

200.NURSING SERVICES.

01. Director of Nursing Services. A registered nurse currently licensed by the state of Idaho and qualified by training and experience shall be designated Director of Nursing Services in each SNF and ICF and shall be responsible and accountable for: (1-1-88)

- a. Participating with the administrator in planning and budgeting for nursing care; (1-1-88)
- b. Participating in the development and implementation of patient/resident care policies; (1-1-88)
- c. Developing and/or maintaining goals and objectives of nursing service, standards of nursing practice, and nursing policy and procedures manuals; (1-1-88)
- d. Assisting in the screening and selection of prospective patients/residents in terms of their needs, and the services available in the facility; (1-1-88)
- e. Observing and evaluating the condition of each patient/resident and developing a written, individualized patient care plan which shall be based upon an assessment of the needs of each patient/resident, and which shall be kept current through review and revision; (1-1-88)
- f. Recommending to the administrator the numbers and categories of nursing and auxiliary personnel to be employed and participating in their recruitment, selection, training, supervision, evaluation, counseling, discipline, and termination when necessary. Developing written job descriptions for all nursing and auxiliary personnel; (1-1-88)
- g. Planning and coordinating orientation programs for new nursing and auxiliary personnel, as well as a formal, coordinated in-service education program for all nursing personnel; (1-1-88)
- h. Making daily rounds of nursing units, assessing each patient/resident, reviewing clinical records, patient/resident care plans, medications, staff assignments and, whenever possible, accompanying physicians when they visit the facility; (1-1-88)
- i. Preparing daily work schedule for nursing and auxiliary personnel which includes names of employees, professional designation, hours worked, and daily patient census; (1-1-88)
- j. Coordinating the nursing service with related patient/resident care services; (1-1-88)
- k. Establishing procedures for general nursing care for the cleanliness, comfort, and welfare of the patients/residents; (1-1-88)
- l. Instructing all personnel in the proper isolation techniques to prevent infection to themselves and the patients/residents; (1-1-88)

m. Delegation of any or all of the Director of Nursing Services duties as appropriate. (1-1-88)

02. Minimum Staffing Requirements. (7-1-93)

a. A Director of Nursing Services (D.N.S.) shall work full time on the day shift but the shift may be varied for management purposes. If the Director of Nursing Services is temporarily responsible for administration of the facility, there shall be a registered nurse (RN) assistant to direct patient care. The Director of Nursing Services is required for all facilities five (5) days per week. (1-1-88)

i. The D.N.S. in facilities with an average occupancy rate of sixty (60) patients/residents or more shall have strictly nursing administrative duties. (1-1-88)

ii. The D.N.S. in facilities with an average occupancy rate of fifty-nine (59) patients/residents or less may, in addition to administrative responsibilities, serve as the supervising nurse. (1-1-88)

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

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

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

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

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

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

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

vi. Facilities licensed for both skilled and intermediate care shall meet the charge nurse requirements for a SNF. (1-1-88)

d. Nursing hours per patient/resident per day shall be provided to meet the total needs of the patients/ residents. The minimum staffing shall be as follows: (1-1-88)

i. Skilled Nursing Facilities with a census of fifty-nine (59) or less patients/residents shall provide two and four-tenths (2.4) hours per patient/resident per day. Hours shall not include the Director of Nursing Services but the supervising nurse on each shift may be counted in the calculations of the two and four-tenths (2.4) hours per patient/resident per day. (11-20-89)

ii. Skilled Nursing Facilities with a census of sixty (60) or more patients/residents shall provide two and four-tenths (2.4) hours per patient/resident per day. Hours shall not include the Director of Nursing Services or supervising nurse. (11-20-89)

iii. ICFs that admit only intermediate care patients/residents shall provide one and eight-tenths (1.8) hours per patient/resident per day. Hours may include the Director of Nursing Services, supervising nurse and charge nurses. (11-20-89)

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

v. Skilled and Intermediate Nursing Facilities shall be considered in compliance with the minimum staffing ratios if, on Monday of each week, the total hours worked by nursing personnel for the previous seven (7) days equal or exceed the minimum, staffing ratio for the same period when averaged on a daily basis and the facility has received prior approval from the Licensing Agency to calculate nursing hours in this manner. (11-20-89)

