a nurse, including:
  - 3.3.2.3.4 Report nonfunctioning equipment to appropriate supervisory/charge personnel.
  - 3.3.2.3.5 Prepare soiled linen for laundry.
- 3.3.4.1.20
  - 3.3.4.1.14.1 bites down on utensils
  - 3.3.4.1.14.2 can't or won't chew
  - 3.3.4.1.14.3 holds food in mouth
  - 3.3.4.1.14.4 pockets food in cheek
  - 3.3.4.1.14.5 has poor lip closure

Incorporate principles of a pleasant dining environment when assisting residents at mealtime including ensuring adequate lighting and eliminating background noise.

- 3.3.4.1.21 Demonstrate positive interaction with residents recognizing individual resident needs.
- 3.3.4.1.22 Ensure residents are dressed appropriately.
- 3.3.4.1.23 Allow residents to eat at their own pace.
- 3.3.4.1.24 Encourage independence and assist as needed.
- 3.3.4.1.25 Recognize and report as appropriate the risk factors and signs and symptoms of malnutrition, dehydration and fluid overload.
- 3.3.4.1.26 Accurately calculate and document intake and output including meal percentages and fluids.
- 3.3.4.2 Demonstrate understanding of basic anatomy and physiology in the following areas:
  - 3.3.4.2.1 Respiratory system
  - 3.3.4.2.2 Circulatory system
  - 3.3.4.2.3 Digestive system
  - 3.3.4.2.4 Urinary system
  - 3.3.4.2.5 Musculoskeletal system
  - 3.3.4.2.6 Endocrine system
  - 3.3.4.2.7 Nervous system
  - 3.3.4.2.8 Integumentary system
  - 3.3.4.2.9 Sensory system
  - 3.3.4.2.10 Reproductive system
- 3.3.4.3 Recognize abnormal signs and symptoms of common illness and conditions. Examples are:
  - 3.3.4.3.1 Respiratory infection – Report coughing, sneezing, elevated temperatures.
  - 3.3.4.3.2 Diabetes – Report excessive thirst, frequent urination, change in urine output, drowsiness, excessive perspiration and headache. Understand the healing process as it relates to diabetes.
  - 3.3.4.3.3 Urinary tract infection – Report frequent urination, burning or pain on urination, elevated temperature, change in amount and color of urine, blood or sediment in urine and strong odors.
  - 3.3.4.3.4 Cardiovascular conditions – Report shortness of breath, chest pain, blue color to lips, indigestion, sweating, change in pulse, edema of the feet or legs.
  - 3.3.4.3.5 Cerebral vascular conditions – Report dizziness, changes in vision such as seeing double, change in blood pressure, numbness in any part of the body, or inability to move arm or leg.
  - 3.3.4.3.6 Skin conditions – Report break in skin, discoloration such as redness, black and blue areas, rash, itching.
  - 3.3.4.3.7 Gastrointestinal conditions – Report nausea, vomiting, pain, inability to swallow, bowel movement changes such as color, diarrhea, and constipation.

**TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE  
ADMINISTRATIVE CODE**

- 3.3.4.3.8 Infectious diseases.
- 3.3.4.4 Provide personal care and basic nursing skills as directed by the licensed nurse in the appropriate licensed entity.
  - 3.3.4.4.1 Provide for resident's privacy and dignity when providing personal care.
  - 3.3.4.4.2 Assist the resident to dress and undress.
  - 3.3.4.4.3 Assist the resident with bathing and personal grooming.
  - 3.3.4.4.4 Observe and report condition of the skin.
  - 3.3.4.4.5 Assist the resident with oral hygiene, including prosthetic devices.
  - 3.3.4.4.6 Administer oral hygiene for the unconscious resident.
  - 3.3.4.4.7 Demonstrate measures to prevent decubitus ulcers, i.e., positioning, turning and applying heel and elbow protectors.
  - 3.3.4.4.8 Assist the resident in using the bathroom. Understand consequences of not assisting resident to the bathroom.
  - 3.3.4.4.9 Assist the resident in using a bedside commode, urinal and bedpan.
  - 3.3.4.4.10 Demonstrate proper bed making procedures for occupied and unoccupied beds.
  - 3.3.4.4.11 Feed residents oral table foods in an appropriate manner. Demonstrate proper positioning of residents who receive tube feeding.
  - 3.3.4.4.12 Distribute nourishment and water.
  - 3.3.4.4.13 Accurately measure and record with a variety of commonly used devices:
    - 3.3.4.4.13.1 Blood pressure
    - 3.3.4.4.13.2 Height and weight
    - 3.3.4.4.13.3 Temperature, pulse, respiration
  - 3.3.4.4.14 Assist the resident with shaving.
  - 3.3.4.4.15 Shampoo and groom hair.
  - 3.3.4.4.16 Provide basic care of toenails unless medically contraindicated.
  - 3.3.4.4.17 Provide basic care of fingernails unless medically contraindicated.
  - 3.3.4.4.18 Demonstrate proper catheter care.
  - 3.3.4.4.19 Demonstrate proper perineal care.
  - 3.3.4.4.20 Assist the licensed nurse with a physical examination.
  - 3.3.4.4.21 Apply a non-sterile dressing properly.
  - 3.3.4.4.22 Apply non-sterile compresses and soaks properly and safely.
  - 3.3.4.4.23 Apply cold and/or heat applications properly and safely.
  - 3.3.4.4.24 Demonstrate how to properly apply elastic stockings.
  - 3.3.4.4.25 Demonstrate proper application of physical restraints including side rails.
- 3.3.4.5 Demonstrate skills which incorporate principles of restorative care under the direction of a licensed nurse.
  - 3.3.4.5.1 Assist the resident in bowel and bladder training.
  - 3.3.4.5.2 Assist the resident in activities of daily living and encourage self-help activities.
  - 3.3.4.5.3 Assist the resident with ambulation aids, i.e., cane, quadcane, walker, crutches, wheelchair and transfer aids, i.e., hydraulic lifts.
  - 3.3.4.5.4 Perform range of motion exercise as instructed by the physical therapist or the licensed nurse.
  - 3.3.4.5.5 Assist in care and use of prosthetic devices.
  - 3.3.4.5.6 Assist the resident while using proper body mechanics.
  - 3.3.4.5.7 Assist the resident with dangling, standing and walking.
  - 3.3.4.5.8 Demonstrate proper turning and/or positioning both in bed and in a chair.
  - 3.3.4.5.9 Demonstrate proper technique of transferring resident from low and high bed to chair.



## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 3.3.4.6 Demonstrate safety and emergency procedures including proficiency in the Heimlich maneuver and certification in cardiopulmonary resuscitation (CPR).
- 3.3.4.7 Provide care to resident when death is imminent.
- 3.3.4.7.1 Discuss own feelings and attitude about death.
  - 3.3.4.7.2 Explain how culture and religion influence a person's attitude toward death.
  - 3.3.4.7.3 Discuss the role of the CNA, the resident's family and significant others involved in the dying process.
- 3.3.4.7.4 Discuss the stages of death and dying and the role of the nurse assistant.
  - 3.3.4.7.5 Provide care, if appropriate, to the resident's body after death.

### 5 DE Reg. 1908 (4/1/02) 14 DE Reg. 169 (09/01/10)

#### 4.0 Mandatory Orientation Period

##### 4.1 Skilled And Intermediate Care Facilities

##### 4.1.1 General Requirements

- 4.1.1.1 All Nursing Assistants hired to work in a skilled or intermediate care facility, after completing 150 hours of training, shall undergo a minimum of 80 hours of orientation at least 40 of which shall be clinical. An exception to this requirement is that any Nursing Assistant who has undergone 150 hours of training, sponsored by the facility where the Nursing Assistant will be employed immediately thereafter, shall only be required to complete additional facility specific orientation of 40 hours in the same facility.
- 4.1.1.2 All Certified Nursing Assistants hired to work in a skilled or intermediate care facility shall undergo a minimum of 80 hours of orientation; at least 40 of which shall be clinical.
- 4.1.1.3 While undergoing orientation, Nursing Assistants shall have direct physical contact with residents only while under the visual observation of a Certified Nursing Assistant or licensed nurse employed by the facility.
- 4.1.1.4 Any Certified Nursing Assistant or Nursing Assistant undergoing orientation may be considered a facility employee for purposes of satisfying the minimum facility staffing requirements.

