

enjoyment of their rights.

[5-2-89; 7.9.2.24 NMAC – Rn, 7 NMAC 9.2.24, 8-31-00]

7.9.2.25 HOUSING RESIDENTS IN LOCKED UNITS: Definitions as used in this section:

A. LOCKED UNIT: means a ward, wing or room which is designated as a protected environment and is secured in a manner that prevents a resident from leaving the unit at will. A physical restraint applied to the body is not a locked unit. A facility locked for purposes of security is not a locked unit, provided that residents may exit at will. An alarmed unit does not constitute a locked unit.

B. CONSENT: means a written, signed request given without duress by a resident capable of understanding the nature of the locked unit, the circumstances of one's condition, and the meaning of the consent to be given.

(1) A resident or responsible party may give consent to reside in a locked unit.

(2) The consent shall be effective only for ninety (90) days from the date of the consent, unless revoked. Consent may be renewed for ninety (90) day periods pursuant to this subsection.

(3) The consent may be revoked by the resident if competent or by legal guardian at any time. The resident shall be transferred to an unlocked unit promptly following revocation.

C. EMERGENCIES: In an emergency, a resident may be confined in a locked unit if necessary to protect the resident or others from injury or to protect property, providing the facility immediately attempts to notify the physician for instructions. A physician's orders for the confinement must be obtained within twelve (12) hours. No resident may be confined for more than an additional seventy-two (72) hours under order of the physician.

[5-2-89; 7.9.2.25 NMAC – Rn, 7 NMAC 9.2.25, 8-31-00]

7.9.2.26 ADMINISTRATOR/STATUTORY REFERENCE: A nursing home shall be supervised by an administrator licensed under the Nursing Home Administrators Act, Sections 61-13-16 through 61-13-16 NMSA 1978. Supervision shall include, but not be limited to, taking all reasonable steps to provide qualified personnel to assure the health, safety, and rights of the residents.

A. FULL-TIME ADMINISTRATOR: Every nursing home shall be supervised full-time by an administrator licensed under the Nursing Home Administrators Act, except multiple facilities. If more than one nursing home or other licensed health care facility is located on the same or contiguous property, one full-time administrator may serve all the facilities.

B. ABSENCE OF ADMINISTRATOR: A person present in and competent to supervise the facility shall be designated to be in charge whenever there is not an administrator in the facility, and shall be identified to all staff.

C. CHANGE OF ADMINISTRATOR:

(1) Replacement of administrator: If it is necessary immediately to terminate an administrator, or if the licensee loses an administrator for other reasons, a replacement shall be employed or designated as soon as possible within one-hundred twenty (120) days of vacancy.

(2) Temporary replacement: During any vacancy in the position of administrator, the licensee shall employ or designate a person competent to fulfill the functions of an administrator immediately.

(3) Notice of change of administrator: When the licensee loses an administrator, the licensee shall notify the department within two (2) Department working days of such loss and provide written notification to the Department of the name and qualifications of the person in charge of the facility during the vacancy; and the name and qualifications of the replacement administrator, when known.

[7-1-60, 5-2-89; 7.9.2.26 NMAC – Rn, 7 NMAC 9.2.26, 8-31-00]

7.9.2.27 EMPLOYEES: In this section, "employee" means anyone directly employed by the facility on other than a consulting or contractual basis.

A. QUALIFICATIONS AND RESTRICTIONS: No person under eighteen (18) years of age shall be employed to provide direct care to residents.

B. PHYSICAL HEALTH CERTIFICATIONS: New Employees: Every employee shall be certified in

writing by a physician as having been screened for tuberculosis Infection and provide a statement of medical evidence that he/she is currently free from communicable disease prior to beginning work.

C. DISEASE SURVEILLANCE AND CONTROL: Facilities shall develop and implement written policies for control of communicable diseases which ensure that employees and volunteers with systems or signs of communicable disease or infected skin lesions are not permitted to work unless authorized to do so by a physician or physician extender.

D. VOLUNTEERS: Facilities may use volunteers provided that the volunteers receive the orientation, training, and supervision necessary to assure resident health, safety and welfare.

E. ABUSE OF RESIDENTS:

(1) Orientation for all employees: Except in an emergency, before performing any duties, each new employee, including temporary help, shall receive appropriate orientation to the facility and its policies, including, but not limited to, policies relating to fire prevention, accident prevention, and emergency procedures. All employees shall be oriented to resident's rights and to their position and duties by the time they have worked thirty (30) days.

(2) Training: Except for nurses, all employees who provide direct care to residents shall be trained through a program approved by the Department.

(3) Assignments: Employees shall be assigned only to resident care duties consistent with their training.

(4) Reporting: All employees will be instructed in the reporting requirements of the Adult Protective Services Act of abuse, neglect or exploitation of any resident.

F. CONTINUING EDUCATION:

(1) Nursing in-service: The facility shall require employees who provide direct care to residents to attend educational programs desired to develop and improve the skill and knowledge of the employees with respect to the needs of the facility's residents, including rehabilitative therapy, oral health care, wheelchair safety and transportation and special programming for developmentally disabled residents if the facility admits developmentally disabled person. These programs shall be conducted quarterly to enable staff to acquire the skills and techniques necessary to implement the individual program plans for each resident under their care.

(2) Dietary in-service: Educational programs shall be held quarterly for dietary staff, and shall include instruction in the proper handling of food, personal hygiene and grooming, and nutrition and modified diet patterns served by the facility.

(3) All other staff in-service: The facility shall provide in-service designed to improve the skills and knowledge of all other employees.

[7-1-60, 5-2-89; 7.9.2.27 NMAC – Rn & A, 7 NMAC 9.2.27, 8-31-00]

7.9.2.28 RECORDS – GENERAL: The administrator or administrator's designee shall provide the Department with any information required to document compliance with these regulations and shall provide reasonable means for examining records and gathering the information.

[7-1-60, 7-1-64; 7.9.2.28 NMAC – Rn, 7 NMAC 9.2.28, 8-31-00]

7.9.2.29 PERSONNEL RECORDS: A separate record of each employee shall be maintained, be kept current, and contain sufficient information to support assignment to the employee's current position and duties.

[7-1-60, 5-2-89; 7.9.2.29 NMAC – Rn, 7 NMAC 9.2.29, 8-31-00]

7.9.2.30 MEDICAL RECORDS – STAFF:

A. TIMELINESS: Duties relating to medical records shall be completed in a timely manner.

B. Each facility shall designate an employee of the facility as the person responsible for the medical record service, who:

(1) Is a graduate of a school of medical record science that is accredited jointly by the council on medical education of the American Medical Association; or

(2) Receives regular consultation but not less than four hours quarterly as appropriate from a person