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

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

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

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

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

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

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

03. Patient/Resident Care. (7-1-93)

a. A patient/resident plan of care shall be developed in writing upon admission of the patient/resident, which shall be: (1-1-88)

i. Developed from a nursing assessment of the patient's/resident's needs, strengths and weaknesses; (1-1-88)

ii. Developed in coordination with other patient/resident care services provided to the patient/resident; (1-1-88)

iii. Written to include care to be given, goals to be accomplished, actions necessary to attain the goals and which service is responsible for each element of care; (1-1-88)

iv. Reviewed and revised as needed to reflect the current needs of patients/residents and current goals to be accomplished; (1-1-88)

v. Available for use by all personnel caring for the patient/resident. (1-1-88)

b. Patient/resident needs shall be recognized by nursing staff and nursing services shall be provided to assure that each patient/resident receives care necessary to meet his total needs. Care shall include, but is not limited to: (1-1-88)

i. Good grooming and cleanliness of body, skin, nails, hair, eyes, ears, and face, including the removal or shaving of hair in accordance with patient/resident wishes or as necessitated to prevent infection;(1-1-88)

ii. Good body alignment and adequate exercises and range of motion; (1-1-88)

iii. Adequate fluid and nutritional intake, including provisions for self-help eating devices as needed; (1-1-88)

iv. Delivery of medications, diet and treatments as ordered by the attending physician, dentist or nurse practitioner; (1-1-88)

v. Prevention of decubitus ulcers or deformities or treatment thereof, if needed, including, but not limited to, changing position every two (2) hours when confined to bed or wheelchair and opportunity for exercise to promote circulation; (1-1-88)

vi. Protection from accident or injury; (1-1-88) vii. Oral hygiene; (1-1-88)

viii. Maintenance of a comfortable environment free from soiled linens, beds or clothing, inappropriate application of restraints and any other factors which interfere with the proper care of the patients/residents; (1-1-88)

ix. Encouragement and assistance to participate in individual and group activities; (1-1-88)

- x. Treatment of patients/residents with kindness and respect; (1-1-88)
 - xi. Bowel and bladder evacuation and bowel and bladder retraining programs as indicated; (1-1-88)
 - xii. Rehabilitative nursing current with acceptable professional practices to assist the patient/resident in promoting or maintaining his physical functioning. (1-1-88)
- c.** Nursing staff shall document on the patient/resident medical record, any assessments of the patient/ resident, any interventions taken, effect of interventions, significant changes and observations and the administration of medications, treatments and any other services provided. Entries shall be made at the time the action occurs and shall be signed by the person making the entry and shall provide the time and date of the occurrence. At a minimum, a monthly summary of the patient's/resident's condition and reactions to care shall be written by a licensed nursing staff person. (1-1-88)

04. Medication Administration. Medications shall be provided to patients/residents by licensed nursing staff in accordance with established written procedures which shall include at least the following: (1-1-88)

- a.** Administered in accordance with physician's dentist's or nurse practitioner's written orders; (1-1-88)
- b.** The patient/resident is identified prior to administering the medication; (1-1-88)
- c.** Medications are administered as soon as possible after preparation; (1-1-88)
- d.** Medications are administered only if properly identified; (1-1-88)
- e.** Medications are administered by the person preparing the medication for delivery to the patient (exception: Unit dose); (1-1-88)
- f.** Patients/residents are observed for reactions to medications and if a reaction occurs, it is immediately reported to the charge nurse and attending physician; (1-1-88)
- g.** Each patient's/resident's medication is properly recorded on his individual medication record by the person administering the medication. The record shall include: (1-1-88)
 - i. Method of administration; (1-1-88)
 - ii. Name and dosage of the medication; (1-1-88)
 - iii. Date and time of administration; (1-1-88)
 - iv. Site of injections; (1-1-88)
 - v. Name or initial (which has elsewhere been identified) of person administering the medication; (1-1-88)

vi. Medications omitted; (1-1-88) vii. Medication errors (which shall be reported to the charge nurse and attending physician. (1-1-88)

05. Tuberculosis Control. In order to assure the control of tuberculosis in the facility, there shall be a planned, organized program of prevention through written and implemented procedures which are consistent with current accepted practices and shall include: (1-1-88)

a. The results of a T.B. skin test shall be established for each patient/resident upon admission. If the status is not known upon admission, a T.B. skin test shall be done as soon as possible, but no longer than thirty (30) days after admission. (1-1-88)

b. If the T.B. skin test is negative, the test does not have to be repeated. (1-1-88)

c. If the T.B. skin test is positive, if determined upon admission or following the test conducted after admission, the patient/resident shall have a chest x-ray. A chest x-ray conducted thirty (30) days prior to admission is acceptable. (1-1-88)

d. When a chest x-ray is indicated and the patient's/resident's condition presents a transportation problem to the x-ray machine, a Sputum culture for m.tuberculosis is acceptable instead of a chest x-ray until the patient's/resident's next visit for any purpose to a place where x-ray is available. (1-1-88)

e. Annual T.B. skin testing and/or chest x-rays are not required. (1-1-88)

f. If a case of T.B. is found in the facility, all patients/residents and employees shall be retested. (1-1-88)