##### 4.1.2 Orientation Program Requirements

- 4.1.2.1 The mandatory orientation program shall include but is not limited to a review and written instruction on the following material by a licensed nurse:
  - 4.1.2.1.1 Tour of the facility and assigned residents' rooms
  - 4.1.2.1.2 Fire and disaster plans
  - 4.1.2.1.3 Emergency equipment and supplies
  - 4.1.2.1.4 Communication (including the facility chain of command) and documentation requirements
  - 4.1.2.1.5 Process for reporting emergencies, change of condition and shift report
  - 4.1.2.1.6 Operation of facility equipment and supplies, including scales, lifts, special beds and tubs.
  - 4.1.2.1.7 Review of the plan of care for each assigned resident including:
    - 4.1.2.1.7.1 ADL/personal care needs
    - 4.1.2.1.7.2 Nutrition, hydration and feeding techniques and time schedules
    - 4.1.2.1.7.3 Bowel and bladder training programs
    - 4.1.2.1.7.4 Infection control procedures
    - 4.1.2.1.7.5 Safety needs
      - 4.1.2.1.7.5.1 Role and function of the CNA/NA
      - 4.1.2.1.7.5.2 Resident rights/abuse reporting
      - 4.1.2.1.7.5.3 Safety and body mechanics: transfer techniques

**TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE  
ADMINISTRATIVE CODE**

- 4.1.2.1.7.5.4 Vital signs
- 4.1.2.1.7.5.5 Psychosocial needs
- 4.1.2.1.7.5.6 Facility policies and procedures

4.1.1.2 Nursing Assistants shall satisfactorily demonstrate competency in clinical skills including:

- 4.1.1.2.1 Taking and recording vital signs
- 4.1.1.2.2 Measuring and recording height and weight
- 4.1.1.2.3 Handwashing and infection control techniques
- 4.1.1.2.4 Caring for the resident's environment
- 4.1.1.2.5 Bathing and skin care, including foot and nail care
- 4.1.1.2.6 Grooming and mouth care, including denture care
- 4.1.1.2.7 Dressing
- 4.1.1.2.8 Toileting, perineal and catheter care
- 4.1.1.2.9 Assisting with eating and hydration
- 4.1.1.2.10 Proper feeding techniques
- 4.1.1.2.11 Positioning, turning and transfers
- 4.1.1.2.12 Range of motion
- 4.1.1.2.13 Bowel and bladder training
- 4.1.1.2.14 Care and use of prosthetic and orthotic devices
- 4.1.1.2.15 Assisting with ambulation
- 4.1.1.2.16 Measuring intake and output
- 4.1.1.2.17 Use of elastic stockings, heel and ankle protectors
- 4.1.1.2.18 Bedmaking skills

**4.2 Assisted Living Facilities**

**4.2.1 General Requirements**

- 4.2.1.1 Nursing Assistants hired to work in an assisted living facility, after completing 150 hours of instruction, shall undergo a minimum 64 hours of orientation, at least 24 of which shall be clinical. An exception to this requirement is that any Nursing Assistant who has undergone 150 hours of training in a training program sponsored by the facility where the Nursing Assistant will be employed immediately thereafter shall only be required to complete an additional 32 hours of facility specific orientation in the same facility.
- 4.2.1.2 Certified Nursing Assistants hired to work in an assisted living facility shall undergo a minimum of 64 hours of orientation at least 24 of which shall be clinical.
- 4.2.1.3 While undergoing orientation, Nursing Assistants shall have direct physical contact with residents only while under the visual observation of a Certified Nursing Assistant or licensed nurse employed by the facility.
- 4.2.1.4 Any Certified Nursing Assistant or Nursing Assistant undergoing orientation may be considered a facility employee for purposes of satisfying the minimum facility staffing requirements as set forth by the Department.

**4.2.2 Orientation Program Requirements**

- 4.2.2.1 The mandatory orientation program shall include but is not limited to a review and written instruction on the following material by a licensed nurse:
  - 4.2.2.1.1 Tour of the facility and assigned residents' rooms
  - 4.2.2.1.2 Fire and disaster plans
  - 4.2.2.1.3 Emergency equipment and supplies
  - 4.2.2.1.4 Communication and documentation requirements
  - 4.2.2.1.5 Process for reporting emergencies, change of condition and shift report
  - 4.2.2.1.6 Operation of facility equipment and supplies, including but not limited to scales, lifts, and wheelchairs.
  - 4.2.2.1.7 Review of the plan of care for each assigned resident including:

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 4.2.2.1.7.1 ADL/personal care needs
  - 4.2.2.1.7.2 Nutrition, hydration and feeding techniques and time schedules
  - 4.2.2.1.7.3 Bowel and bladder training programs
  - 4.2.2.1.7.4 Infection control procedures
  - 4.2.2.1.7.5 Safety needs
  - 4.2.2.1.8 Role and function of the CNA/NA
  - 4.2.2.1.9 Resident rights/abuse reporting
  - 4.2.2.1.10 Safety and body mechanics: transfer techniques
  - 4.2.2.1.11 Vital signs
  - 4.2.2.1.12 Psychosocial needs
  - 4.2.2.1.13 Facility policies and procedures
  - 4.2.2.2 Nursing Assistants shall satisfactorily demonstrate competency in clinical skills including:
    - 4.2.2.2.1 Taking and recording vital signs
    - 4.2.2.2.2 Measuring and recording height and weight
    - 4.2.2.2.3 Handwashing and infection control techniques
    - 4.2.2.2.4 Caring for the resident's environment
    - 4.2.2.2.5 Bathing and skin care
    - 4.2.2.2.6 Grooming and mouth care, including denture care
    - 4.2.2.2.7 Dressing
    - 4.2.2.2.8 Toileting, perineal and catheter care
    - 4.2.2.2.9 Assisting with eating and hydration
    - 4.2.2.2.10 Proper feeding techniques
    - 4.2.2.2.11 Positioning, turning and transfers
    - 4.2.2.2.12 Range of motion
    - 4.2.2.2.13 Bowel and bladder training
    - 4.2.2.2.14 Care and use of prosthetic and orthotic devices
    - 4.2.2.2.15 Assisting with ambulation
    - 4.2.2.2.16 Measuring intake and output
    - 4.2.2.2.17 Use of elastic stockings, heel and ankle protectors
    - 4.2.2.2.18 Bedmaking skill
- 4.3 Temporary Agencies
- 4.3.1 General Requirements
    - 4.3.1.1 All Certified Nursing Assistants employed by temporary agencies and placed in a facility in which they have not worked within the previous six (6) months shall undergo a minimum of two (2) hours of orientation prior to beginning their first shift at the facility.
    - 4.3.1.2 Any Certified Nursing Assistant employed by a temporary agency and undergoing orientation shall not be considered a facility employee for purposes of satisfying the minimum facility staffing requirements.
    - 4.3.1.3 Nursing Assistants employed by a temporary agency must be certified prior to placement in any nursing home.
  - 4.3.2 Orientation Program Requirements
    - 4.3.2.1 The mandatory two-hour orientation program shall include but is not limited to a review and written instruction on the following material by a licensed nurse:
      - 4.3.2.1.1 Tour of the facility and assigned residents' rooms
      - 4.3.2.1.2 Fire and disaster plans
      - 4.3.2.1.3 Emergency equipment and supplies
      - 4.3.2.1.4 Communication and documentation requirements
      - 4.3.2.1.5 Process for reporting emergencies, change of condition and shift report

## **TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE**

- 4.3.2.1.6 Operation of facility equipment and supplies including but not limited to scales, lifts, special beds and tubs
- 4.3.2.1.7 Review of the plan of care for each assigned resident including:
  - 4.3.2.1.7.1 ADL/personal care needs
  - 4.3.2.1.7.2 Nutrition, hydration and feeding techniques and time schedules
  - 4.3.2.1.7.3 Bowel and bladder training programs
  - 4.3.2.1.7.4 Infection control procedures
  - 4.3.2.1.7.5 Safety needs

### **5.0 Voluntary Senior Certified Nursing Assistant Certification**

- 5.1 Training Requirements and Competency Test Any Certified Nursing Assistant may pursue designation as a Senior Certified Nursing Assistant and shall be so designated if such individual meets the following minimum requirements:
  - 5.1.1 Has been a Certified Nursing Assistant for a minimum of three years, in good standing with no adverse findings entered on the Nurse Aide Registry;
  - 5.1.2 Has successfully completed an additional 50 hours of advanced training in a program approved by the Department;
  - 5.1.3 Has passed a competency test provided by the Department or by a contractor approved by the Department.
- 5.2 Voluntary Senior CNA Curriculum The Senior CNA program must meet the same requirements as those specified in Section 2 of these regulations in terms of classroom ratios of students to instructors. The Senior CNA curriculum must meet the following minimum course content, which will provide an advanced level of knowledge and demonstrable skills. All demonstrable competencies shall be documented by the RN instructor.
  - 5.2.1 Leadership Training And Mentoring Skills Key Concepts: Senior Certified Nursing Assistants will learn how to teach new Nursing Assistants standards of care. Senior CNAs will learn how to be a role model and preceptor for new Nursing Assistants and CNAs. Senior CNAs will learn how prepare assignments, conduct team meetings and resolve conflicts. Competencies: Function effectively as a team leader and mentor/preceptor within the facility.
    - 5.2.1.1 Define the role and functions of an effective team leader and mentor.
    - 5.2.1.2 Identify principles of adult learning.
    - 5.2.1.3 Recognize various learning styles and communication barriers.
    - 5.2.1.4 Assess learner knowledge.
    - 5.2.1.5 Reserved
    - 5.2.1.6 Demonstrate effective communication techniques.
    - 5.2.1.7 Recognize the importance of teamwork.
    - 5.2.1.8 Actively participate in resident care plan and team meetings.
    - 5.2.1.9 Identify strategies for conflict management.
    - 5.2.1.10 Learn how to prepare assignments, assist with scheduling and other administrative duties.
  - 5.2.2 Dementia Training Key Concepts: The senior CNA will gain greater knowledge of Alzheimer's Disease and related dementias. The senior CNA will gain the skills necessary to effectively care for residents exhibiting signs and symptoms of dementia. The senior CNA will act as a role model and resource person for other CNAs. Competencies: Demonstrate appropriate skills and techniques necessary to provide care to residents exhibiting signs and symptoms of dementia.

## TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE

- 5.2.2.1 Recognize signs and symptoms of Alzheimer's Disease and related disorders.
- 5.2.2.2 Identify types of dementias.
- 5.2.2.3 Discuss methods for managing difficult behavior.
- 5.2.2.4 Demonstrate effective communication techniques.
- 5.2.2.5 Recognize specific issues that arise in providing care to persons with Alzheimer's Disease and other memory loss conditions and appropriate interventions for dealing with these problems including, but not limited to, agitation, combativeness, sundown syndrome, wandering.
- 5.2.3 Advanced Geriatric Nursing Assistant Training Key Concepts: The senior CNA will gain greater knowledge of anatomy and physiology with emphasis on the effects of aging. The senior CNA will effectively carry out restorative nursing skills as specified in the resident's plan of care. Competencies:
  - 5.2.3.1 Verbalize understanding of anatomy, physiology and pathophysiology of common disorders of the elderly.
    - 5.2.3.1.1 Describe the effects of aging on the various organs and systems within the body.
    - 5.2.3.1.2 Describe signs and symptoms of common disorders.
    - 5.2.3.1.3 Describe the pathophysiology of common disorders.
      - 5.2.3.1.4 Identify measures to assist residents with common medical problems (e.g., promoting oxygenation in residents with breathing problems).
      - 5.2.3.1.5 Observe, report and document condition changes using appropriate medical terminology.
      - 5.2.3.1.6 Recognize basic medical emergencies and how to respond appropriately.
  - 5.2.3.2 Maintain or improve resident mobility and the resident's ability to perform activities of daily living. Understand the reasons for rehabilitation (physiologically), reasons for, and benefits of Restorative Nursing and be able to demonstrate the same.
    - 5.2.3.2.1 Assist the resident with exercise routine as specified in his/her care plan.
    - 5.2.3.2.2 Carry out special rehabilitation procedures as ordered including working with the visually impaired, special feeding skills/devices, splints, ambulatory devices and prostheses.
    - 5.2.3.2.3 Identify ways to prevent contractures.
    - 5.2.3.2.4 Effectively communicate with the Rehabilitation Department.

### 5 DE Reg. 1908 (4/1/02)

## 6.0 Train-the-trainer Program Requirements

- 6.1 Each train-the-trainer program shall meet the following minimum requirements:
  - 6.1.1 Training Course Content
    - 6.1.1.1 Role of Trainer
    - 6.1.1.2 Communication techniques
    - 6.1.1.3 Demonstration skills
    - 6.1.1.4 Teaching a process
  - 6.1.1.5 Teaching techniques
    - 6.1.1.6 Training techniques
    - 6.1.1.7 Developing a formal training plan
  - 6.1.2 Course Management Information
    - 6.2.1.1 Training time shall consist of sixteen minimum hours.
    - 6.2.1.2 The train-the-trainer instructor must have formal educational preparation or experience with skills of adult learning. Or in the case of High School Programs be a state-licensed high school teacher.

### 14 DE Reg. 169 (09/01/10)